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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AULTMAN HEALTH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2600 SIXTH STREET SW

City or town, state or country, and ZIP + 4
CANTON, OH 44710

D Employer identification number
34-1445390

E Telephone number
(330) 363-6352

G Gross receipts $ 38,438,761

F Name and address of principal officer
MARK WRIGHT
2600 SIXTH STREET SW
CANTON, OH 44710

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH "

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of employees (Part V, line 2a)	5	374
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	39,439,023	38,335,224
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	435,010	5,723
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,701	11,452
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,197,734	38,352,399
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,618,438	1,358,685
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)	18,794,875	18,646,153
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	24,471,741	26,911,444
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,885,054	46,916,282
19	Revenue less expenses Subtract line 18 from line 12	-4,687,320	-8,563,883

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	134,389,097	144,327,157
21	Total liabilities (Part X, line 26)	34,259,294	44,859,898
22	Net assets or fund balances Subtract line 21 from line 20	100,129,803	99,467,259

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

****** | 2010-11-12
Signature of officer | Date

MARK WRIGHT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Joyce A Dulworth			

Firm's name (or yours if self-employed), address, and ZIP + 4
BKD LLP
200 E Main St Suite 700
Fort Wayne, IN 46802

EIN ▶

Phone no ▶ (260) 460-4000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH " THE VERTICALLY INTEGRATED HEALTH SYSTEM OF AULTMAN HOSPITAL AND AULTCARE HEALTH PLANS ENABLE AULTMAN TO BE ONE OF THE LOWEST-COST HEALTH CARE PROVIDERS IN OHIO LOWER COSTS HELP LOCAL BUSINESSES STAY FINANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY IN ADDITION TO PROVIDING HIGH-QUALITY, LOW-COST HEALTH CARE, AULTMAN HEALTH FOUNDATION PROVIDES HEALTH EDUCATION FOR THE COMMUNITY THE WELLNESS ON WHEELS (WOW) MOBILE HEALTH-FAIR UNIT PROVIDES HEALTH SCREENINGS AND WELLNESS EDUCATION FOR OUR COMMUNITY, REACHING MORE THAN 12,500 PEOPLE AT 150 EVENTS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,875,785 including grants of $) (Revenue $ 9,208,987)

ACUTE CARE SPECIALTY HOSPITAL THE ACUTE CARE SPECIALTY HOSPITAL, LOCATED ON THE MAIN AULTMAN CAMPUS, PROVIDES LONG-TERM ACUTE CARE FOR PATIENTS WITH MEDICALLY COMPLEX CONDITIONS PATIENTS' AVERAGE LENGTH OF STAY IS 25 DAYS AND THEY ARE TYPICALLY TRANSFERRED FROM AULTMAN ICU OR STEP-DOWN UNITS OR OTHER LOCAL HOSPITALS IN 2009, 211 PATIENTS WERE CARED FOR AT THE ACUTE CARE SPECIALTY HOSPITAL THE ACUTE CARE SPECIALTY HOSPITAL'S QUALITY PROGRAM HAS BEEN ENHANCED IN THE AREAS OF IMPROVED PREVENTION OF SKIN BREAKDOWN, VENTILATOR-ASSOCIATED PNEUMONIA, LINE SEPSIS AND CLOSTRIDIUM DIFFICILE

4b (Code) (Expenses $ 11,032,983 including grants of $) (Revenue $)

SYSTEMS AND TECHNOLOGY WITH NEARLY 70 FULL-TIME EMPLOYEES, THE AULTMAN SYSTEMS AND TECHNOLOGY DEPARTMENT PROVIDES THE TECHNICAL INFRASTRUCTURE FOR BUSINESS AND CLINICAL SYSTEMS THROUGHOUT AULTMAN HOSPITAL, ITS SATELLITE FACILITIES AND SUBSIDIARIES THE SYSTEMS AND TECHNOLOGY TEAM HANDLES EVERYTHING RELATED TO INFORMATION TECHNOLOGY AT AULTMAN HEALTH FOUNDATION - INCLUDING HARDWARE, SOFTWARE AND INTERNAL CUSTOMER SUPPORT

4c (Code) (Expenses $ 3,599,837 including grants of $) (Revenue $ 46,627)

HUMAN RESOURCES THE 26-MEMBER AULTMAN HEALTH FOUNDATION HUMAN RESOURCES DEPARTMENT PROVIDES SUPPORT SERVICES RELATIVE TO EMPLOYEE BENEFITS, COMPENSATION, EDUCATION AND DEVELOPMENT, EMPLOYEE RECRUITING, NEW-HIRE ORIENTATION, DIVERSITY AND INCLUSION, EMPLOYEE EVENTS AND WORKPLACE SAFETY

4d Other program services (Describe in Schedule O)

(Expenses $ 18,413,547 including grants of $ 1,358,685) (Revenue $)

4e **Total program service expenses** ▶ $ 38,922,152

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	70		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	374		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	39		
b	Enter the number of voting members that are independent	1b	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

MARK WRIGHT
2600 SIXTH ST SW
CANTON, OH 44710
(330) 363-6192

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,546,858	2,267,454	338,534

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶106

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SQUIRE SANDERS DEMPSEY LLP PO BOX 643051 CINCINNATI, OH 452643051	LEGAL	7,396,094
QCS CLEANING SOLUTIONS PO BOX 752 MASSILLON, OH 44648	CLEANING SERVICES	299,819
BREAKTHROUGH MANAGEMENT GROUP INTL 1921 CORPORATE CENTER CIRCLE STE 3A LONGMONT, CO 80501	CONSULTING	215,566
BUCKINGHAM DOOLITTLE BURROUGHS L PO BOX 71-4085 COLUMBUS, OH 43271	LEGAL	278,783
ROBERT HALF TECHNOLOGY 1 GOJO PLAZA STE 711 AKRON, OH 44311	IT CONSULTING	199,925

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶8

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	HEALTH SYSTEM ADMINISTRATION	561,000	27,593,264	27,593,264		
	b	COMMUNITY HEALTH EDUCATION	561,000	33,182	33,182		
	c	PROPERTY MANAGEMENT REVENUE	561,000	1,505,547	1,505,547		
	d	PATIENT SERVICE REVENUE	561,000	9,203,231	9,203,231		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		38,335,224			
	3	Investment income (including dividends, interest and other similar amounts)		5,723			5,723
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses	86,362				
	c	Rental income or (loss)	-86,362				
	d	Net rental income or (loss)		-86,362			-86,362
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	UNIFORM SALES	561,000	38,908			38,908
	b	OTHER REVENUE	561,000	58,906			58,906
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		97,814			
	12	**Total revenue.** See Instructions		38,352,399	38,335,224		17,175

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,358,685	1,358,685		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	548,349	449,646	98,703	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	14,625,534	11,992,938	2,632,596	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	577,181	473,288	103,893	
9 Other employee benefits	1,801,335	1,477,095	324,240	
10 Payroll taxes	1,093,754	896,878	196,876	
11 Fees for services (non-employees)				
a Management	0			
b Legal	8,382,773	6,873,874	1,508,899	
c Accounting	190,834	156,484	34,350	
d Lobbying	184,666	151,426	33,240	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	3,807,289	3,121,977	685,312	
12 Advertising and promotion	108,364	88,858	19,506	
13 Office expenses	1,375,757	1,128,121	247,636	
14 Information technology	8,863,491	7,268,063	1,595,428	
15 Royalties	0			
16 Occupancy	1,601,737	1,313,424	288,313	
17 Travel	163,906	134,403	29,503	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,558	3,738	820	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	838,100	687,242	150,858	
23 Insurance	762	625	137	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL SUPPLIES	1,056,744	1,056,744		
b EDUCATION	125,293	102,740	22,553	
c INSURANCE BROKER PAYMENTS	89,022	89,022		
d OHIO HOSPITAL FRANCHISE FEE	57,340	47,019	10,321	
e MISCELLANEOUS	60,808	49,862	10,946	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	46,916,282	38,922,152	7,994,130	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	5,819,502	2	4,783,600
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,626,837	4	1,597,529
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	6,807,822	7	6,168,767
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,397,317	9	1,234,913
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 16,144,221			
	b	Less accumulated depreciation — 10b: 4,147,439	12,474,882	10c	11,996,782
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	102,662,737	13	115,305,566
	14	Intangible assets	3,600,000	14	3,240,000
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	134,389,097	16	144,327,157
Liabilities	17	Accounts payable and accrued expenses	3,242,455	17	5,591,043
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	31,016,839	25	39,268,855
	26	**Total liabilities.** Add lines 17 through 25	34,259,294	26	44,859,898
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	100,129,803	27	99,467,259
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	100,129,803	33	99,467,259
	34	Total liabilities and net assets/fund balances	134,389,097	34	144,327,157

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
AULTMAN HOSP	340714538	03		No	Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD J ROTH III CEO & PRESIDENT	40 0	X		X				0	428,348	32,535
RICK L HAINES DIRECTOR	1 0	X						0	395,087	34,034
CHRISTOPHER E REMARK TREASURER	40 0	X		X				0	334,779	28,245
LEO E DOYLE DIRECTOR	1 0	X						0	1,923	0
CHARLES B SCHEURER CHAIRMAN	1 0	X		X				0	0	0
T STEPHEN GREGORY VICE CHARIMAN	1 0	X		X				0	0	0
DAVID W BARTLEY II DIRECTOR	1 0	X						0	0	0
WILLIAM H BELDEN JR DIRECTOR	1 0	X						0	0	0
BARBARA HAMMONTREE BENNETT DIRECTOR	1 0	X						0	0	0
PAUL R BISHOP DIRECTOR	1 0	X						0	0	0
SHEILA MARKLEY BLACK ESQ DIRECTOR	1 0	X						0	0	0
THEODORE V BOYD DIRECTOR	1 0	X						0	0	0
STEPHEN G DEUBLE DIRECTOR	1 0	X						0	0	0
DARRYL J DILLENBACK DIRECTOR	1 0	X						0	0	0
MILAN R DOPIRAK MD DIRECTOR/PHYSICIAN	1 0	X						0	328,121	33,487
GLENN A EISENBERG DIRECTOR	1 0	X						0	0	0
DAVID M FINDLEY DIRECTOR	1 0	X						0	0	0
NORMAN J GAYNOR III DIRECTOR	1 0	X						0	0	0
PATRICIA A GRISCHOW DIRECTOR	1 0	X						0	0	0
TIMOTHY L HAGEN DO DIRECTOR/PHYSICIAN	1 0	X						0	25,110	0
JOSEPH R HALTER JR VICE CHAIRMAN & SECRETARY	1 0	X		X				0	0	0
MICHAEL E HANKE DIRECTOR	1 0	X						0	0	0
JOHN B HUMPHREY JR MD DIRECTOR/PHYSICIAN	1 0	X						0	0	0
DOUGLAS A JONES DIRECTOR	1 0	X						0	0	0
JAMES E KNISELY DIRECTOR	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE W LEMON DIRECTOR	1 0	X						0	0	0
GENE E LITTLE DIRECTOR	1 0	X						0	0	0
RONALD R LYONS DIRECTOR	1 0	X						0	0	0
HARRY C C MACNEALY DIRECTOR	1 0	X						0	0	0
STEVEN OAKLAND DIRECTOR	1 0	X						0	0	0
VICTOR B SCHANTZ DIRECTOR	1 0	X						0	0	0
MARC L SCHNEIDER DIRECTOR	1 0	X						0	0	0
LOUIS G SHAHEEN MD DIRECTOR/PHYSICIAN	1 0	X						0	0	0
DOUGLAS J SIBILA DIRECTOR	1 0	X						0	0	0
JOHN A SIRPILLA DIRECTOR	1 0	X						0	0	0
VICKY L STERLING DIRECTOR	1 0	X						0	0	0
R CLINT ZOLLINGER ESQ DIRECTOR	1 0	X						0	0	0
PRABHCHARAN P GILL MD DIRECTOR/PHYSICIAN	1 0	X						0	446,317	30,852
JUDY A SCHEURER DIRECTOR	1 0	X						0	0	0
TODD M SOMMER DIRECTOR	1 0	X						0	0	0
MARK D WRIGHT CHIEF FINANCIAL OFFICER	4 0 0			X				280,525	0	27,621
EILEEN F GOOD CHIEF NURSING OFFICER	4 0 0				X			0	307,769	29,181
MARK N ROSE MD JD VICE PRESIDENT LEGAL SERVICES	4 0 0				X			214,337	0	25,866
STEVE D ARMATAS EXECUTIVE DIRECTOR PHARMACY	4 0 0					X		169,413	0	7,726
THOMAS E MACKEY CHIEF TECHNOLOGY OFFICER	4 0 0					X		184,203	0	19,140
RONALD R RUSNAK MD DIRECTOR-CLINICAL INFORMATICS	4 0 0					X		290,892	0	21,551
VIVIAN L LEGGETT CHIEF EXTERNAL AFFAIRS OFFICE	4 0 0					X		167,821	0	20,413
DAVID L THIEL SENIOR VP, GROWTH & DEVELOPMEN	4 0 0					X		239,667	0	27,883

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	1,056,744	1,056,744		
EDUCATION	125,293	102,740	22,553	
INSURANCE BROKER PAYMENTS	89,022	89,022		
OHIO HOSPITAL FRANCHISE FEE	57,340	47,019	10,321	
MISCELLANEOUS	60,808	49,862	10,946	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
AULTMAN HEALTH FOUNDATION	34-1445390

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		184,666
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			184,666
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C	PART II-B, LINE 1G	ONE EMPLOYEE CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF THE ORGANIZATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,579,436		6,579,436
b Buildings		6,323,682	2,963,137	4,017,607
c Leasehold improvements				
d Equipment		2,758,553	1,358,814	1,399,739
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				11,996,782

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN AFFILIATES	115,305,566	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	115,305,566	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INTERCOMPANY ACCOUNTS	39,268,855
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	39,268,855

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,352,399
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,916,282
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,563,883
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	86,362
9	Total adjustments (net) Add lines 4 - 8	9	86,362
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,477,521

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	38,438,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	86,362		
e	Add lines **2a** through **2d**			2e	86,362
3	Subtract line **2e** from line **1**			3	38,352,399
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	38,352,399

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	46,916,282
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	46,916,282
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	46,916,282

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	FIN 48 FOOTNOTE FROM AUDITED CONSOLIDATED FINANCIAL STATEMENTS	ON DECEMBER 28, 2008, THE AULTMAN HEALTH FOUNDATION (PARENT IN CONSOLIDATED GROUP) ADOPTED FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 (FORMERLY FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT IN ADDITION, THE GUIDANCE ON ASC TOPIC 740 ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT HAS DETERMINED THE EFFECT OF THE ADOPTION OF THIS PRONOUNCEMENT TO BE INSIGNIFICANT, THEREFORE NO ADJUSTMENTS HAVE BEEN RECORDED AND NO FURTHER DISCLOSURE REQUIRED
RECONCILITAION	PART XI, LINE 8 AND PART XII, LINE 2D	OTHER AFFILIATE REVENUE

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)			355,703	441,048	-85,345	0 010 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			355,703	441,048	-85,345	0 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total.** Add lines 7d and 7j			355,703	441,048	-85,345	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	0		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,753,566		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,263,467		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	490,099		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ACUTE CARE SPECIALTY HOSPITAL OF AULTMAN 2600 SIXTH STREET SW CANTON,OH 44710	X								ACUTE CARE

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Aultman Health Foundation is the parent company of Acute Care Specialty Hospital at Aultman (ACSH thereafter) ACSH has a Financial Assistance Policy (FAP) which has the same provisions as the policy for Aultman Hospital and other facilities within Aultman Health Foundation According to the policy all medically necessary self pay patients are eligible for financial assistance Eligibility criteria is based on the Federal Poverty Guidelines (FPG) and are updated annually based on the updates published by the United States of Health and Human Services The percent of assistance provided is determined on as sliding scale as follows 0% to 100% of FPG receives a 100% discount, 101% to 150% of FPG is discounted 90%, 151% to 200% is discounted 85%, 201% to 250% is discounted 65%, 251% to 300% is discounted 55%, 301% to 350% is discounted 45%, 351% to 400% is discounted 35%, and 401% and above is discounted 30% Human

Aultman Health Foundation, the parent company, publishes annually its annual report which includes all related organizations' programs and services designed to lead the community to improved health and promote healthy lifestyles In addition Aultman Health Foundation publishes a quarterly Community Benefit Newsletter called Aultman Focus on behalf of the system including (ACHS) Both reports are available Aultman's website

The organization used the cost to charge ratio calculated in worksheet 2 of schedule H

Patients referred to ACSH are referred here because their illnesses are complex and will require long-term critical care Most of the patients with such complex illnesses are elderly and have chronic as well as acute illness and are able to qualify for Medicare or Medicaid If the patient meets the health criteria for admissions into a Long Term Acute Care facility ACSH accepts the patient regardless of their ability to pay Patients are often considered self-pay patients at the time of admission and then through our Outreach program these patients are usually able to qualify for Medicaid or some other form of assistance Because of this ACSH had no charity care or bad debt expense in 2009 The organization does have a Financial Assistance Policy which has the same provisions as the policy for any other facility within the Aultman Health Foundation

ACHS does not have a shortfall with its Medicare patients The costing methodology used in determining the amount reported in line 6 is the Medicare cost report

ACHS follows the same collection procedures outlined in the parent company's collection policy For those patients known to qualify for charity care or financial assistance, the organization repeatedly offers patients access to financial help during their hospital stay and after as well as with each billing notice Bills are sent to a collection agency as a last resort and only when patients have the ability to pay some portion of their healthcare expenses but decline to do so, when patients decline to work with the organization to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs, or when the organization is unable to locate the patient or person responsible for the bill

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

As part of Aultman Health Foundation (ACHS) is committed to the health needs of its community Aultman Health Foundation assesses the community's health care needs in a variety of ways It studies volume and patient satisfaction surveys It documents medical conditions that thousands of community members and medical staff members can inquire about in the Sharon Lane Health Center health library It tracks attendance at the more than 100 "Health Talk" presentations held each year to determine what topics are of most interest to the community In 2007, Aultman conducted a community health survey The goal was to gauge the health status and health habits of Stark County residents - and indentify areas where Aultman can improve the health of our community Nearly 5,000 surveys were completed and returned The survey showed overweight/obesity is a top area of opportunity, along with ensuring people get proper vaccinations (flu, pneumonia shots) and health screenings (prostate, colonoscopy) The most commonly diagnosed health problems included high blood pressure, high cholesterol, arthritis, heart disease, chronic back pain and diabetes

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

If able, at the time of registration patients are asked to fill out the hospital care assurance program application which includes contact information for questions and assistance in completing the forms Signs and applications are posted at all points of admissions informing patients of the free care programs which are available In 2010, the application was added to the internet for easy patient access Aulman's Outreach department assists self pay inpatients with the Medicaid process and other programs under which they are eligible for assistance Patients who are unable to be screened during their stay receive follow up assistance with qualifying for the assistance program that most appropriately fits their financial needs The application and contact information for the Outreach department is printed on the back of every statement

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

ACHS' service area includes Stark, Wayne, Holmes, Carroll and Tuscarawas counties The core market for the hospital is Stark County The Ohio Department of Development estimated the 2009 population of our five county area to be over 655,000 The organization is one of only 3 facilities within the 5 county area who are considered Long-Term Acute Care facilities and who provide the specialization needed to care for patients with such complex medical conditions

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

LTACH did not conduct any Community Building Activities for the year ended December 31, 2009

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

ACHS encourages its employees and board members to be actively involved in the community The organization has eleven board members who all work and primarily reside within the community The board members are actively involved in the community to be representatives of the community's interests in health care services All 11 board members are considered independent members The Medical Staff is comprised of 257 physicians Any physician in good standing within Aultman Hospital's Medical Staff and with an appropriate specialty to care for medically complex patients may apply for privileges at ACHS

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

ACSH is a wholly owned subsidiary of Aultman Health Foundation Aultman Health Foundation supports and promotes the health of its community members in a variety of ways In 2009, Aultman encouraged members of the community to take a proactive approach to their health The online Health Assessment Center offered free risk assessments for heart disease (HeartAware), joint problems (JointAware), breast cancer (BreastAware) and sleep disorders (SleepAware) Participants received customized reports based on the responses provided during the assessment Those at high risk for health problems were invited for a personal consultation or group presentation with Aultman health professionals More than 7,000 community members have taken the "Aware" risk assessments since HeartAware launched in March 2008 Nearly 600 high-risk people have taken advantage of the free follow-up education and information 2009 health screening events included the annual Cancer Screening Day, Community Diabetes Fair and "Wear Red" activities to promote heart health and raise awareness of heart disease Aultman representatives also attended health fairs throughout the year, including Senior Citizens' Day at the Pro Football Hall of Fame, the Canton Farmers' Market, the Arthritis Expo, the Senior Expo, and Health Fair for the Uninsured o and health fairs at local schools Through the Safety First program, Aultman is striving to keep our community's kids safe by preventing head trauma and other bike-related injuries More than 400 Aultman employees visited 235 Stark County first-grade classes in 2009 to teach bicycle safety The safety lesson - which reached more than 5,000 students - included topics such as the importance of wearing a bike helmet and other safety gear, obeying traffic signs and signals, and using hand signals In addition to the in-class education, the students received a free safety booklet and bike helmet In 2009, Aultman collaborated with the City of Canton and KeyBank to offer a Diversity Supplier "Meet and Greet" event to promote minority businesses throughout the community Aultman's Level III Neonatal Intensive Care Unit, designated by the Ohio Department of Health, is a transfer hospital for the aforementioned counties and Coshocton and Columbiana counties Aultman provides specialized care for mothers with high-risk pregnancies and premature babies Critically injured patients who need specialized care are brought to Aultman's Level II Trauma Center Aultman Hospital has the only Level II trauma center for adult and pediatric patients in its five-county service area The Level II designation from the American College of Surgeons certifies Aultman has the facilities, technology and specially trained clinical staff to treat trauma patients Aultman's Wellness on Wheels (WOW) mobile health-fair unit debuted in February 2009 Staffed by medical professionals, the WOW van visits schools, community centers, churches, senior centers and block parties to provide free screenings and health education Screenings such as blood pressure checks, height, weight and Body Mass Index/percentage of body fat are provided The WOW van reached more than 12,500 people at nearly 150 locations in 2009 Each year, Aultman provides a significant amount of the area's total charity care for patients having no private or government health insurance and no significant level of income and serves thousands of patients covered by programs such as Medicaid Payments from these federally funded programs do not always cover the total cost of service Through its resident teaching programs, Aultman delivers a significant level of quality outpatient and inpatient health care to insured, underinsured, and uninsured individuals in our market For members of the Amish community, Aultman offers free transportation to and from doctors' appointments and Aultman Hospital An Amish House is also located adjacent to the Aultman campus, giving visitors a free place to stay when loved ones are hospitalized Aultman also supports community endeavors that improve the quality of life for area residents Aultman and its employees support health-related causes such as fundraising walks for the American Cancer Society and Juvenile Diabetes Research Foundation Aultman donates to community causes ranging from Canton Community Clinic to United Way of Greater Stark County to Arts in Stark

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 21

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
SCHEDULE I	PART I, LINE 2	AULTMAN HEALTH FOUNDATION'S (AHF) COMMUNITY SUPPORT POLICY/PROCEDURE PROVIDES GUIDANCE IN RESPONSE TO COMMUNITY ORGANIZATION REQUESTS FOR SUPPORT AHF DEEMS IT BENEFICIAL AND NECESSARY TO BE A GOOD CORPORATE CITIZEN AND WILL CONSIDER SUPPORT OF COMMUNITY ENDEAVORS AND PROJECTS THAT WILL IMPROVE THE LIVES AND LIVELIHOOD OF THE COMMUNITY IT SERVES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of MassillonOne James Duncan Plaza Massillon, OH 44646	34-6001829	501(C)(3)	50,000				SUPPORT
The Aultman Foundation 2600 6th St SW Canton, OH 44710	34-0714538	501(C)(3)	255,887				SUPPORT
Canton Regional Chamber of Commerce222 Market Ave North Canton, OH 44702	34-0129930	501(C)(3)	82,761				SUPPORT
Aultman College of Nursing 2600 6th St SW Canton, OH 44710	34-0714538	501(C)(3)	10,000				SUPPORT
Kent State University500 E Main St Kent, OH 44242	31-6402079	501(C)(3)	10,000				SUPPORT
University of Mount Union 1972 Clark Ave Alliance, OH 44601	34-0714687	501(C)(3)	10,000				SUPPORT
Stark State College of Technology6200 Frank Ave NW Canton, OH 44720	34-1055865	501(C)(3)	32,857				SUPPORT
Walsh University2020 East Maple N Canton, OH 44720	34-0868798	501(C)(3)	176,923				SUPPORT
Malone College2600 Cleveland Ave NW Canton, OH 44709	34-0737794	501(C)(3)	10,000				SUPPORT
United Way4825 Higbee Ace NW Siute 101 Canton, OH 44718	34-9651530	501(C)(3)	366,000				SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
William McKinnley Presidential Library800 McKinnley Monument Dr NW Canton, OH 44708	34-0733194	501(C)(3)	50,000				SUPPORT
Arts in Stark900 Cleveland Ave Nw Canton, OH 44701	34-6609771	501(C)(3)	102,771				SUPPORT
American Heart Association 4682 Douglas Circle NW Canton, OH 44718	13-5613797	501(C)(3)	15,000				SUPPORT
Salvation Army143 Frist St SE Massilon, OH 44646	13-5562351	501(C)(3)	7,000				SUPPORT
Trillium Family Solutions624 Market Ave North Canton, OH 44702	34-0714399	501(C)(3)	25,000				SUPPORT
Massillon Chamber of Commerce137 Lincoln Way E Massillon, OH 44646	34-0383260	501(C)(3)	6,181				SUPPORT
Team NEO Foundation737 Bolicar Rd Ste 2000 Cleveland, OH 44115	34-1885407	501(C)(3)	20,000				SUPPORT
American Cancer Society 525 N Broad St Canfield, OH 44060	13-1788491	501(C)(3)	10,000				SUPPORT

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDWARD J ROTH III	(i)	0	0	0	0	0	0	0
	(ii)	391,000	35,155	2,193	19,629	12,906	460,883	0
RICK L HAINES	(i)	0	0	0	0	0	0	0
	(ii)	320,000	73,900	1,187	19,812	14,222	429,121	0
CHRISTOPHER E REMARK	(i)	0	0	0	0	0	0	0
	(ii)	272,500	61,472	807	19,176	9,069	363,024	0
MILAN R DOPIRAK MD	(i)	0	0	0	0	0	0	0
	(ii)	271,154	54,774	2,193	27,061	6,426	361,608	0
EILEEN F GOOD	(i)	0	0	0	0	0	0	0
	(ii)	247,500	55,453	4,816	18,837	10,344	336,950	0
MARK D WRIGHT	(i)	242,950	37,239	336	18,468	9,153	308,146	0
	(ii)	0	0	0	0	0	0	0
STEVE D ARMATAS	(i)	143,000	25,565	848	6,787	939	177,139	0
	(ii)	0	0	0	0	0	0	0
THOMAS E MACKEY	(i)	160,000	17,844	6,359	7,422	11,718	203,343	0
	(ii)	0	0	0	0	0	0	0
RONALD R RUSNAK MD	(i)	272,720	0	18,172	12,250	9,301	312,443	0
	(ii)	0	0	0	0	0	0	0
VIVIAN L LEGGETT	(i)	132,500	34,611	710	15,148	5,265	188,234	0
	(ii)	0	0	0	0	0	0	0
PRABHCHARAN P GILL MD	(i)	0	0	0	0	0	0	0
	(ii)	429,724	0	16,593	12,250	18,602	477,169	0
DAVID L THIEL	(i)	213,000	22,577	4,090	17,716	10,167	267,550	0
	(ii)	0	0	0	0	0	0	0
MARK N ROSE MD JD	(i)	183,150	30,062	1,125	17,021	8,845	240,203	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J	PART I	Line 1 All employees are eligible to receive reimbursement for health club costs up to $120 annually as part of the organization's effort to promote health living styles Line 3 SEE SCHEDULE O FOR THE EXPLANATION OF EXECUTIVE COMPENSATION REVIEW Line 4b Edward J Roth, III, Rick Haines, Christopher Remark, Eileen F Good, Mark D Wright, Vivian Leggett, and David L Thiel are participants in the organization's 457(f) plan There were no contributions in 2009 BONUSES PAID IN 2009 ARE RELATED TO 2008 FISCAL YEAR PERFORMANCE

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	PART III LINE 4D	OTHER EXPENSES INCURRED ARE IN SUPPORT OF AULTMAN HEALTH FOUNDATION'S PURPOSE TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH "
OTHER IRS FILINGS AND TAX COMPLIANCE	PART V, LINE 1A	AULTMAN HEALTH FOUNDATION'S EMPLOYEES ARE PAID BY A COMMON PAYMASTER AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY WITH THE FOLLOWING SUBSIDIARIES AULTMAN DEVELOPMENT INSTITUTE THE AULTMAN FOUNDATION AULTMAN HOSPITAL NORTH CENTRAL MEDICAL RESOURCES, INC AULTCARE CORPORATION MCKINLEY LIFE INSURANCE COMPANY WEST TUSCARAWAS PROPERTY MANAGEMENT, LLC MCKINLEY ASSURANCE SPC AULTRA ADMINISTRATIVE GROUP GOVERNING BODY AND MANAGEMENT PART VI, SECTION A, LINE 1B EDWARD J ROTH III, RICK L HAINES, CHRISTOPHER E REMARK, MILAN R DOPIRAK MD, TIMOTHY L HAGEN DO, AND PRABHCHARAN P GILL MD ARE PAID EMPLOYEES OF A RELATED ORGANIZATION GOVERNING BODY AND MANAGEMENT PART VI, SECTION A, LINE 2 JOHN SIRPILLA AND TED BOYD ARE BOARD MEMBERS OF AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP R CLINT ZOLLINGER ESQ AND SHEILA MARKLEY BLACK ESQ ARE BOARD MEMBERS OF AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP CHARLES B SCHEUERER AND JUDY A SCHEURER ARE BOARD MEMBERS OF AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A FAMILY RELATIONSHIP
POLICIES	PART VI, SECTION B, LINE 11A	AULTMAN'S FINANCE DEPARTMENT CAREFULLY REVIEWS AND ANALYZES THE TAX RETURN THE DEPARTMENT RECONCILES THE GENERAL LEDGER AMOUNTS TO THE APPROPRIATE SCHEDULES ON THE FORM 990 AND COMPARES THOSE AMOUNTS TO THE AUDITED FINANCIAL STATEMENTS IN ADDITION, THE FINANCE DEPARTMENT DOES A COMPARATIVE ANALYSIS TO THE PRIOR YEAR RETURN THE ANALYSIS AND RECONCILIATION SCHEDULES ALONG WITH A COMPLETE COPY OF THE 990 ARE PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL A COMPLETE COPY OF THE 990 IS THEN PRESENTED AT THE BOARD OF DIRECTORS MEETING PRIOR TO THE FILING DATE THE BOARD OF DIRECTORS IS ALSO UPATED ANNUALLY AT THE BOARD EDUCATION MEETING AT THIS TIME THE BOARD IS UPDATED ON ANY KEY ISSUES AND CHANGES AFFECTING THE 990 AND THEY HAVE A SECOND OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK PRIOR TO THE FILING DATE
POLICIES	PART VI, SECTION B, LINE 12	The Aultman Health Foundation Board of Directors adopted a Conflict of Interest Policy in September 2006 As a result of this policy, each year board members, officers, and senior staff complete a form disclosing any conflicts of interest they may have The Compliance Office reviews these disclosure forms and informs the Board Chairman, and other appropriate officers, of notable conflicts, if any Those with conflicts are asked to recuse themselves from discussions relating to the conflict
POLICIES	PART VI, SECTION B, LINE 15A AND 15B	The Aultman Health Foundation and its affiliated entities use the following reference materials for the development of Executive Compensation Ohio Hospital Association (OHA), Mercer Integrated Health Network, including survey data for both Hospitals and Health Plans, and Sullivan Cotter and Associates (SCA) Additional sources of salary survey data are available for use where appropriate including CompDataSurveys com, salary com and CHAMPS In these cases, the survey is referenced where applicable Executive performance, wage recommendations and bonus payments are reviewed by the CEO prior to review and approval by the Compensation Committee of the Aultman Health Foundation Board of Directors The Compensation Committee of the Aultman Health Foundation Board of Directors has engaged Sullivan Cotter and Associates, Inc , an independent compensation consulting firm for review of executive compensation practices The Aultman Health Foundation and its affiliated entities use the following reference materials for the development of Physician Compensation Medical Group Management Association (MGMA), American Medical Group Association (AMGA), Hospital and Healthcare Compensation Service (HHCS) and Sullivan Cotter and Associates (SCA) In addition to Salary Surveys, Aultman Health Foundation also retains an independent consulting firm for physician compensation services All Physician compensation recommendations are sent to the CEO, VP of Physician Services, COO, and CNO for final approval
DISCLOSURE	PART VI, SECTION C, LINE 19	AULTMAN HEALTH FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
STATEMENT OF FUNCTIONAL EXPENSES	EXPLANATION FOR LINE 11G	CONSULTING FEES $1,186,684 PATIENT SERVICES 2,043,201 PERSONNEL 449,685 OTHER CONTRACTED SERVICES 127,719 TOTAL 3,807,289

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

(a) Name, address, and EIN 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
ACUTE CARE SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 13-4246188	MED SERVICE	OH	9,208,954	4,265,527	NA

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
AULTMAN DEVELOPMENT INSTITUTE 2600 SIXTH ST SW CANTON, OH 44710 34-1388891	SUPPORT ORG	OH	501(C)(3)	11 B	NA
THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISER	OH	501(C)(3)	7	NA
AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	OH	501(C)(3)	2	NA
AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	OH	501(C)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
WTPM LLC 2600 SIXTH ST SW CANTON, OH44710 20-0090246	PROPERTY MGMT	OH	NA	INVESTMENT	-86,362	4,255,057		No	0		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
NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH44710 34-1610344	MED EQUIPT RENTAL	OH	NA	C CORP	51,049,216	10,557,590	100 000 %
AULTRA ADMINISTRATIVE GROUP 4845 FULTON DR NW CANTON, OH44718 20-4951704	ADMIN SERVICES	OH	NA	C CORP	4,720,761	1,704,746	100 000 %
MCKINLEY LIFE INSURANCE COMPANY 2600 SIXTH SW CANTON, OH44710 34-1624818	INSURANCE	OH	NA	C CORP	435,934,687	103,486,875	100 000 %
MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	NA	C CORP	2,937,000	5,931,000	100 000 %

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	NORTH CENTRAL MEDICAL RESOURCES	B	12,637,889
(2)	THE AULTMAN FOUNDATION	B	125,000
(3)	AULTMAN HOSPITAL	E	8,399,500
(4)	AULTMAN HOSPITAL	I	268,495
(5)	AULTMAN HOSPITAL	J	374,687
(6)	AULTMAN HOSPITAL	O	1,510,455
(7)	AULTMAN HOSPITAL	P	25,813,713
(8)	MCKINLEY LIFE INSURANCE	P	639,997
(9)	NORTH CENTRAL MEDICAL RESOURCES	P	144,493
(10)	AULTRA ADMINISTRATIVE GROUP	P	114,050
(11)	AULTMAN HOSPITAL	R	3,001,206
(12)	AULTMAN DEVELOPMENT INSTITUTE	R	1,500,000
(13)	NORTH CENTRAL MEDICAL RESOURCES	R	750,000
(14)	WEST TUSCARAWAS PROPERTY MANAGEMENT	R	198,968

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TY 2009 Earnings and Profits Other Adjustments Statement

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Description	Amount
DEFERRED REINSURANCE PREMIUMS	18,447
RETROSPECTIVE PREMIUM CREDITS	4,711,128

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TY 2009 Earnings and Profits Other Adjustments Statement

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Description	Amount
UNEARNED PREMIUMS	105,365
OUTSTANDING LOSS PROVISION	4,772,736
RELATED PARTY PREMIUMS	3,924,024

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TY 2009 Itemized Other Current Assets Schedule

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		REINSURANCE RECOVERABLES	3,306,816	4,288,207
		DEFERRED REINSURANCE PREMIUMS	341,790	323,343
		PREPAID EXPENSES	36,223	63,033
		SECURITIES AVAILABLE FOR SALE	20,503,948	27,103,692

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TY 2009 Other Deductions Schedule

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSSES AND LOSS ADJUSTMENTS EXPENSE		3,346,308
ACTUARIAL FEES		71,333
MANAGEMENT FEES		66,950
AUDIT FEES		36,750
LEGAL FEES		16,049
TRAVEL AND MEETING EXPENSES		29,323
GOVERNMENT FEES		13,189
OFFICE EXPENSES		4,705
REGISTERED OFFICE FEE		1,200
BANK CHARGES		238
MISCELLANEOUS		1,910

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TY 2009 Itemized Other Liabilities Schedule

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUM RESERVE	2,350,613	2,245,248
		RESERVES FOR LOSSES	20,611,200	16,819,856

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TY 2009 Other Income Statement

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Description	Foreign Amount	Amount
UNEARNED PREMIUMS		105,365
REINSURANCE PREMIUMS		-1,074,317
DEFERRED REINSURANCE PREMIUMS		-18,447

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TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: AULTMAN HEALTH FOUNDATION

EIN: 34-1445390

Description	Beginning Amount	Ending Amount
PAID IN CAPITAL	118,800	118,800