

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Kettering Adventist Healthcare</p> <p>Doing business as Kettering Health</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 Prestige Place 910</p> <p>City or town, state or province, country, and ZIP or foreign postal code Miamisburg, OH 45342</p> <p>F Name and address of principal officer: Michael Gentry 1 Prestige Place, Suite 910, Miamisburg, OH</p>	<p>D Employer identification number 31-1051688</p> <p>E Telephone number 937-762-1629</p> <p>G Gross receipts \$ 39,835,508.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: www.ketteringhealth.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		<p>L Year of formation: 1982 M State of legal domicile: OH</p>

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: Our mission is to improve the quality of life of the people in the communities we serve through</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,165,587.	39,514,302.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		283,306.	74,681.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		199,847.	246,525.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,648,740.	39,835,508.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,938,110.	33,427,409.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,463,509.	732,975.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,401,619.	34,160,384.	
19 Revenue less expenses. Subtract line 18 from line 12	247,121.	5,675,124.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	34,644,151.	40,300,743.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,368,940.	25,883,388.
22 Net assets or fund balances. Subtract line 21 from line 20	9,275,211.	14,417,355.	

Part II Signature Block

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

Sign Here	Signature of officer Timothy Ko, Chief Financial Officer	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Jane E. Pfeifer	Preparer's signature Jane E. Pfeifer
	Firm's name Clark Schaefer Hackett	Date 07/30/24
	Firm's address 10100 Innovation Drive, Suite 400 Dayton, OH 45342	Check if self-employed <input type="checkbox"/> PTIN P00014949
		Firm's EIN 31-0800053
		Phone no. 937-226-0070

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

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: Promotion and provision of health and medical care to the general public in furtherance of the Seventh-day Adventist Church's health ministry.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 29,288,243. including grants of \$ 0.) (Revenue \$ 39,514,302.) Kettering Adventist Healthcare, parent of the Kettering Health corporations, provides oversight of 9 hospitals, 13 emergency centers, more than 120 outpatient facilities, and Kettering College.

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

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

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

4e Total program service expenses 29,288,243.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	27	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
Dann Hotelling - 937-762-1629
1 Prestige Place, Suite 910, Miamisburg, OH 45342

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Manchur, Fred CEO - KH until Dec 22	43.00 9.00	X						2,385,157.	0.	46,619.
(2) Sackett, Walter President KH until Oct 22	1.00 51.00	X		X				1,166,094.	0.	50,463.
(3) Burns, Terry EVP Chief Administration Officer unt	43.00 9.00	X		X				1,148,326.	0.	61,238.
(4) Mewhirter, Michael KH CFO until Nov 22, Interim CEO unt	42.00 9.00	X		X				1,013,346.	0.	113,016.
(5) Dutton, Tim EVP Mission, Brand & People	42.00 9.00	X		X				814,118.	0.	102,910.
(6) Velasco, Jonathan E. Physician	1.00 43.00	X						0.	652,426.	39,579.
(7) Ko, Tim Interim KH CFO	47.00 4.00	X		X				632,119.	0.	85,792.
(8) Sharrett, Kevin Physician	1.00 40.00	X						0.	551,681.	16,134.
(9) Tyner, Troy A. Physician	1.00 39.00	X						0.	264,636.	33,927.
(10) Prutzman, Cherish J. Member/Physician	1.00 39.00	X						0.	226,817.	29,547.
(11) Patterson, Robert Member/Interim Chief Compliance Offi	1.00 1.00	X						0.	130,000.	0.
(12) Hedrick, Sarah Physician	1.00	X						0.	98,716.	8,295.
(13) Chew, Roy Consultant	4.75 1.25	X						25,000.	0.	11,696.
(14) Wilkins, Darren Community Volunteer began 5/2019	1.00 1.00	X						0.	19,644.	0.
(15) Weigley, David Pres. Columbia Union Conference of S	1.00 5.00	X						0.	16,000.	0.
(16) Neff, Les Director and Member	1.00 1.00	X						0.	14,400.	0.
(17) Blyden, Celeste Secr. Columbia Union Conference of S	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Forde, Terry Community Volunteer	1.00	X						0.	0.	0.
(19) Riley, Adele Community Volunteer	1.00	X						0.	0.	0.
(20) Weigel, Robert Community Volunteer	1.00 2.00	X						0.	0.	0.
(21) Cundiff, Bob Community Volunteer	1.00 1.00	X						0.	0.	0.
(22) Tanguay, Randall Member	1.00 1.00	X						0.	0.	0.
(23) Asiedu, Emmanuel Member, Columbian Union Conference	1.00	X						0.	0.	0.
(24) Peebles, Thomas Member	1.00 2.00	X						0.	0.	0.
(25) Roberts, Randall Member	1.00	X						0.	0.	0.
(26) Remmers, Rick Member	1.00	X						0.	0.	0.
1b Subtotal								7,184,160.	1,974,320.	599,216.
c Total from continuation sheets to Part VII, Section A								4,481,120.	0.	285,822.
d Total (add lines 1b and 1c)								11,665,280.	1,974,320.	885,038.

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 **49**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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	0	

See Part VII, Section A Continuation sheets

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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Part VIII Statement of Revenue

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

			(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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	Management services	Business Code				
			551114	39,514,302.	39514302.		
	b					
	c					
	d					
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f		39,514,302.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,598.		33,598.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	41,083.		
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	41,083.			
d	Net gain or (loss)		41,083.		41,083.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Net income from affiliate	Business Code	524298	246,525.	246,525.	
	b					
	c					
	d	All other revenue					
	e	Total. Add lines 11a-11d		246,525.			
12	Total revenue. See instructions		39,835,508.	39514302.	0.	321,206.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,873,931.	6,799,336.	1,074,595.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,914,592.	20,650,849.	3,263,743.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	933,734.	806,303.	127,431.	
9 Other employee benefits	62,961.	54,368.	8,593.	
10 Payroll taxes	642,191.	554,548.	87,643.	
11 Fees for services (nonemployees):				
a Management	60,000.		60,000.	
b Legal	10,780.		10,780.	
c Accounting	22,062.		22,062.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,607.		32,607.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	498,776.	422,839.	75,937.	
12 Advertising and promotion				
13 Office expenses	887.		887.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	12,676.		12,676.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	95,187.		95,187.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	34,160,384.	29,288,243.	4,872,141.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	25,470,303.	1	31,822,789.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,451,930.	4	2,705,153.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	3,150,780.	11	2,809,091.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,571,138.	15	2,963,710.
16 Total assets. Add lines 1 through 15 (must equal line 33)	34,644,151.	16	40,300,743.	
Liabilities	17 Accounts payable and accrued expenses	19,349,588.	17	20,224,375.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,019,352.	25	5,659,013.
	26 Total liabilities. Add lines 17 through 25	25,368,940.	26	25,883,388.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,275,211.	27	14,417,355.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,275,211.	32	14,417,355.
33 Total liabilities and net assets/fund balances	34,644,151.	33	40,300,743.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,835,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,160,384.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,675,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,275,211.
5	Net unrealized gains (losses) on investments	5	-532,980.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,417,355.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Kettering Adventist Healthcare** Employer identification number **31-1051688**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 5
- 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		
Beavercreek Medical Center	27-0712680	3	X		0.	
Dayton Osteopathic Hospital	31-0564121	3	X		0.	
Greene Memorial Hospital Inc	31-0809436	3	X		0.	
Kettering Medical Center	31-0621866	3	X		0.	
The Fort Hamilton Hospital	31-0536662	3	X		0.	
Total					0.	0.

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2022

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

Part IV, Section E, Line 2a

Kettering Adventist Healthcare is the parent organization of Kettering Health which includes the supported hospitals reflected in Schedule A, Part I. As the parent organization, Kettering Adventist Healthcare coordinates the administrative and strategic tasks of the hospitals, providing a continuity in the operations which benefits their respective exempt missions. Kettering Adventist Healthcare board members also serve as board members for each of the hospitals, along with community volunteers, to provide consistent and efficient management and leadership. All of the activities of Kettering Adventist Healthcare are directed towards the improvement of healthcare for all of the communities within the 9-county area served by 9 hospital facilities within Kettering Health.

Part IV, Section E, Line 2b

The services that Kettering Adventist Healthcare provides are in support of the services that the supported organizations would have done in each organization in order to operate efficiently. The provision of management services, strategic investments in healthcare providers, recruitment of medical staff, coordination of the capital investments in facilities, and financing of such facilities is improved through the coordination of efforts by Kettering Adventist Healthcare. Without such coordination, each of the supported hospital organizations would have to make separate investments in each activity.

Part IV, Section E, Line 3a

The board of trustees of Kettering Adventist Healthcare reserves the

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.)

power to appoint a majority of the members of the board of trustees for each of the supported organizations.

Part IV, Section E, Line 3b

Kettering Adventist Healthcare exercises a substantial degree of control over the supported organizations by appointing board members who are knowledgeable in the overall strategic direction of Kettering Health. In addition, Kettering Adventist Healthcare also provides overall management, strategic, and capital direction. The investment of working capital and long-term investment funds are also coordinated through Kettering Adventist Healthcare. As part of its long-term strategy, Kettering Adventist Healthcare also coordinates the investment of long-term exempt financing to facilitate the construction of new facilities, consistent with the efficient investment in healthcare projects to provide access to all members of the community while avoiding duplicative capital investments.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Kettering Adventist Healthcare; Employer identification number: 31-1051688

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Retirement plans assets	2,963,710.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,963,710.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Professional self-insurance liability	2,695,303.
(3) Retirement plans liabilities	2,963,710.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,659,013.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Part X, Line 2:

The System completed an analysis of its certain and uncertain tax positions in accordance with applicable accounting guidance and determined that no amounts were required to be recognized in the consolidated financial statements at December 31, 2022 or 2021.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

Kettering Adventist Healthcare

31-1051688

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Europe (Including Iceland & Greenland)	0	0	Investment in captive insurance company		1,698,765.
3 a Subtotal	0	0			1,698,765.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,698,765.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▲ ▲

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Kettering Adventist Healthcare

Employer identification number

31-1051688

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Manchur, Fred CEO - KH until Dec 22	(i) 1,633,630. (ii) 0.	572,738. 0.	178,789. 0.	16,387. 0.	30,232. 0.	2,431,776. 0.	0. 0.
(2) Sackett, Walter President KH until Oct 22	(i) 878,622. (ii) 0.	270,000. 0.	17,472. 0.	16,387. 0.	34,076. 0.	1,216,557. 0.	0. 0.
(3) Burns, Terry EVP Chief Administration Officer until Nov 22	(i) 880,810. (ii) 0.	265,356. 0.	2,160. 0.	16,387. 0.	44,851. 0.	1,209,564. 0.	0. 0.
(4) Mewhirter, Michael KH CFO until Nov 22, Interim CEO until Dec 22	(i) 817,010. (ii) 0.	189,750. 0.	6,586. 0.	83,432. 0.	29,584. 0.	1,126,362. 0.	0. 0.
(5) Dutton, Tim EVP Mission, Brand & People	(i) 646,347. (ii) 0.	165,000. 0.	2,771. 0.	73,587. 0.	29,323. 0.	917,028. 0.	0. 0.
(6) Velasco, Jonathan E. Physician	(i) 630,362. (ii) 0.	22,064. 0.	0. 0.	17,287. 0.	22,292. 0.	692,005. 0.	0. 0.
(7) Ko, Tim Interim KH CFO	(i) 515,077. (ii) 0.	115,560. 0.	1,482. 0.	56,448. 0.	29,344. 0.	717,911. 0.	0. 0.
(8) Sharrett, Kevin Physician	(i) 433,605. (ii) 0.	118,076. 0.	0. 0.	14,237. 0.	1,897. 0.	567,815. 0.	0. 0.
(9) Tyner, Troy A. Physician	(i) 249,636. (ii) 0.	15,000. 0.	0. 0.	17,287. 0.	16,640. 0.	298,563. 0.	0. 0.
(10) Prutzman, Cherish J. Member/Physician	(i) 201,817. (ii) 0.	25,000. 0.	0. 0.	14,107. 0.	15,439. 0.	256,363. 0.	0. 0.
(11) Haas, Richard EVP Market Strategies until 12/22	(i) 544,187. (ii) 0.	137,015. 0.	694,083. 0.	36,182. 0.	30,271. 0.	1,441,738. 0.	0. 0.
(12) Kuhn, Brenda EVP Chief Clinical Officer	(i) 528,233. (ii) 0.	131,985. 0.	475,816. 0.	16,387. 0.	33,816. 0.	1,186,237. 0.	0. 0.
(13) Lehman, Andy SR VP & CIO until Nov-22	(i) 535,785. (ii) 0.	156,067. 0.	73,853. 0.	16,387. 0.	27,362. 0.	809,454. 0.	0. 0.
(14) Shull, Jennifer EVP System Chief Nursing Officer	(i) 473,663. (ii) 0.	117,480. 0.	91,155. 0.	36,750. 0.	27,395. 0.	746,443. 0.	63,857. 0.
(15) Olson, Brad VP Managed Care-Revenue Management	(i) 355,984. (ii) 0.	93,026. 0.	72,788. 0.	32,512. 0.	28,760. 0.	583,070. 0.	53,845. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

Part III Supplemental Information

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

Part I, Line 1a:

Three Directors received the benefit, travel for companions.

Professional tax preparation is required for the Kettering Health CEO to ensure compliance with federal regulations and guidelines.

The benefits listed above are grossed up and included in taxable compensation.

Part I, Line 3:

The process of determining compensation of CEO's, executive directors, officers, and key employees is to have an independent board approve the compensation. The compensation is determined to be reasonable compared to independent comparability data. The approval of the amounts is documented in the Board minutes within the appropriate time frame.

Part I, Lines 4a-b:

Walter Sackett received a severance payment of \$168,487.

Terry Burns received a severance payment of \$144,238.

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.

Kettering Health has a supplemental executive retirement plan available only to a certain class of management.

Part II, Col Biii

Column Biii includes compensation reported on the W-2 that may or may not have gone through the current year Statement of Operations and Changes in Net Assets.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open To Public
Inspection

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

Name of the organization <p style="text-align: center;">Kettering Adventist Healthcare</p>	Employer identification number <p style="text-align: center;">31-1051688</p>
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
Fred Manchur	CEO	Received an economic benefi		X
Mary Kaye Manchur	Spouse of CEO	Received an economic benefi		X
David Weigley	Board Chair/Director	Received an economic benefi	X	
Becky Weigley	Spouse of Board Chai	Received an economic benefi	X	
Roy Chew	Director	Received an economic benefi	X	
Shelley Chew	Spouse of Director	Received an economic benefi	X	

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 1,106,530.
- 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
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

See Part V for Continuations

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
Richard Manchur	Son of Director Fre	882,317.	Compensatio		X
Jared Keresoma	Son-in-Law of Direc	492,501.	Compensatio		X

Part V Supplemental Information.

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

Schedule L, Part I, Excess Benefit Transactions:

(a) Name of Person: Fred Manchur

(b) Relationship with Disqualified Person: CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$1,132,070 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: Mary Kaye Manchur

(b) Relationship with Disqualified Person: Spouse of CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$355,667 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: David Weigley

(b) Relationship with Disqualified Person: Board Chair/Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$214,624 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

Part V Supplemental Information

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

(d) Corrected? = Yes

(a) Name of Person: Becky Weigley

(b) Relationship with Disqualified Person: Spouse of Board Chair/Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$79,196 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Roy Chew

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$241,180 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022. The recipient made a partial reimbursement of \$99,819.

(d) Corrected? = Yes

(a) Name of Person: Shelley Chew

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$41,220 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Buffy Halverson

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$286,549 as discovered through a forensic audit

Part V Supplemental Information

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

completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Ron Halvorsen, Jr

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$105,060 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Darren Wilkins

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$70,109 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Yvette Wilkins

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$712 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Robert Vandeman

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$64,230 as discovered through a forensic audit

Part V Supplemental Information

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

completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Bob Cundiff

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$62,654 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Tanique Cundiff

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$21,415 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Todd Anderson

(b) Relationship with Disqualified Person: EVP / CFO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$55,782 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022. The recipient made a partial reimbursement of \$4,705.

(d) Corrected? = Yes

(a) Name of Person: Rachel Anderson

(b) Relationship with Disqualified Person: Spouse of EVP, CFO

(c) Description of Transaction: Received an economic benefit from the

Part V Supplemental Information

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

organization totaling \$39,327 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022. The recipient made a partial reimbursement of \$817.

(d) Corrected? = Yes

(a) Name of Person: Terry Burns

(b) Relationship with Disqualified Person: CAO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$50,790 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Dorothy Burns

(b) Relationship with Disqualified Person: Spouse of CAO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$25,918 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Karl Haffner

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$48,202 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Cherie Haffner

(b) Relationship with Disqualified Person: Spouse of Director

Part V Supplemental Information

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

(c) Description of Transaction: Received an economic benefit from the organization totaling \$25,296 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Richard Haas

(b) Relationship with Disqualified Person: EVP - New Markets

(c) Description of Transaction: Received an economic benefit from the organization totaling \$30,663 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Debbie Haas

(b) Relationship with Disqualified Person: Spouse of the EVP of New Markets

(c) Description of Transaction: Received an economic benefit from the organization totaling \$20,077 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Jarrod McNaughton

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$24,123 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: Heidi McNaughton

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$11,941 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: Emmanuel Asiedu

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$23,584 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Austin Roberts

(b) Relationship with Disqualified Person: Son of a Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$20,682 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Randy Roberts

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$2,025 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Richard Manchur

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Son of CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$19,358 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Andrea Manchur

(b) Relationship with Disqualified Person: Daughter-In-Law of CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$9,350 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Jared Kerasoma

(b) Relationship with Disqualified Person: Son-in-law of CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$17,348 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Christina Kerasoma

(b) Relationship with Disqualified Person: Daughter of CEO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$13,705 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Jiri Moskala

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Father of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$16,860 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Andrea Jakobsons

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$13,806 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Eva Moskala

(b) Relationship with Disqualified Person: Mother of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$3,569 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Petra Moskalova

(b) Relationship with Disqualified Person: Sister of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$6,306 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: Marvin Brown

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$8,717 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Grace Brown

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$8,075 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Wally Sackett

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$7,525 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Julie Sackett

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$2,169 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Kate Baldwin

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$5,614 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Brendon Prutzman

(b) Relationship with Disqualified Person: Spouse of Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$5,000 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Rick Remmers

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$3,847 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Thomas Peebles

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$3,172 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = No

(a) Name of Person: Les Neff

Part V Supplemental Information

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

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$1,036 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Michael Mewhirter

(b) Relationship with Disqualified Person: CFO

(c) Description of Transaction: Received an economic benefit from the organization totaling \$678 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Jon Velasco

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$437 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

(a) Name of Person: Adele Riley

(b) Relationship with Disqualified Person: Director

(c) Description of Transaction: Received an economic benefit from the organization totaling \$400 as discovered through a forensic audit completed in 2023 reviewing business activity from 2016 through 2022.

(d) Corrected? = Yes

Sch L, Part IV, Business Transactions Involving Interested Persons:

Part V Supplemental Information

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

(a) Name of Person: Richard Manchur

(b) Relationship Between Interested Person and Organization:

Son of Director Fred Manchur

(c) Amount of Transaction \$ 882,317.

(d) Description of Transaction: Compensation

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Jared Keresoma

(b) Relationship Between Interested Person and Organization:

Son-in-Law of Director Fred Manchur

(c) Amount of Transaction \$ 492,501.

(d) Description of Transaction: Compensation

(e) Sharing of Organization Revenues? = No

SCHEDULE L; PART I

The following individuals are organization managers that approved certain excess benefit transactions. The list below includes the total amounts approved by each individual during the period from 2016-2022:

Dave Weigley \$1,758,768

Fred Manchur \$836,939

Michael Mewhirter \$1,226

Edward Mann \$174,836

Terry Burns \$31,104

Roy Chew \$209,862

Wally Sackett \$4,441

Tim Dutton \$2,362

Todd Anderson \$45,448

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Kettering Adventist Healthcare

Employer identification number

31-1051688

Form 990, Part I, Line 1, Description of Organization Mission:

healthcare and education.

We are dedicated to excellence and to providing each individual the most appropriate care in the most appropriate setting. In the spirit of the Seventh-day Adventist healthcare ministry, we strive to be innovative and to convey God's love in a caring environment.

Form 990, Part VI, Section B, line 11b:

A tax specialist is engaged to review the 990. The 990 is reviewed and accepted by the audit committee which reports this to the governing body (board).

Form 990, Part VI, Section B, Line 12c:

Kettering Health regularly and consistently monitors and enforces compliance with the conflict of interest policy by making it part of the employees' annual reviews. Employees must certify that they have read the conflict of interest policy and have disclosed any potential conflicts and agree to immediately notify Corporate Integrity if one should arise. Board members are required to annually review Kettering Health's policy, sign a conflict of interest statement, and notify Kettering Health if a conflict should arise.

Form 990, Part VI, Section B, Line 15:

The process of determining compensation of CEO's, executive directors, officers, and key employees is to have an independent board approve the

Name of the organization

Kettering Adventist Healthcare

Employer identification number

31-1051688

compensation. The compensation is determined to be reasonable compared to independent comparability data. The approval of the amounts is documented in the Board minutes within the appropriate time frame.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and financial statements are available upon request.

Part XII, Line 2c

Neither the oversight process nor the selection process changed during the tax year.

Page 1- Reason for Amending

The 990 is being corrected for a second time to correct some errors found on Schedule L when the Form 4720 was prepared. See below:

1. There was a change in the amount of excess benefit transactions for Dave Weigley

2. The amounts reported for excess benefit transactions for Austin Roberts and Randy Roberts were originally reported under the wrong name and have now been corrected.

3. The amounts reported for excess benefit transactions for Jiri Moskala and Andrea Jakobsons were originally reported under the wrong name and have now been corrected.

4. There was a change in the amount of the approver penalty amount which is reflected on Schedule L, Part I, line 2.

Name of the organization

Kettering Adventist Healthcare

Employer identification number

31-1051688

Additionally, the taxpayer also wanted to make a reclassification for other expenses on Part IX line 24.

**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.

Name of the organization

Kettering Adventist Healthcare

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number
31-1051688

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

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
Alliance Physicians Inc - 31-1175717					Kettering		
1 Prestige Place, Suite 910 Miami, OH 45342	Physician Services	Ohio	501(c)(3)	509(a)(3)	Adventist Healthcare	X	
Beavercreek Medical Center - 27-0712680					Kettering		
1 Prestige Place, Suite 910 Miami, OH 45342	Hospital	Ohio	501(c)(3)	509(a)(1)	Adventist Healthcare	X	
Dayton Osteopathic Hospital - 31-0564121					Kettering		
1 Prestige Place, Suite 910 Miami, OH 45342	Hospital	Ohio	501(c)(3)	509(a)(1)	Adventist Healthcare	X	
The Fort Hamilton Hospital - 31-0536662					Kettering		
1 Prestige Place, Suite 910 Miami, OH 45342	Hospital	Ohio	501(c)(3)	509(a)(1)	Adventist Healthcare	X	
					Kettering		
					Adventist Healthcare	X	

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
Fort Hamilton Hospital Foundation - 45-2036966, 1 Prestige Place, Suite 910, Miami, OH 45342	Fundraising	Ohio	501(c)(3)	509(a)(3)	The Fort Hamilton Hospital		X
Greene Foundation - 31-0886949	Fundraising	Ohio	501(c)(3)	509(a)(3)	Greene Memorial Hospital		X
1 Prestige Place, Suite 910 Miami, OH 45342	Hospital	Ohio	501(c)(3)	509(a)(1)	Kettering Adventist Healthcare		X
Greene Memorial Hospital Inc - 31-0809436							
1 Prestige Place, Suite 910 Miami, OH 45342	Health Services	Ohio	501(c)(3)	509(a)(3)	Kettering Adventist Healthcare		X
Kettering Affiliated Health Services Inc - 31-1127485, 1 Prestige Place, Suite 910, Miami, OH 45342							
Kettering Independent Medical Group - 27-2649285, 1 Prestige Place, Suite 910, Miami, OH 45342	Health Services	Ohio	501(c)(3)	509(a)(3)	Kettering Adventist Healthcare		X
Kettering Medical Center - 31-0621866							
1 Prestige Place, Suite 910 Miami, OH 45342	Hospital	Ohio	501(c)(3)	509(a)(1)	Kettering Adventist Healthcare		X
Kettering Medical Center Foundation - 23-7419897, 1 Prestige Place, Suite 910, Miami, OH 45342	Fundraising	Ohio	501(c)(3)	509(a)(3)	Kettering Medical Center		X
Kettering Network Services - 83-2687866							
1 Prestige Place, Suite 910 Miami, OH 45342	Administrative Support Services	Ohio	501(c)(3)	509(a)(3)	Kettering Adventist Healthcare		X

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			

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
Kettcor - 31-1078381			Kettering Adventist Healthcare	C CORP	23,577,857.	39,032,357.	100%		X
1 Prestige Place, Suite 910 Miami, OH 45342	Health Services	OH							
Physician Hospital Alliance - 31-1395845			Kettering Adventist Healthcare	C CORP	0.	0.	50.00%		X
1 Prestige Place, Suite 910 Miami, OH 45342	Contracting	OH							

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining amount involved
(1) Alliance Physicians Inc	L	0. FMV	
(2) Beavercreek Medical Center	L	0. FMV	
(3) Dayton Osteopathic Hospital	L	0. FMV	
(4) Fort Hamilton Hospital Foundation	L	0. FMV	
(5) Greene Foundation	L	0. FMV	
(6) Greene Memorial Hospital Inc	L	0. FMV	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) Kettcor	L	0. FMV	
(8) Kettering Affiliated Health Services Inc	L	0. FMV	
(9) Kettering Independent Medical Group	L	0. FMV	
(10) Kettering Medical Center	L	0. FMV	
(11) Kettering Medical Center	M	0. FMV	
(12) Kettering Medical Center	N	0. FMV	
(13) Kettering Medical Center	O	0. FMV	
(14) Kettering Medical Center	P	0. FMV	
(15) Kettering Medical Center	Q	0. FMV	
(16) Kettering Medical Center Foundation	L	0. FMV	
(17) Kettering Network Services	L	0. FMV	
(18) Kettering Network Services	M	0. FMV	
(19) Kettering Network Services	N	0. FMV	
(20) Kettering Network Services	O	0. FMV	
(21) Kettering Network Services	P	0. FMV	
(22) Kettering Network Services	Q	0. FMV	
(23) The Fort Hamilton Hospital	L	0. FMV	
(24)			

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information input.