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Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public

			I ► Information about Form 990		100/101111990			
A For	the 2	2013 cale		01-01-2013 , 2013, and ending 12-	31-2013			
B Chec	ck ıf ap	pplicable	C Name of organization AULTMAN HEALTH FOUNDATION			D Emplo	yer ider	ntification number
nbbA 🗌	ress ch	nange	Doing Business As			34-14	45390)
Nam	ne char	nge	boiling business As					
Initia	al retur	rn		I is not delivered to street address) Room/s	suite	E Telepho	ne num	ber
Tern	nınated	d	2600 SIXTH STREET SW Suite			(330)	363-6	352
☐ Ame	ended r	return	City or town, state or province, countr CANTON, OH 44710	y, and ZIP or foreign postal code		(330)	303 0	332
Appl	ication	n pending	CANTON, OIL 44710			G Gross re	eceipts \$	82,682,832
			F Name and address of princ	ıpal officer		s this a group	return	for
			MARK WRIGHT 2600 SIXTH STREET SW		s	ubordinates?		ΓYes Γ No
			CANTON,OH 44710		H(b) A	re all subordi	nates	┌ Yes ┌ No
					_	ncluded?		
I lax	-exem	npt status	▼ 501(c)(3)	sert no) 4947(a)(1) or 527	-	f "No," attach	a list	(see instructions)
J We	ebsite	e:⊫ N/A			H(c)	Group exempt	ion nur	nber ►
K Form	of org	ganızatıon	Corporation Trust Association	Other 🏲	L Year	of formation 19	75 M	State of legal domicile Ol
Par	t Ι	Sum	mary					
	1 E	Briefly de	scribe the organization's mission	or most significant activities				
	1	THE MIS	SION OF AULTMAN HEALTH FO	DUNDATION IS TO "LEAD OUR CO	TINUMMC	Y TO IMPROV	ED HE	ALTH "
ည္	-							
፬	_							
Governance	2 (Check th	is box দ if the organization disc	ontinued its operations or disposed	of more th	an 25% of its	net as	sets
							1 _	
න් ග				g body (Part VI, line 1a)			3 4	43
<u>ë</u>				the governing body (Part VI, line 1b ilendar year 2013 (Part V, line 2a)			5	37
Activities &				cessary)			6	40-
∢				t VIII, column (C), line 12			7a	
				m Form 990-T, line 34			7b	(
						Prior Year		Current Year
	8	Contrib	outions and grants (Part VIII, line	e1h)			0	0
를	9	Progra	m service revenue (Part VIII, line	e 2g)		40,486,0	06	39,141,447
2:	10			A), lines 3, 4, and 7d)		4,984,5		7,363,133
	11		revenue (Part VIII, column (A), lı			485,6	544	9,123,554
	12		evenue—add lines & through 11 (must equal Part VIII, column (A), lıı				FF 630 134
						45,956,1	L94	55,628,134
	13		and similar amounts paid (Part I	X, column (A), lines 1-3)		45,956,1 1,260,3		
	13 14	Grants	and similar amounts paid (Part I					1,178,949
		Grants Benefit Salarie	and similar amounts paid (Part I s paid to or for members (Part IX	X, column (A), lines 1-3)		1,260,3	0	1,178,949 0
	14 15	Grants Benefit Salarie 5–10)	and similar amounts paid (Part I s paid to or for members (Part IX s, other compensation, employee	X, column (A), lines 1-3), column (A), line 4)benefits (Part IX, column (A), lines			366 0 175	1,178,949 0 20,658,220
	14 15 16a	Grants Benefit Salarie 5-10) Profess	and similar amounts paid (Part I) is paid to or for members (Part IX s, other compensation, employee sional fundraising fees (Part IX, c	X, column (A), lines 1-3), column (A), line 4)benefits (Part IX, column (A), lines		1,260,3	0	1,178,949 0 20,658,220
Expenses	14 15 16a b	Grants Benefit Salarie 5-10) Profess Total fur	and similar amounts paid (Part II) is paid to or for members (Part IX) s, other compensation, employee sional fundraising fees (Part IX, column (D),	X, column (A), lines 1-3) , column (A), line 4) benefits (Part IX, column (A), lines olumn (A), line 11e)		1,260,3 20,811,4	366 0 475 0	1,178,949 0 20,658,220 0
Expenses	14 15 16a	Grants Benefit Salarie 5-10) Profess Total fur	and similar amounts paid (Part II) is paid to or for members (Part IX) s, other compensation, employee sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lirespenses (X, column (A), lines 1-3), column (A), line 4)benefits (Part IX, column (A), lines olumn (A), line 11e)line 25) • 0 nes 11a-11d, 11f-24e)		1,260,3 20,811,4 26,265,	366 0 475 0	1,178,949 0 20,658,220 0 21,131,679
Expenses	14 15 16a b 17	Grants Benefit Salarie 5-10) Profess Total fur Other	and similar amounts paid (Part II is paid to or for members (Part IX is, other compensation, employee is ional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lirexpenses Add lines 13–17 (must	X, column (A), lines 1-3) , column (A), line 4) benefits (Part IX, column (A), lines olumn (A), line 11e)		1,260,3 20,811,4	366 0 175 0	1,178,949 C 20,658,220 C 21,131,679 42,968,848
Expenses	14 15 16a b 17	Grants Benefit Salarie 5-10) Profess Total fur Other	and similar amounts paid (Part II is paid to or for members (Part IX is, other compensation, employee is ional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lirexpenses Add lines 13–17 (must	X, column (A), lines $1-3$) , column (A), line 4) benefits (Part IX, column (A), lines olumn (A), line 11e)		1,260,3 20,811,4 26,265,5 48,337,4 -2,381,2	366 0 175 0 593 134 240	1,178,949 0 20,658,220 0 21,131,679 42,968,848 12,659,286
Expenses	14 15 16a b 17 18	Grants Benefit Salarie 5-10) Profess Total fur Other of Revenu	and similar amounts paid (Part II is paid to or for members (Part IX is, other compensation, employee is ional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lir in xpenses Add lines 13–17 (must be less expenses Subtract line 1	X, column (A), lines 1-3), column (A), line 4), benefits (Part IX, column (A), lines olumn (A), line 11e), line 25) • 0 nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12		1,260,3 20,811,4 26,265,5 48,337,4 -2,381,2 nning of Curren Year	366 0 175 0 593 134 240	1,178,949 0 20,658,220 0 21,131,679 42,968,848 12,659,286 End of Year
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et Assets of Expenses and Balances	14 15 16a b 17 18 19	Grants Benefit Salarie 5-10) Profess Total fur Other Total e Revenu	and similar amounts paid (Part II is paid to or for members (Part IX is, other compensation, employee is ional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lir ixpenses Add lines 13–17 (must ize less expenses Subtract line 1.	X, column (A), lines 1-3), column (A), line 4), benefits (Part IX, column (A), lines olumn (A), line 11e), line 25) Des 11a-11d, 11f-24e), equal Part IX, column (A), line 25) from line 12		1,260,3 20,811,4 26,265,5 48,337,4 -2,381,2 nning of Currel Year 281,486,1 19,481,2	366 0 1775 0 593 134 240 nt	1,178,949 0 20,658,220 0 21,131,679 42,968,848 12,659,286 End of Year 305,243,032 32,430,220
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Firm's address ► 200 E Main St Suite 700

Fort Wayne, IN 46802

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name ► BKD LLP

Preparer

Use Only

Firm's EIN 🕨

Phone no (330) 363-6352

✓ Yes ☐ No

1 011	n 990 (2013)
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
INT LOV FIN COS WHE	EMISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH" THE VERTICALLY EGRATED HEALTH SYSTEM OF AULTMAN HOSPITAL AND AULTCARE HEALTH PLANS ENABLE AULTMAN TO BE ONE OF THE WEST-COST HEALTH CARE PROVIDERS IN NORTHEASTERN OHIO LOWER COSTS HELP LOCAL BUSINESSES STAY ANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY IN ADDITION TO PROVIDING HIGH-QUALITY, LOW-ST HEALTH CARE, AULTMAN HEALTH FOUNDATION PROVIDES HEALTH EDUCATION FOR THE COMMUNITY THE WELLNESS ON EELS (WOW) MOBILE HEALTH-FAIR UNIT PROVIDES HEALTH SCREENINGS AND WELLNESS EDUCATION FOR OUR COMMUNITY, ACHING 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?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 6,856,694 including grants of \$) (Revenue \$ 7,922,605)
	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 2013, 184 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 \$ 12,136,743 including grants of \$) (Revenue \$ 4,799)
	WITH NEARLY 76 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 DATA SECURITY AND INTERNAL CUSTOMER SUPPORT
4c	(Code) (Expenses \$ 2,841,236 including grants of \$) (Revenue \$ 47,992)
	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)
40	(Expenses \$ 13,356,736 including grants of \$) (Revenue \$ 40,016,867)
4e	Total program service expenses ► 35,191,409

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		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		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 11b and 19?	38	Yes	

· C	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	▽ No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 98		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	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		103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ta.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	טכ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	1
b	If "Yes," enter the name of the foreign country 🕨 CJ , EI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	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		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
b	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	\vdash		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
e	Did the organization 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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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?			NI -
^		8		No
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ט	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		,
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

Cheat of Cahadula O contains a vacanance or note to any line in this Dart VI									
Check if Schedule O contains a response or note to any line in this Part VI		•	•		•		•	•	. *

56	ection A. Governing Body and Management					
	1		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	43			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5	Yes	
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	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, vorganization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not i	requi	ired by the Internal I	Reveni	ле Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	on's e	xempt purposes?	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its	on's e s gov	xempt purposes? erning body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov · • orm 9	xempt purposes? erning body before filing	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its the form?	on's e s gov orm 9	erning body before filing erning body before filing erning body before filing erning body before filing erests that could give	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's ess gov orm 9 y inte	erning body before filing 990 erests that could give olicy? If "Yes," describe	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	on's e s gov orm 9 y inte	erning body before filing 990 erests that could give olicy? If "Yes," describe	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's e s gov orm S y inte	erning body before filing 990 erests that could give olicy? If "Yes," describe	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	on's ess gov orm S y inte the p . ew ar	erning body before filing erning body before filing 90 erests that could give olicy? If "Yes," describe olicy? If and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review.	on's es gov orm 9 y inte the p ew ar e deli	erning body before filing 90 erests that could give olicy? If "Yes," describe dapproval by beration and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisindependent persons, comparability data, and contemporaneous substantiation of the	on's ess gov orm so y inte the p ewar edeli	erning body before filing erning body before filing erests that could give olicy? If "Yes," describe dapproval by beration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's ess gov orm so y inte the p ewar edeli	erning body before filing erning body before filing erests that could give olicy? If "Yes," describe dapproval by beration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's estable on signature of the peware deli	erning body before filing 90 erests that could give olicy? If "Yes," describe dapproval by beration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's es gov orm s y inte the p ewar edeli orsim	erning body before filing erning body before filing erests that could give olicy? If "Yes," describe dapproval by beration and decision?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Found the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take	on's es gov orm s y inte the p ewar edeli orsim	erning body before filing erning body before filing erests that could give olicy? If "Yes," describe dapproval by beration and decision? into evaluate its sto safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a reviindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. Of the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	on's es gov orm s y inte the p ewar edeli orsim	erning body before filing erning body before filing erests that could give olicy? If "Yes," describe dapproval by beration and decision? into evaluate its sto safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, 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

Form 990	(2013	
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г	a	ч	_	•

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title	(B) A verage hours per week (list any hours		tion (han c n is l	ne b both ctor	oox, an c			Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	v-	(F) Estima amount o compens from t	ted fother ation he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 6	organizati relati organiza	ed
1b Sub-Total													
1b Sub-Total	· · · · · · · · · · · · · · · · · · ·	ection A	٠.				•				+		
d Total (add lines 1b and 1c) .							►		2,919,262	1,271,3	397		214,840
Total number of individuals (ind \$100,000 of reportable compe	_					d abov	e) wl	ho receive	d more th	an			
												Yes	No
3 Did the organization list any fo on line 1a? <i>If "Yes," complete So</i>					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4 For any individual listed on line organization and related organi individual											4	Yes	
5 Did any person listed on line 1s services rendered to the organ									anızatıon	or individual for	5	103	No
Section B. Independent Co	ntractors												
1 Complete this table for your fiv	e highest comp												
compensation from the organiz	ation Report co	mpensa	ation	for t	he c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SQUIRE PATTON BOGGS LLP, PO BOX 643051 CINCINNATI OH 452643051	LEGAL	1,125,036
QCS CLEANING SOLUTIONS, PO BOX 752 MASSILLON OH 44648	CLEANING SERVICES	351,138
CANTON DATA PRINT, 2617 CLEVELAND AVENUE NW CANTON OH 44709	PRINT SERVICES	204,337
BRUNER-COX LLP, PO BOX 35429 CANTON OH 44735	ACCOUNTING FEES	223,554
STRATEGIC HEALTH CARE CO, 17 S HIGH STREET COLUMBUS OH 43215	CONSULTING	109,375
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►612

(D)
Revenue
excluded from
tax under
sections
512-514

2,258,363

5,104,770

(C) Unrelated business revenue

Part V	4 4 4 1	Statement of	of Revenue ule O contains a respo	nse or note to any lu	ne in this Part VIII	
		Check if Sched	ule O Contains a respo	inse of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue
w 2	1a	Federated cam	paigns 1a			
Grants mounts	ь	Membership di	ıes 1b			
Ğ.	С	Fundraising ev	ents 1c			
iffs, ar⊿	d	Related organi	zations 1d			
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grant	s (contributions) 1e			
ons Sii	f	All other contributi	ons, gifts, grants, and 1f			
tributic Other	•	sımılar amounts n	ot included above			
Ē	g	Noncash contribut	ions included in lines			
Con1 and	h	Total. Add line	s 1a-1f	📦	0	
<u> </u>				Business Code		
æm	2a	HEALTH SYSTEM A	DMINISTRATION	561000	29,914,633	29,914,633
æ	b	PROPERTY MANAG	GEMENT REVENUE	561000	1,378,294	1,378,294
MCP	C	PATIENT SERVICE	REVENUE	561000	7,848,520	7,848,520
ja Ja	d					
Ë	e	^ II a th a u u u u u u				
Program Service Revenue	f	All other progra	am service revenue			
	g	Total. Add line		▶	39,141,447	
	3	and other simil	ome (including dividen ar amounts)	ids, interest,	2,258,363	
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	
	5	Royalties .		•	0	
	6a	Gross rents	(ı) Real	(II) Personal		
	ь	Less rental				
	c	expenses Rental income	0	0		
	d	or (loss) Net rental inco	me or (loss)		0	
			(ı) Securities	(II) O ther		
	7a	Gross amount from sales of assets other than inventory	32,159,468			
	ь	Less cost or other basis and	27,054,698			
	c	sales expenses Gaın or (loss)	5,104,770			
	d	Net gain or (los			5,104,770	
÷	8a	Gross income to events (not inc				
Other Revenue		\$of contributions See Part IV , lii	s reported on line 1c)			
her	ь	Less direct ex	penses b			
5	С		(loss) from fundraising	events	0	
	9a	Gross income t See Part IV, lir	from gaming activities ne 19 a			
	ь	Less direct ex	penses b			
			(loss) from gamıng act	ıvıtıes	0	
	10a	Gross sales of returns and all				
	ь	Less cost of g	oods sold b			
	С		(loss) from sales of inv		0	
	11~	Miscellaneou		Business Code 561300	48,706	
	11a b	OTHER REVEN	•	561000	330,848	106,816
	, ,	CONTINGENC		561000	8,744,000	8,744,000
	d	All other reven			· ·	<u> </u>
	e	Total. Add line			9,123,554	
	12	Total revenue.	See Instructions .	🕨		47.000.000
				٦	55,628,134	47,992,263

48,706

224,032

Part IX Statement of Functional Expenses

Section 501(c)(3) and $501(c)(4$) organizations must complete	all columns All other	organizations must a	complete column (A)
) CC (1011	Janu Soricht	, ordanizacions musi combiete	an columns An other	organizacions inusci	combiete column (A)

	Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, p, 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 United States See Part IV, line 21	1,178,449	1,178,449		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	500	500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,751,636	1,418,825	332,811	
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	15,264,540	12,364,277	2,900,263	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	507,558	411,122	96,436	
9	Other employee benefits	1,957,275	1,585,393	371,882	
10	Payroll taxes	1,177,211	953,541	223,670	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	857,564	694,627	162,937	
c	Accounting	228,570	185,142	43,428	
d	Lobbying	262,776	212,849	49,927	
e	Professional fundraising services See Part IV, line 17	0	•		
f	Investment management fees	105,914	85,790	20,124	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	·			
40	Schedule O)	7,172,132	5,809,427	 	
12	Advertising and promotion	113,648	92,055	 	
13	Office expenses	823,799	667,277	156,522	
14	Information technology	8,079,464	6,544,366	1,535,098	
15	Royalties	0			
16	Occupancy	1,311,667	1,062,450	 	
17	Travel	352,467	285,498	66,969	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	57	46	11	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	764,951	619,610	145,341	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEDICAL SUPPLIES	930,094	930,094		
b	EDUCATION	71,780	58,142	13,638	
c	OHIO HOSPITAL FRANCHISE FEE	125,268	101,467	23,801	
d	BAD DEBT	-74,085	-74,085		
e	All other expenses	5,613	4,547	1,066	
25	Total functional expenses. Add lines 1 through 24e	42,968,848	35,191,409	 	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Рđ	rt X	Check if Schedule O contains a response or note to any line in this Part X			
	,		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,255,873	2	4,749,850
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	381,259	4	1,096,467
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0		0
Assets	7	Notes and lane recovering not	442,566		3,734,443
Ą	8	Notes and loans receivable, net	0	_	0,754,449
	9	Prepaid expenses and deferred charges	1,747,526		2,281,199
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 11,737,026		9	2,201,199
	ь	Less accumulated depreciation	10,380,166	100	7,505,138
	11	Investments—publicly traded securities	86,070,300		77,216,782
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	175,019,282		200,879,987
	14	Intangible assets	3,189,166		7,779,166
	15	Other assets See Part IV, line 11	3,100,100	15	7,773,100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	281,486,138		305,243,032
	17	Accounts payable and accrued expenses	3,678,087	17	3,190,740
	18		3,070,007		3,190,740
		Grants payable	0		5,414,329
	19	Deferred revenue	0		<u> </u>
	20	Tax-exempt bond liabilities			0
es S	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		1	_
區		persons Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	15,803,209	25	23,825,151
	26	Total liabilities. Add lines 17 through 25	19,481,296	26	32,430,220
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete	10,401,200	20	02,400,220
Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	262,004,842	27	272,812,812
<u>ದ</u> ಪ			202,004,042		0
<u> </u>	28	Temporarily restricted net assets		28	0
ĭ	29	Permanently restricted net assets	0	29	<u> </u>
ī		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
¥	33	Total net assets or fund balances	262,004,842	33	272,812,812
Net					
	34	Total liabilities and net assets/fund balances	281,486,138	34	305,243,032

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (mast equal rate viii, estamit (xx), me 12) i i i i i i i i i i i i i i i i i i i	1		55,6	28,134
2	Total expenses (must equal Part IX, column (A), line 25)	2		42,9	968,848
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			12,0	559,286
•	L	4		262,0	04,842
5	Net unrealized gains (losses) on investments	5		3,7	92,276
6	Donated services and use of facilities				
	<u>-</u>	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
•	Content changes in fact assets of faile balances (explain in schedule o)	9		-5,6	343,592
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		272,8	312,812
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ן ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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 (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor,	ox, ι an o /trus	unless fficer stee)	_	(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	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033***********************************	2/1033-11136/	related organizations	
EDWARD J ROTH III	50 0	х		Х				609,382	0	17,997	
CEO & PRESIDENT RICK L HAINES	5 0						\vdash				
DIRECTOR & CEO - AULTCARE	54 0	Х						0	453,837	20,287	
CHRISTOPHER E REMARK	5 0	х		х				0	362,031	19,032	
TREASURER & CEO - AH LEO E DOYLE	50 0			<u> </u>		_	├				
DIRECTOR	1 0	х						0	0	0	
CHARLES B SCHEURER	1 0						\vdash	_	_	-	
CHAIRMAN		Х						0	0	0	
T STEPHEN GREGORY	1 0	х						0	0	0	
DAVID W BARTLEY II	1 0	-					\vdash				
DIRECTOR		Х						0	0	0	
WILLIAM H BELDEN JR	1 0	x						0	0	0	
DIRECTOR BARBARA HAMMONTREE BENNETT	1 0						\vdash				
DIRECTOR	10	х						0	0	0	
SHEILA MARKLEY BLACK ESQ	10	X						0	0	0	
DIRECTOR								0	0	0	
THEODORE V BOYD DIRECTOR	1 0	х						0	0	О	
STEPHEN G DEUBLE	1 0										
DIRECTOR		Х						0	0	0	
DARRYL J DILLENBACK	1 0	х						0	0	0	
DIRECTOR MILAN R DOPIRAK MD	1 0						\vdash				
DIRECTOR/PHYSICIAN	54 0	Х						0	425,204	14,580	
GLENN A EISENBERG	1 0	Х						0	0	0	
DIRECTOR DAVID M FINDLEY	10				-	-	\vdash				
DIRECTOR		х						0	0	0	
NORMAN J GAYNOR III	1 0	х						0	0	0	
DIRECTOR PATRICIA A GRISCHOW	1.0				_	-	┞	, and the second			
2ND VICE CHAIR & SECRETARY	1 0	х		Х				0	0	0	
JOSEPH R HALTER JR	1 0	х		х				0	0	0	
CHAIRMAN							<u> </u>	0	0	·	
MICHAEL E HANKE	1 0	х						0	0	О	
DIRECTOR JOHN B HUMPHREY JR MD	1 0										
DIRECTOR	4 0	Х						0	0	0	
JAMES E KNISLEY	1 0	х						0	0	0	
DIRECTOR GEORGE W LEMON	10						1				
DIRECTOR	10	х						0	0	0	
GENE E LITTLE	1 0	X					1	0	0	0	
DIRECTOR PONALD R LYONS		<u> </u>				-	1				
RONALD R LYONS DIRECTOR	1 0	x						0	0	0	
DINECTOR	_			1	1	1	1	l	L	<u> </u>	

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

Compensated Employees, and I	ndependent Cor	ntracto	rs			•	•	. , ,	1	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor,	ox, ι an of /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	-,,	-,,	related organizations
HARRY C MACNEALY	1 0	×						0	0	0
DIRECTOR LOUIS G SHAHEEN MD	1 0									
DIRECTOR	1 0	Х						0	0	0
DOUGLAS J SIBILA	1 0	x		Х				0	0	0
VICE CHAIR VICKY L STERLING	10									
DIRECTOR		×						0	0	0
R CLINT ZOLLINGER ESQ	1 0	×						0	0	0
DIRECTOR PAUL R BISHOP	1 0									
DIRECTOR		x						0	0	0
JEFFERY MILLER MD	1 0	x						0	0	0
DIRECTOR/PHYSICIAN	2 0							0	0	
ROBERT SABOTA MD	1 0	x						0	4,800	0
JOHN A SIRPILLA	1 0									
DIRECTOR		Х						0	0	0
TODD SOMMER	1 0	x						0	0	0
DIRECTOR BRIAN BELDEN	1 0									
DIRECTOR	1 0	Х						0	0	0
MICHAEL RICH MD	1 0	×						0	0	0
DIRECTOR WILLIAM WALLACE MD	1 0									
DIRECTOR	4 0	×						0	15,000	0
TIMOTHY O'TOOLE MD	1 0	х						1,125	10,525	0
DIRECTOR DENISE HILL	2 0								10,010	
DIRECTOR	1 0	×						0	0	0
SUE HOSTETLER	10							0	0	0
DIRECTOR		X						0	0	0
PEGGY R CLAYTOR	1 0	×						0	0	0
DIRECTOR NATE J COOKS	1 0							_	_	_
DIRECTOR	1 0	Х						0	0	0
MARK D WRIGHT	50 0			х				341,530	0	17,965
CHIEF FINANCIAL OFFICER - AHF MARK N ROSE MD JD	5 0 50 0									
VICE PRESIDENT LEGAL SERVICES	5 0				Х			257,413	0	18,725
ELIZABETH A GETZ	50 0				x			243,858	0	17,099
CHIEF INFORMATION OFFICER SUSAN OLIVERA	5 0 50 0									
VP HUMAN RESOURCES	5 0				х			209,835	0	17,832
TIMOTHY M TEYNOR	50 0					х		209,720	0	16,153
VP - PUBLIC POLICY EILEEN F GOOD	5 0 50 0						_	233,1.20		10,100
SENIOR VP - CLINICAL ADVOCACY	50 0					x		300,572	0	15,188
RONALD R RUSNAK MD	50 0					l ,		220 554		17.007
DIRECTOR-CLINICAL INFORMATICS	5 0					X		329,554	0	17,997

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

5 0

VP - PHYSICIAN SERVICES

	1									I	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi Pore the more and Individual trustage or director	tion (d han o n is b	ne booth a ctor/	ox, ur an off /trust	nless icer ee)	Forme	(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	
MICHAEL L JOHNSON PHYSICIAN	50 0 5 0					х		232,024	0	6,953	
ROBERT C MOLNAR	50 0					х		184,249	0	15,032	-

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OMP No 1545 004

OMB No 1545-0047

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.

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

2013

Open to Public Inspection

Name	of	the	orga	aniza	tior
AULTMA	AN I	HEALT	TH FO	JUNDA	OTTA

Employer identification number

								34-14453				
Part 1			c Charity Status						structions			
The orga	nızatıon	ıs not a prıvate fo	undation because it	ıs (Forline	s 1 throug	h 11, check	only one bo	x)				
1 <u> </u>	A ch	ırch, convention d	of churches, or assoc	ciation of ch	urches de	scribed in sec	tion 170(b)(1)(A)(i).				
2	Ascl	nool described in :	section 170(b)(1)(A)(ii). (Attac	h Schedul	eE)						
з Г	A hos	spital or a coopera	atıve hospıtal servıc	e organızatı	on describ	ed in section	170(b)(1)	(A)(iii).				
4 F	A me	dıcal research orç	ganızatıon operated ı	ın conjunctı	on with a h	ospital descr	ibed in sec	tion 170(b)(1)(A)(iii). E	nter the		
		tal's name, city, a										
5		=	ed for the benefit of	_	university	owned or op	erated by a	government	al unit desc	ribed in		
	-		iv). (Complete Part									
6 I	_		al government or gov									
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 🗆			cribed in section 17	•		plete Part II)					
9	_		ormally receives (1)					utions meml	pership fees	and gross		
- 1			s related to its exem									
			investment income									
		• •	zation after June 30,				•					
10	-		zed and operated ex									
11	_		zed and operated ex						o carry out i	the nurnoses of		
,	one o	r more publicly su ox that describes	upported organization the type of supporting Type II c	ns describe ng organizat	d in section	on 509(a)(1) o omplete lines	or section 5 11e throug	509(a)(2) So gh 11h	ee section 5	09(a)(3). Check		
e √ f	other secti	than foundation r on 509(a)(2)	Certify that the orginal anagers and other the series of t	than one or	more publ	icly supported	d organizati	ions describe	ed in section	n 509(a)(1) or		
•		k this box	erved a written deter	iiiiiacioii iio	iii tile 113	that it is a i	уре 1, туре	ii, oi iype	iii support			
g			6, has the organizati	on accepted	d any gift o	or contribution	n from any	of the		•		
		ving persons?										
			tly or indirectly cont				ersons des	cribed in (ii)	-	Yes No		
			erning body of the su			,			11g			
		•	f a person described			_			11g			
_			entity of a person de						11g	(iii) No		
h	Provi	de the following ir	nformation about the	supported o	organizatio	on(s)						
supp	ame of ported pization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	tion in sted in erning	the organ	(v) Did you notify the organization in col (i) of your support?		s the ition in ganized JS?	(vii) A mount of monetary support		
			instructions))	Yes	No	Yes	No	Yes	No			
(A) AULTI	MAN HOSP	340714538	03	Yes		Yes		Yes		0		
Total										0		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	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						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test						
Return Reference	Explanation					
PART I	AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED TO HANDLE THE OVERALL MANAGEMENT FOR AULTMAN HOSPITAL (AH) AND AHFS SUBSIDIARIES THIS STRUCTURE IS COMMON TO MANY HEALTH CARE SYSTEMS AHF PERFORMS ACTIVITIES THAT DIRECTLY AND INDIRECTLY IMPACT AH SPECIFICALLY IDENTIFYING THOSE EXPENSES RELATED TO AH WOULD BE DIFFICULT TO QUANTIFY AS SUCH, AHF HAS NOT REPORTED ANY DIRECT EXPENSES ON SCHEDULE A PART I THERE IS A CLOSE WORKING RELATIONSHIP BETWEEN AHF AND AH AND SUBSTANTIAL RESOURCES OF AHF ARE COMMITTED TO FURTHERING THE AH MISSION					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493318019184

OMB No 1545-0047

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

Open to Public Inspection

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

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

If the organization answered "Yes" 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

Na	me of the organization TMAN HEALTH FOUNDATION			Employer iden	tification number				
AUL	IMAN HEALIH FOUNDATION			34-1445390					
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(organization.				
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	tivities in Part IV					
2	Political expenditures			▶	\$				
3	Volunteer hours								
)ar	tTE: Complete if the or	ganization is exempt unde	r section 501/	c)(3)					
1		e tax incurred by the organization i			¢				
- 2		e tax incurred by organization man			*				
3	•	section 4955 tax, did it file Form 4	_		⊤ Yes				
4a	Was a correction made?		,		□ Yes □ No				
ь	If "Yes," describe in Part IV								
Par		ganization is exempt unde	r section 501(c), except section 50	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$				
2		organization's funds contributed to	other organization	s for section 527					
	exempt function activities			▶	\$				
3	Total exempt function expendi	tures Add lines 1 and 2 Enter hei	re and on Form 112	20-POL, line 17b	\$				
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the								
	amount of political contribution	ns received that were promptly and	d directly delivered	to a separate political orga	nızatıon, such as a				
	separate segregated fund or a	political action committee (PAC)	Ti additional space	ris needed, provide informat	tion in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political				
				filing organization's funds If none, enter -0-	contributions received and promptly and				
				fullds If flotte, efficer -0-	directly delivered to a				
					separate political organization If none,				
					enter - 0 -				

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			age .
		(6	a)	(b)	
activ	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amoun	ıt
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	, , , ,		No		
f	Grants to other organizations for lobbying purposes?	Vac	No	26	2 776
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	No	26	2,776
ï	Other activities?		No		
i	Total Add lines 1c through 1:		110	26	2,776
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		_,
ь				1	
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?		Νo		
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), d	or section	n
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Г	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				
	line 3, is answered "Yes."	110	ik (D)		Α,
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).	2a			
a b	· _ · _ ·	2b			
c		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			
	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro art II-B, line 1 Also, complete this part for any additional information	up list),	Part II	-A, line 2,	and
L	Return Reference Explanation				
PAR	RT II-B, LINE 1G ONE EMPLOYEE CONDUCTS LOBBYING ACTIVITIES ON BEHALF (OFTHE	ORGAN	NIZATION	

201104410 0 (101111 330 01 330 12) 2013	r age -			
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318019184

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service and its inst	ructions is at <u>www.rrs.gov/rorin/990</u> .	Inspection
ame of the organization JLTMAN HEALTH FOUNDATION		Employer identification number
		34-1445390
art I Organizations Maintaining Donor		unds or Accounts. Complete if the
organization answered "Yes" to Form 9		1 455 1 1 1 1
Tatal assessment and afternation	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year) Aggregate value at end of year		
,		
Did the organization inform all donors and donor actions are the organization's property, subject to the	e organization's exclusive legal control?	☐ Yes ☐ No
Did the organization inform all grantees, donors, are used only for charitable purposes and not for the boconferring impermissible private benefit?		
rt III Conservation Easements. Complet	e if the organization answered "Yes" t	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the	organization (check all that apply)	
Preservation of land for public use (e g , recrea	· -	n historically important land area
Protection of natural habitat	Preservation of a	certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organization he	eld 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
Total number of conservation easements		2a
Total acreage restricted by conservation easemen	ts	2b
Number of conservation easements on a certified h		2c 2c
Number of conservation easements included in (c)	. ,	
historic structure listed in the National Register	,	2d
Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	ed by the organization during
the tax year ▶		
Number of states where property subject to conse	rvation easement is located >	
Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, han	
Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation ease	ments during the year
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement	s during the year
► \$	g, cg concert and a concert	
Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financia	
t III Organizations Maintaining Collect Complete if the organization answered	ions of Art, Historical Treasures,	or Other Similar Assets.
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnotes.	AS 116 (ASC 958), not to report in its reve	or research in furtherance of public
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	statement and balance sheet
(i) Revenues included in Form 990, Part VIII, line	1	► \$
(ii) Assets included in Form 990, Part X		►\$
If the organization received or held works of art, his following amounts required to be reported under SF		or financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	-	► \$
Assets included in Form 990, Part X		▶ \$

Part	IIII Organizations Maintaining Co	llections of Art,	Histor	ical Tr	<u>easu</u>	res, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records	s, check	cany of	the foll	owing that are	a significant use o	fits
а	Public exhibition		d \lceil	Loan	orexc	hange progran	ns	
b	Scholarly research		е Г	Othe	r			
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIII	llections and explain	how th	ey furthe	er the o	organization's	exempt purpose in	
5	During the year, did the organization solicit o							
Dar	assets to be sold to raise funds rather than t						<u> </u>	Yes No
Fai	Part IV, line 9, or reported an am					i aliswereu	res to roilli 99	<u> </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary for	contribu	ıtıons (or other assets		Yes No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the fo	ollowing	table			_	
							Amo	unt
С	Beginning balance					10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				ı	Yes No
ь	If "Yes," explain the arrangement in Part XII							<u> '</u>
Pai	t V Endowment Funds. Complete	f the organization (a)Current year	answe (b)Prio					e) Four years back
1a	Beginning of year balance	(a)carrent year	(D)iiio	i year	D (C)1	wo years back (a)Timee years back (c) our years back
ь	Contributions							_
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, colum	ın (a))	held as		
а	Board designated or quasi-endowment ►							
b	Permanent endowment ►							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%						
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion that	are hel	d and a	idministered fo	or the	Yes No
	(i) unrelated organizations						3a(i)	
L	(ii) related organizations						3a(ii)	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of th						<u>3b</u>	<u> </u>
	t VI Land, Buildings, and Equipme				n ansv	vered 'Yes' t	o Form 990. Par	t IV. line
	11a. See Form 990, Part X, line 1							
	Description of property			a) Cost or asıs (ınves		(b) Cost or othe basis (other)	r (c) Accumulated depreciation	(d) Book value
1 a l	and				0	4,211,31	3	4,211,313
b E	Buildings				0	3,806,74	2 1,946,681	1,860,061
c l	easehold improvements		· [
	quipment		· _		0	3,236,42		
	Other		/	(D) 1	0	,		25,373
iotal	. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part X,	column	(<i>B</i>), line	10(c).)	,	•	7,505,138

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total (Column (2) made equal (cm 350) (are ny col. (2) mile 12)	•	
Part VIII Investments—Program Related. Col See Form 990, Part X, line 13.	mplete if the organizatior	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATES	200,879,987	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	= 0 0 / 0 : 0 / 0 0 :	
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
ESTIMATED THIRD-PARTY PAYOR SE	2,025,151	
SHORT TERM BORROWINGS	13,000,000	
CURRENT PORTION OF LONG TERM DEBT	1,760,000	
LONG TERM DEBT	7,040,000	
Total (Column (h) must asset 5 000 0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide	23,825,151 the text of the footnote to the	e organization's financial statements that
reports the organization's liability for uncertain tax position provided in Part XIII		

Part XI		evenue per Audited Financial Stat ered 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er R	eturn Complete if
1 Tot		support per audited financial statements			1	39,374,250
		not on Form 990, Part VIII, line 12				· · ·
		ments	2a	3,792,276		
	-	cilities	2b	, ,		
			2c			
	er (Describe in Part XIII)		2d			
	l lines 2a through 2d				2e	3,792,276
3 Sub	tract line 2e from line 1 .				3	35,581,974
4 A m	ounts included on Form 990), Part VIII, line 12, but not on line 1				· · · · · · · · · · · · · · · · · · ·
a Inv	estment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a			
b Oth	er (Describe in Part XIII)		4b	20,046,160		
			٠		4c	20,046,160
5 Tota	al revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	55,628,134
Part XII		penses per Audited Financial Sta			per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line			1	Г
	·	audited financial statements	•		1	41,964,783
		not on Form 990, Part IX, line 25		1		
a Don	ated services and use of fa	cilities	2a			
	, ,		2b			
			2c			
d Oth	er (Describe in Part XIII)		2d			
	llines 2a through 2d				2e	
					3	41,964,783
		, Part IX, line 25, but not on line 1:				
		ded on Form 990, Part VIII, line 7b	4a			
b 0 th	er (Describe in Part XIII)		4b	1,004,065		
	llines 4a and 4b				4c	1,004,065
		d 4c. (This must equal Form 990, Part I, line	e 18)		5	42,968,848
Provide th	e 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
F	Return Reference	Explanation				
ACCOUNT	ING FOR UNCERTAINTY	ASC 740 FOOTNOTE FROM AUDITED C	ONSO	LIDATED FINANCIAL S	STATE	MENTS WHEN TAX
PART XI, L		RETURNS ARE FILED, IT IS HIGHLY CER SUSTAINED UPON EXAMINATION BY THE SUBJECT TO UNCERTAINTY ABOUT THE SUBJECT TO UNCERTAINTY ABOUT THE OF THE POSITION THAT WOULD BE ULINCOME TAXES TOPIC OF THE FINANC ACCOUNTING STANDARDS CODIFICAT RECOGNIZED IN THE FINANCIAL STAT ALL AVAILABLE EVIDENCE, MANAGEMITHE POSITION WILL BE SUSTAINED UP APPEALS OR LITIGATION PROCESSES, AGGREGATED WITH OTHER POSITIONS THAN-NOT RECOGNITION THRESHOLD BENEFIT THAT IS MORE THAN 50% LIK THE APPLICABLE TAXING AUTHORITY TAX POSITIONS TAKEN THAT EXCEEDS RECORDED AS A LIABILITY FOR UNRECASSOCIATED INTEREST AND PENALTIF AUTHORITIES UPON EXAMINATION W LONGER SUBJECT TO INCOME TAX EXABEFORE 2010 INVESTMENT INCOME \$11,155,659 CO	HE TAE MERTIMATION, EMENT BEONE BY CONE THE STAP CONESTHE STAP CONESTHE CON	IXING AUTHORITIES, VARITS OF THE POSITION FELY SUSTAINED IN A CCOUNTING STANDARTHE BENEFIT OF A TAXT IN THE PERIOD DUR ELIEVES IT IS MORE LAW AMINATION, INCLUDITY TAX POSITIONS TAXT ME MEASURED AS THE LAW OF BEING REALIZED UP PORTION OF THE BENEFITS ALL AT WOULD BE PAYABLEW EXEPTIONS, THE FORTIONS BY TAX AUTHORS	VHILE I TAKE CCOR RDS BO X POS ING W IKELY ING T KEN A ET TH RGEST ON SE EFITS ONG E TO T DUND. RITIE	OTHERS ARE EN OR THE AMOUNT DANCE WITH THE DARD (FASB) ITION IS WHICH, BASED ON THAN NOT THAT HE RESOLUTION OF ARE NOT OFFSET OR E MORE-LIKELY- T AMOUNT OF TAX ETTLEMENT WITH ASSOCIATED WITH SCRIBED ABOVE IS WITH ANY THE TAXING ATION IS NO
· 		74,085 OTHER REVENUE RÉCLASS \$ 22 DEBT RECLASS \$ -74,085 OTHER REVE TOTAL \$ 1,004,065	0,586	5 TOTAL \$20,046,160 F	PART	KII, LINE 4B BAD

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318019184

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

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

Name of the organization AULTMAN HEALTH FOUNDATION **Employer identification number**

34-1445390

Pa	rt I Financial Ass	istance an	d Certain	Other Community	Benefits at Cost				
								Yes	No
1a	Did the organization have	a financial as	ssistance po	licy during the tax year?	' If "No," skip to questi	on 6a	1a	Yes	
b	If "Yes," was it a written	policy?					1b	Yes	
2	If the organization had m financial assistance police					oplication of the			
	A pplied uniformly to a Generally tailored to	•			mly to most hospital fac	cilities			
3	Answer the following base organization's patients d			nce eligibility criteria th	at applied to the larges	t number of the			
а	Did the organization use If "Yes," indicate which o		•	, ,		providing <i>free</i> care?	3a	Yes	
	▽ 100% ┌ 150% ┌	200% ┌ 0	ther						
b	Did the organization use which of the following was						3b	Yes	
	□ 200% □ 250% □	300%	50% Г 40	0% 🔽 Other		0 %			
С	If the organization used f criteria for determining ei used an asset test or oth discounted care	ligibility for fre	ee or discoun	ted care Include in the	description whether th	e organızatıon			
4	Did the organization's fin				•	_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5a	provide for free or discou Did the organization budg						4	Yes	
Ja	the tax year?					· · · · ·	5a	Yes	
b	If "Yes," did the organiza	tion's financia	al assistance	expenses exceed the b	udgeted amount? .		5b	Yes	
c	If "Yes" to line 5b, as a r								
_	care to a patient who was	_					5c	-	No
	Did the organization prep		-	-	r,		6a	Yes	
b	If "Yes," did the organiza						6b	Yes	
	Complete the following ta worksheets with the Sche		worksneets	provided in the Schedule	e H Instructions Do not	submit these			
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st				<u> </u>
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense		(f) Perce total exp	
а	Financial Assistance at cost (from Worksheet 1)			132,615		132,	615	0 3	10 %
b	Medicaid (from Worksheet 3, column a)			517,592	512,551		041		70 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)								
d	Total Financial Assistance and Means-Tested Government Programs .			650,207	512,551	137,	656	0 3	80 %
	Other Benefits								
е	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)						\Box		
1	Cash and in-kind contributions for community benefit (from Worksheet 8)								
] v	Total. Other Benefits Total. Add lines 7d and 7j .			650,207	512,551	137,	656	0.2	80 %
ĸ	iviai. Muu IIIICS /U dilu /i .	1	i	000,2071	217,221	13/,	1000	0.3	JU 70

Pa	rt II Community Building activities during the of the communities in	tax year, an									
	c. the communices	(a) Number of	(b) Persons served (optional)	(c) Total communi building expense		rect offs revenue		(e) Net communit building expense		(f) Percototal	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
	Leadership development and training for community members										
7	Coalition building Community health improvement										
	advocacy										
9	Workforce development Other										
<u> </u>	Total										
	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	:es							
	ion A. Bad Debt Expense									Yes	No
1	Did the organization report ba				Financial M	anager	nent A	ssociation	1	Yes	
2	Statement No 15? Enter the amount of the organ methodology used by the orga	ızatıon's bad d	ebt expense E	xplaın ın Part VI	the	.	•	146,123		163	
3	Enter the estimated amount o				ble to			140,123			
	patients eligible under the org	anızatıon's fına	ancıal assıstan	nce policy Explair	ın Part VI						
	the methodology used by the cany, for including this portion					3		37,029			
4	Provide in Part VI the text of to or the page number on which t						ıbes ba	,			
ect	ion B. Medicare										
5	Enter total revenue received f	rom Medicare ((including DSH	and IME)		5		3,420,475			
5	Enter Medicare allowable cost	s of care relati	ng to payment	s on line 5		6		3,092,989			
7	Subtract line 6 from line 5 Th	ıs ıs the surplu	ıs (or shortfall))		7		327,486			
В	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	Γc。	st to charge ra	itio	Other						
ect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy d	uring the tax year	?				9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	ection practice VI	s to be followe	d for patients who	are known	to qua	lıfy for	financial		Yes	
Pa	rt IV Management Comp	anies and J	oint Ventur	'es (owned 10% or more	by officers, dire	ectors, tru	istees, ke	y employees, and physici	ans—se	e instruct	ions)
	(a) Name of entity	(b	 Description of p activity of entit 		(c) Organia profit % o ownersh	r stock	e	Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	Physic fit % or wnership	stock
								WF - 17	1		
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Part V Facility Information										
Section A. Hospital Facilities	Licensed	General	Children'	Teaching	Critical	Research	ER-2:	.o-H3		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?		ral medical & surgical	en's hospital	ning hospital	al access hospital	arch facility	ER-24 hours	other	Other (Describe)	Facility reporting group
See Additional Data Table										

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ACUTE CARE SPECIALTY HOSP OF AULTMAN

Name of hospital facility or facility reporting group

	eporting on Part V, Section B for a single hospital facility only: line number of pital facility (from Schedule H, Part V, Section A)	_		
			Yes	No
	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)	4		
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	١,	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)	┢	1163	\vdash
а	A definition of the community served by the hospital facility			
b	✓ Demographics of the community			
c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	▼ How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	▼ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility	3	Yes	
4	consulted	<u>-</u>	1165	\vdash
•	facilities in Part VI	4	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website (list url) HTTP //WWW AULTMAN ORG			
b	O ther website (list url)			
c	▼ Available upon request from the hospital facility			
d	Other (describe in Part VI)			
	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
	Execution of the implementation strategy			
С	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	<u></u>
	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section $501(r)(3)$?	8a	<u> </u>	No
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	₩	_
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

				-9			
	art V Facility Information (continued)		l				
	nancial Assistance Policy		Yes	No			
9	Did the hospital facility have in place during the tax year a written financial assistance policy that	_					
10	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? 9 Y						
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Yes				
	If "Yes," indicate the FPG family income limit for eligibility for free care $\frac{100}{\%}$						
11	Used FPG to determine eligibility for providing discounted care?	11	Yes				
	If "Yes," indicate the FPG family income limit for eligibility for discounted care% If "No," explain in Part VI the criteria the hospital facility used						
12	Explained the basis for calculating amounts charged to patients?	12	Yes				
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		1.55				
а	✓ Income level						
Ь	✓ Asset level						
c	c 🔽 Medical indigency						
d	▼ Insurance status						
e	Uninsured discount						
f	▼ Medicaid/Medicare						
a	State regulation						
h	_						
	Other (describe in Part VI)						
	Explained the method for applying for financial assistance?	13	Yes				
	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes				
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)						
а	The policy was posted on the hospital facility's website						
b	The policy was attached to billing invoices						
c	The policy was posted in the hospital facility's emergency rooms or waiting rooms						
d	d V The policy was posted in the hospital facility's admissions offices						
e	The policy was provided, in writing, to patients on admission to the hospital facility						
f	The policy was available upon request						
g	Other (describe in Part VI)						
Bil	ling and Collections						
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes				
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during						
	the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP						
a	Reporting to credit agency						
Ь	Lawsuits						
C	Liens on residences						
d	Body attachments						
e	Other similar actions (describe in Section C)						
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No			
	If "Yes," check all actions in which the hospital facility or a third party engaged						
а	Reporting to credit agency						
b	Lawsuits						
C	Liens on residences						
d	Body attachments						
e	Other similar actions (describe in Section C)						

ichedule H (Form 990) 2

If "Yes," explain in Part VI

Page **2**

Pa	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bi	lls		
d	financial assistance policy			
e	Other (describe in Section C)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	lacksquare The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
	If "Yes," explain in Part VI	_ <u></u>		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		No

Part V Facility Information (continued)

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

Form and Line Reference Explanation AULTMAN HOSPITAL'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES - AFFINITY MEDICAL CENTER - ALLIA NICE COMMUNITY HOSPITAL - CANTON COMMUNITY CLINIC - MERCY MEDICAL CENTER - WESTERN STARK CLINIC LINE 6A The hospital's CHNA implementation strategy can be found at the following URL http://www.aultman.org/aultmanHospital-Information/aboutus/CommunityHealt hNeedsAssessment aspx	for each facility in a facility repor	ting group, designated by "Facility A," "Facility B," etc.
FOLLOWING HOSPITAL FACILITIES -AFFINITY MEDICAL CENTER -ALLIANCE COMMUNITY HOSPITAL -CANTON COMMUNITY CLINIC -MERCY MEDICAL CENTER -WESTERN STARK CLINIC The hospital's CHNA implementation strategy can be found at the following URL http://www.aultman.org/AultmanHospital-	Form and Line Reference	Explanation
following URL http://www.aultman.org/AultmanHospital-	LINE 4	FOLLOWING HOSPITAL FACILITIES -AFFINITY MEDICAL CENTER -ALLIANCE COMMUNITY HOSPITAL -CANTON COMMUNITY CLINIC -MERCY MEDICAL CENTER -WESTERN STARK CLINIC
	LINE 6A	following URL http://www.aultman.org/AultmanHospital-

Page 2

Part V Facility Information (continue

Section D.	Other F	lealth (Care F	Facilities	That Are	Not Licensed	, Registered,	or Similarly	Recognized	asa
Hospital F	acility									

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

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

Name and address	Tune of Facility (decombs)		
Name and address	Type of Facility (describe)		
1			
2			
3			
4			
5			
7			
8			
9			
10			

Schedule H (Form 990) 2013

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Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation			
PART I, LINE 3C	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 Department of Health and Human services. The percent of assistance provided is determined on a sliding scale as follows. 0% - 100% of FPG receives a 100% discount, 101% - 150% of FPG receives a 90% discount, 151% - 200% of FPG receives a 80% discount, 201% - 250% of FPG receives a 65% discount, 251% - 300% of FPG receives a 55% discount, 301% - 350% of FPG receives a 45% discount, 351% - 400% of FPG receives a 35% discount, 401% and above is discounted at 30%			
PART I, LINE 6A	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. This report is available on Aultman's website			

Form and Line Reference	Explanation The organization used the cost to charge ratio calculated in worksheet 2 of schedule H				
PART I, LINE 7					
PART III, LINE 3	Methodology for Bad Debt Related to Charity Care Patients referred to the 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 2013. 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. PART III, LINE 4 PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE PREMIUM RECEIVABLES ARE CARRIED AT ORIGINAL BILLED AMOUNT LESS AN ESTIMATE FOR DOUBTFUL RECEIVABLES BASED ON A REVIEW OF ALL OUTSTANDING AMOUNTS ON A MONTHLY BASIS. PREMIUM RECEIVABLES ARE CONSIDERED PAST DUE TO THE EXTENT THAT THERE IS NO RELATED UNEARNED PREMIUM ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR DOUBTFUL ACCOUNTS AND SHITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE FOUNDATION HAS DETERMINED, BASED ON AN ASSESSMENT AT THE CONSOLIDATED ENTITY LEVEL, THAT PATIENT SERVICE REVENUE IS PRIMARILY RECORDED PRIOR TO ASSESSING THE PATIENT SERVICE REVENUE IS PRIMARILY RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS.				

Form and Line Reference	Explanation ACSH 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.			
PART III, LINE 8A				
PART III, LINE 9B	ACSH 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 PART V, LINE 19D A sliding scale is used to determine the maximum amounts that can be charged to FAP-Eligible individuals for emergency or other medically necessary care.			

Form and Line Reference	Explanation				
NEEDS ASSESSMENT	Acute Care Specialty Hospital assesses the community's health care needs in a variety of ways. It studies protocol 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. Between 2011 and 2013, Acute Care Specialty Hospital collaborated with area hospitals and health care facilities to conduct a community health survey. The goal was to gauge the health status and health habits of Stark County residents - and identify areas where ACSH can improve the health of our community. Fifteen questions were included on the poll of 1,067. Stark County households. The survey showed access to health insurance coverage and health care as the top priority, along with obesity and lack of healthy lifestyle choice, other areas of concern were prescription drug misuse, larger need for mental health services, and greater access to dental care.				
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	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. ACSH staff 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.				
,					

Form and Line Reference	Explanation
COMMUNITY INFORMATION	Acute Care Specialty Hospital's service area includes, but is not limited to Stark, Wayne, Holmes, Carroll and Tuscarawas counties The US Census Bureau estimated the 2013 population of this five county area to be over 659,043 There are ten registered hospitals in the five county area Two of these are ACSH facilities ACSH provided care for 22% of the total 271,536 Medicaid cases in the central service area for 2013 Of the 118,248 self-pay cases in this area, ACSH provided care for 31%
PROMOTION OF COMMUNITY HEALTH	Authman's board of directors has 39 mon-employed members. A total of 38 of the 43 voting board members reside in the core service area. The remaining portion resides in the tertiary service area. Community physicians requesting and ultimately valishing for medical staff privileges would be granted privileges in their respective medical departments. Authman has more than 535 physicians on active staff in more than 40 medical specialties. From educational programs to the annual Harvest for Hunger food drive, Authman's devotion to health and wellness extends far beyond the walls of its health care facilities. Educational programs include more than 100 free health Talk presentations each year, featuring local physicians and health care professionals. The Sharon Lane Health Information Center offers a comprehensive collection of health care and consumer-health materials ranging from books and DVDs available for lending to anatomical models. The center is open to patients and their family members, students, physicians and the general public. Additional resources include an illustrated health encyclopedia, symptom checker, videos, risk assessments and a wellness center on the Authman website. Authman offers the only Level III Neonatal Intensive Care Unit from Canton to Columbus, providing specialized care for mothers with high-risk pregnancies and premature babies, under one for Authman also provides a Level III trauma program, verified by the American College of Surgeons' Committee on Trauma, the only Level III center for adult and pediatric patients in its five-county service area. In 2013 Authman Health Foundation contributed to the betterment of the Stark County community with the following activities. Working on Wellness (WOW). The WO W team visued more than 300 sites in 2013, ranging from community events to senior cutzen centers WOW nurses had personal interaction with more than 18,600 community members and provided 13,409 free health screenings. Cancer Outreach The Authman Health Foundation volutions shared th
	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

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Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AULTMAN HEALTH FOUNDATION

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

OMB No 1545-0047

2013

DLN: 93493318019184

Open to Public Inspection

Employer identification number

COLIMAN HEALTH TO ONDAT	1011					34-1445390	
Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	orassistance?					∀ Yes ⊢
		Governments and recipient that receive					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CANTON REGIONAL CHAMBER OF COMMERCE 222 MARKET AVE N NORTH CANTON, OH 44702	34-0129930	501(C)(6)	88,383				SUPPORT
(2) WALSH UNIVERSITY 2020 EAST MAPLE NORTH CANTON,OH 44720	34-0868798	501(C)(3)	155,000				SUPPORT
(3) TEAM NEO FOUNDATION 737 BOLIVAR RD CLEVELAND,OH 44115	34-1885407	501(C)(3)	20,000				Support
(4) MASSILLON CHAMBER OF COMMERCE 137 LINCOLN WAY E MASSILLON,OH 44646	34-0383260	501(C)(3)	5,131				SUPPORT
(5) UNITED WAY GREATER STARK COUNTY 4825 HIGBEE AVE NW STE 101 CANTON,OH 44718	13-4254191	501(c)(3)	385,788				SUPPORT
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations l	ısted ın the line 1 table	2		▶	

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Inform	ation. Provide the inf	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.
	_	_	·	_	

Part IV Supplemental Ir	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
,	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

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DLN: 93493318019184

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization AULTMAN HEALTH FOUNDATION

Employer identification number

34-1445390

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2	Yes	
					165	
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all that used by a related organization to establish compensa	t appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	<u></u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		No
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	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, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in I					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I	LINE 1 ALL EMPLOYEES ARE ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH CLUB COSTS UP TO \$120 ANNUALLY AS PART OF THE
1	ORGANIZATION'S EFFORT TO PROMOTE HEALTHY LIFESTYLES THIS AMOUNT WAS INCLUDED AS TAXABLE COMPENSATION FOR ALL
1	EMPLOYEES THAT RECEIVED THE BENEFIT LINE 3 SEE SCHEDULE O FOR THE EXPLANATION OF EXECUTIVE COMPENSATION REVIEW LINE
1	46 EDWARD J ROTH III, CHRISTOPHER E REMARK, RICK L HAINES, EILEEN F GOOD, MARK ROSE, AND MARK D WRIGHT ARE PARTICIPANTS IN
	THE ORGANIZATIONS 457(F) PLAN THERE WERE NO PAYOUTS IN 2013

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 34-1445390

Name: AULTMAN HEALTH FOUNDATION

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

(A) Name		•	FW-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
EDWARD J ROTH III CEO & PRESIDENT	(ı) (ıı)	551,410 0	51,381 0	6,591 0	7,650 0	10,347 0	627,379 0	0 0
RICK L HAINES DIRECTOR & CEO - AULTCARE	(I) (II)	0 365,174	0 86,224	0 2 ,4 3 9	0 7,650	0 12,637	0 474,124	0 0
CHRISTOPHER E REMARK TREASURER & CEO - AH	(I) (II)	0 332,991	0 28,227	0 813	0 7,650	0 11,382	0 381,063	0
MILAN R DOPIRAK MD DIRECTOR/PHYSICIAN	(I) (II)	0 292,988	0 113,840	0 18,376	0 7,650	0 6,930	0 439,784	0
TIMOTHY M TEYNOR VP - PUBLIC POLICY	(ı) (ıı)	206,027 0	0	3,693 0	5,838 0	10,315 0	225,873	0
EILEEN F GOOD SENIOR VP - CLINICAL ADVOCACY	(I) (II)	258,265 0	32,068 0	10,239 0	7,650 0	7,538 0	315,760 0	0
MARK D WRIGHT CHIEF FINANCIAL OFFICER - AHF	(1) (11)	314,377 0	26,370 0	783 0	7,650 0	10,315 0	359,495 0	0
RONALD R RUSNAK MD DIRECTOR- CLINICAL INFORMATICS	(1) (11)	295,874 0	29,570 0	4,110 0	7,650 0	10,347 0	347,551 0	0
MARK N ROSE MD JD VICE PRESIDENT LEGAL SERVICES	(1) (11)	234,194 0	21,470 0	1,749 0	7,343 0	11,382 0	276,138 0	0 0
MICHAEL L JOHNSON PHYSICIAN	(ı) (ıı)	185,577 0	46,173 0	274 0	6,953 0	0	238,977	0 0
ROBERT C MOLNAR VP - PHYSICIAN SERVICES	(1) (11)	171,591 0	12,180 0	478 0	5,093 0	9,939 0	199,281 0	0 0
ELIZABETH A GETZ CHIEF INFORMATION OFFICER	(I) (II)	223,271 0	19,582 0	1,005 0	6,807 0	10,292 0	260,957 0	0 0
SUSAN OLIVERA VP HUMAN RESOURCES	(I) (II)	191,552 0	17,472 0	811 0	5,933 0	11,899 0	227,667 0	0

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SCHEDULE O

As Filed Data -

DLN: 93493318019184

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2013

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Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization AULTMAN HEALTH FOUNDATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

34-1445390

Return Reference	Explanation
PART III LINE 4D	OTHER EXPENSES INCURRED ARE IN SUPPORT OF AULTMAN HEALTH FOUNDATION'S PURPOSE TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH."

Return Reference	Explanation
PART V	AULTMAN HEALTH FOUNDATION'S EMPLOYEES ARE PAID BY A COMMON PAYMASTER AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY WITH THE FOLLOWING SUBSIDIARIES THE AULTMAN FOUNDATION AULTMAN HOSPITAL ORRVILLE HOSPITAL FOUNDATION AULTMAN NORTH CANTON MEDICAL GROUP WEST TUSCARAWAS PROPERTY MANAGEMENT, LLC NORTH CENTRAL MEDICAL RESOURCES, INC AULTRA ADMINISTRATIVE GROUP MCKINLEY ASSURANCE SPC AULTCARE INSURANCE COMPANY AULTCARE CORPORATION AULTCARE HEALTH INSURING COMPANY PART VI, SECTION A, LINE 1B EDWARD J ROTH III IS A PAID EMPLOYEE OF THE ORGANIZATION RICK L HAINES AND MILAN R DOPIRAK MD ARE PAID EMPLOYEES OF A RELATED ORGANIZATION WILLIAM WALLACE AND TIMOTHY O'TOOLE PERFORM MEDICAL DIRECTORSHIP DUTIES FOR THE ORGANIZATION AND RECEIVE COMPENSATION PART VI, SECTION A, LINE 2 JOHN SIRPILLA AND THEODORE BOYD ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A BUSINESS RELATIONSHIP R CLINT ZOLLINGER ESQ AND SHEILA MARKLEY BLACK ESQ ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A BUSINESS RELATIONSHIP BRIAN BELDEN AND WILLIAM BELDEN ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A BUSINESS RELATIONSHIP BRIAN BELDEN AND WILLIAM BELDEN ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A BUSINESS RELATIONSHIP BRIAN BELDEN AND WILLIAM BELDEN ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A BUSINESS RELATIONSHIP BRIAN BELDEN AND WILLIAM BELDEN ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A FAMILY RELATIONSHIP ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A FAMILY RELATIONSHIP ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND HAVE A FAMILY RELATIONSHIP

Chief Technology Officer, second in command to the Chief Information Officer. On August 6, 2014, FAE was sentenced to 36 months in prison and is presently serving that sentence. He was also ordered to pay restitution of the full amount stolen. FAE used his position to channel \$846,877.58 to vendor companies with which he had a financial relationship and for which he approved phony invoices. Acting alone, FAE operated the scheme for about three years, ending in early 2013. He started small and was able to avoid notice. AHF began an investigation, which confirmed its suspicion that something appeared to be amiss and the matter was turned over to the FBI. As a result of the FBI investigation, together with a review of job performance and noncompliance with AHF conflict of interest policy, FAE was terminated on June 12, 2013. Since this activity was discovered, forensic audit was done, and AHF has made a number of changes to its financial controls. The changes include revising vendor approval procedures, conducting more extensive verification of new vendors, requiring more approvals when vendors are particularly and standardizing the payables process across the entire organization. PART VI, SECTION B, LINE 11B A DETAIL REVIEW OF THE FORM 990 IS PERFORMED BY AN INDEPENDENT CPA FIRM AULTMAN HEALTH FOUNDATION'S FINANCE DEPARTMENT.	Return Reference	Explanation
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 CHIEFFINANCIAL OFFICER FOR REVIEW AND APPROVAL A COMPLETE COPY OF THE 990 IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH A SECURED INTERNET PORTAL PRIOR TO THE FILING DATE	SECTION A,	single count of wire fraud involving criminal acts he committed while working for AHF's Information Technology Department as its Chief Technology Officer, second in command to the Chief Information Officer. On August 6, 2014, FAE was sentenced to 36 months in prison and is presently serving that sentence. He was also ordered to pay restitution of the full amount stolen. FAE used his position to channel \$846,877.58 to vendor companies with which he had a financial relationship and for which he approved phony invoices. Acting alone, FAE operated the scheme for about three years, ending in early 2013. He started small and was able to avoid notice. AHF began an investigation, which confirmed its suspicion that something appeared to be amiss and the matter was turned over to the FBI. As a result of the FBI investigation, together with a review of job performance and noncompliance with AHF conflict of interest policy, FAE was terminated on June 12, 2013. Since this activity was discovered, a forensic audit was done, and AHF has made a number of changes to its financial controls. The changes include revising vendor approval procedures, conducting more extensive verification of new vendors, requiring more approvals when vendors are paid and standardizing the payables process across the entire organization. PART VI, SECTION B, LINE 11B.A. DETAIL REVIEW OF THE FORM 990 IS PERFORMED BY AN INDEPENDENT CPA FIRM AULTMAN HEALTH FOUNDATION'S FINANCE DEPARTIMENT 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 MADE AVAILABLE TO THE

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	THE AULTMAN HEALTH FOUNDATION'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY AS A RESULT OF THIS POLICY, EACH YEAR BOARD MEMEBERS, 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

Return Reference	Explanation
PART VI, SECTION B, LINE 15A AND 15B	THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USES 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 CEO'S COMPENSATION IS ALSO REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS HAS ENGAGED SULLIVAN COTTER & 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 PHY SICIAN COMPENSATION MEDICAL GROUP MANAGEMENT ASSOCIATES (MGMA), AMERICAN MEDICAL GROUP ASSOCIATION (AMGA), HOSPITAL AND HEALTHCARE COMPENSATION SERVICE (HHCS) AND SULLIVAN COTTER AND ASSOCIATES (SCA) IN ADDITION TO SALARY SURVEYS, AULTMAN HOSPITAL ALSO RETAINS AN INDEPENDENT CONSULTING FIRM FOR PHY SICIANS COMPENSATION SERVICES ALL PHY SICIAN COMPENSATION RECOMMENDATIONS ARE SENT TO THE CEO, VP OF PHY SICIAN SERVICES, COO, AND CNO FOR FINAL APPROVAL

Return Reference	Explanation
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 OTHER DISCLOSURE ITEMS - ANCMG ACQUISITION On September 1, 2013, the Foundation acquired North Canton Medical Foundation (NCMF) an Ohio nonprofit corporation, located in North Canton, Ohio As a result of the agreement, NCMF changed its name to Aultman North Canton Medical Group (ANCMG) and became a subsidiary of the Foundation. The acquisition will be mutually beneficial and create efficiencies, focused on increasing access to, and improving the quality, efficiency and cost effectiveness of, the essential health care services each provides and thus enhancing the patient care services provided the Foundation and ANCMG

Return Reference	Explanation
EXPLANATION FOR LINE 3	RETURN ON INVESTMENT FROM AFFILIATE \$2,258,363

Return Reference	Explanation
EXPLANATION FOR LINE 11G	CONSULTING FEES \$ 2,700,603 LTACH PATIENT SERVICES \$ 1,713,584 OTHER CONTRACTED SERVICES \$ 936,736 PROFESSIONAL FEES-NONPHY SICIAN \$ 113,821 PROFESSIONAL FEES-PHY SICIAN \$ 81,559 PURCHASED MAINTENANCE \$ 1,888,605 TOTAL \$ 7,434,908

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	GAIN ON ACQUISITION OF ANCMG \$ 2,007,408 INTERFUND TRANSFER -\$ 7,651,000 TOTAL -\$ 5,643,592

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

20-1359433

(3) AULTMAN HOSPITAL

(4) ORRVILLE HOSPITAL FOUNDATION

(5) TUSCARAWAS VALLEY REGIONAL CANCER CENTER

(6) AULTMAN NORTH CANTON MEDICAL GROUP

2600 SIXTH ST SW CANTON, OH 44710 34-0714538

832 S MAIN STREET ORRVILLE, OH 44667 34-0733138

DOVER, OH 44622 31-1689698

2600 SIXTH ST SW CANTON, OH 44710 34-1088530

300 MEDICAL PARK DRIVE

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493318019184OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization AULTMAN HEALTH FOUNDATION

Employer identification number

				34-144539	0		
Part I Identification of Disregarded Entities Comp	lete if the organization	n answered "Yes" or	n Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) ACUTE CARE SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 13-4246188	MED SERVICE	ОН	7,926,688	5,714,012	AHF		
(2) INTEGRATED HEALTH COLLABORATIVE 2600 SIXTH ST SW CANTON, OH 44710 45-4325320	HEALTH COLLAB	ОН			AHF		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		the organization ar	nswered "Yes" (on Form 990, Pai	rt IV, line 34 because	e it had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity st (if section 501(c		g Section (13) co	
						Yes	No
(1) THE AULTMAN FOUNDATION	FUNDRAISER	ОН	501(C)(3)	7	AHF	Yes	
2600 SIXTH ST SW							
CANTON, OH 44710 20-8090459							
(2) AULTMAN COLLEGE OF NURSING AND HEALTH	COLLEGE	ОН	501(C)(3)	2	Ault Hosp	Yes	
2600 SIXTH ST SW							
CANTON, OH 44710							

HOSPITAL

HOSPITAL

MED SERVICE

HEALTHCARE

ОН

ОН

ОН

ОН

501(C)(3)

501(C)(3)

501(C)(3)

501(C)3

Yes

Yes

Yes

AHF

AHF

NA

AHF

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.

because it had one of more related organizations tre	ateu as a pa	rulersii	ap during ti	ie tax year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop allocat	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	agıng	(k) Percentage ownership
				31.7		1	Yes	No]	Yes	No	1
(1) WEST TUSCARAWAS PROPERTY MANAGEMENT LLC 2600 SIXTH ST SW CANTON, OH 44710 20-0090246	PROPERTY MGMT	ОН	NA	EXCLUDED	-9,754	498,151		No	0		No	5 000 %
Part TV Identification of Related Organizations Taxable	e as a Corn	oratio	n or Trust	Complete if	the organ	uzation an	SWATA	d "Va	s" on Form	aan	Dar	ct TV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(13 control entity	512 .3) lled
					1	ı		Yes	No
(1) NORTH CENTRAL MEDICAL RESOURCES INC	MED EQUIP REN	ОН	AHF	C CORP	53,190,755	14,522,583	100 000 %	Yes	
2600 SIXTH ST SW CANTON, OH 44710 34-1610344									
(2) AULTRA ADMINISTRATIVE GROUP	ADMIN SERVICE	ОН	AHF	C CORP	5,220,913	409,353	100 000 %	Yes	
4845 FULTON DR NW CANTON, OH 44718 20-4951704									
(3) MCKINLEY ASSURANCE SPC	PORTFOLIO	CJ	AHF	C CORP	1,264,804	22,535,370	100 000 %	Yes	
PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384									
(4) AULTCARE INSURANCE COMPANY	INSURANCE	ОН	AHF	C CORP	452,255,152	115,201,305	100 000 %	Yes	
2600 SIXTH ST SW CANTON, OH 44710 34-1624818									
(5) AULTMAN MEDICAL GROUP	PHYSICIAN PRACT	ОН	AHF	C CORP	9,213,812	418,107	100 000 %	Yes	
2600 SIXTH ST SW CANTON, OH 44710 45-3166014									
(6) AULTCARE CORPORATION	INSURANCE	ОН	AHF	C CORP	10,465,023	5,631,528	100 000 %	Yes	
2600 SIXTH ST SW CANTON, OH 44710 34-1488123									
(7) AULTCARE HEALTH INSURING CORPORATION	INSURANCE	ОН	AHF	C CORP	0	0	100 000 %	Yes	
2600 SIXTH ST SW CANTON, OH 44710 46-3305099									

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ted organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
	Sharing of paid employees with related organization(s)				10	Yes	
D	Reimbursement paid to related organization(s) for expenses				1p	Yes	
	Reimbursement paid by related organization(s) for expenses				1q	Yes	
·							
r	Other transfer of cash or property to related organization(s)				1r	Yes	
	Other transfer of cash or property from related organization(s)				1s		No
_	o the drainer of each of property from related organization(c)				ш		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete th	nis line, including co	vered relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	
ee A	ditional Data Table		•				

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

EIN: 34-1445390

Name: AULTMAN HEALTH FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Reid	· -	- ₁	Î	1	Í.	1 .	
(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	Sectio (b)(contr enti	(g) on 512 (13) crolled tity?
l						Yes	No
(1)THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISER	ОН	501(C)(3)	7	AHF	Yes	
(1) AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	ОН	501(C)(3)	2	Ault Hosp	Yes	
(2) AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	ОН	501(C)(3)	3	AHF	Yes	
(3) ORRVILLE HOSPITAL FOUNDATION 832 S MAIN STREET ORRVILLE, OH 44667 34-0733138	HOSPITAL	ОН	501(C)(3)	3	AHF	Yes	
(4) TUSCARAWAS VALLEY REGIONAL CANCER CENTER 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698	MED SERVICE	ОН	501(C)(3)	3	NA		No
(5) AULTMAN NORTH CANTON MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 34-1088530	HEALTHCARE	ОН	501(C)3	3	AHF	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
NORTH CENTRAL MEDICAL RESOURCES	В	7,464,701	FMV
AULTMAN HOSPITAL	R	-2,431,962	FMV
MSO	Q	150,000	FMV
AULTMAN HOSPITAL	J	268,495	FMV
AULTMAN HOSPITAL	К	320,753	FMV
AULTMAN HOSPITAL	Р	1,482,238	FMV
AULTMAN HOSPITAL	Р	28,174,239	FMV
AULTCARE INSURANCE COMPANY	Р	710,198	FMV
AULTRA ADMINISTRATIVE GROUP	Р	26,635	FMV
NORTH CENTRAL MEDICAL RESOURCES	Р	78,000	FMV
AULTMAN ORRVILLE HOSPITAL	Р	242,070	FMV

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: AULTMAN HEALTH FOUNDATION

Description	Amount
OUTSTANDING LOSS PROVISION	1,430,130
UNEARNED PREMIUMS	122,085
DEFERRED REINSURANCE PREMIUMS	13,678
UNREALIZED LOSS ON INVESTMENTS	607,901



TY 2013 Earnings and Profits Other Adjustments Statement

Name: AULTMAN HEALTH FOUNDATION

Description	Amount
RETROSPECTIVE PREMIUMS CREDITS	3,747,782
RELATED PARTY PREMIUMS	5,542,544

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TY 2013 Itemized Other Current Assets Schedule

Name: AULTMAN HEALTH FOUNDATION

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		REINSURANCE RECOVERABLES	3,285,213	2,807,435
		DEFERRED REINSURANCE PREMIUMS	321,229	307,551
		PREPAID EXPENSES	65,223	66,489
		SECURITIES AVAILABLE FOR SALE	21,067,711	17,844,523

TY 2013 Other Deductions Schedule

Name: AULTMAN HEALTH FOUNDATION

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSSES AND LOSS ADJUSTMENTS EXPENSE		1,580,955
ACTUARIAL FEES		72,000
MANAGEMENT FEES		69,600
AUDIT FEES		34,625
LEGAL FEES		18,508
TRAVEL AND MEETING EXPENSES		27,659
GOVERNMENT FEES		16,311
OFFICE EXPENSES		4,872
REGISTERED OFFICE FEE		1,600
BANK CHARGES		714
ADMINISTRATION EXPENSES		1,000
IMAC FEES		350

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TY 2013 Itemized Other Liabilities Schedule

Name: AULTMAN HEALTH FOUNDATION

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUM RESERVE	1,708,581	1,830,666
		RESERVES FOR LOSSES	12,472,401	13,424,753

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TY 2013 Other Income Statement

Name: AULTMAN HEALTH FOUNDATION

Description	Foreign Amount	Amount
UNEARNED PREMIUMS		-122,085
REINSURANCE PREMIUMS		-935,467
DEFERRED REINSURANCE PREMIUMS		-13,678
UNREALIZED LOSS ON INVESTMENTS		-607,901



TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: AULTMAN HEALTH FOUNDATION

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

Audited Consolidated Financial Statements and Other Financial Information

Aultman Health Foundation and Subsidiaries

December 28, 2013 and December 29, 2012



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INDEPENDENT AUDITOR'S REPORT

Board of Directors Aultman Health Foundation and Subsidiaries Canton, Ohio

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Aultman Health Foundation and Subsidiaries which comprise the consolidated balance sheets as of December 28, 2013 and December 29, 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the 52 weeks then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a reasonable basis for our audit opinion.

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4505 Staplien und e10A (End. 200) Poct Office Los 20A (e Centory, 01c (47 pp.542) 1504 437 (200) To 1000 4 - 1004 7) Sicarupus Brunting OS8 South Illam Street Suite 407 Skron, OH 44 Tr 1436 5 3 Jul 170 1109 3 Xul 173 C 2008 01/3 Rockside Foot 19 Ma 400 Independents 0/1411 - 7244 INC 750 8170 14 - 210 873 420 i Board of Directors Aultman Health Foundation and Subsidiaries

Bruner. Cox, LLP

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Aultman Health Foundation and Subsidiaries as of December 28, 2013 and December 29, 2012, and the results of their operations and changes in net assets and their cash flows for the 52 weeks then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Canton, Ohio May 22, 2014

CONSOLIDATED BALANCE SHEETS

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

December 28, 2013 and December 29, 2012 (Dollars in Thousands)

ASSETS	2013	2012
Current assets		
Cash and cash equivalents	\$ 39,240	\$ 29,180
Patient accounts receivable, less allowance for doubtful		
accounts of \$10,878 in 2013 and \$11,475 in 2012	50,861	53,786
Premiums receivable, net	3,482	3,106
Reinsurance recoverables	6,638	5,661
Other receivables	10,796	18,895
Inventories of supplies	4,841	4,418
Deferred income taxes, net	3,897	5,147
Prepaid expenses and other assets	 7,562	6,988
Total current assets	127,317	127,181
Investments		
Board designated	78,187	87,199
Of insurance subsidiary	63,266	69,170
Of captive insurance subsidiary	17,845	21,068
Restricted by donor	 3,233	3,137
	162,531	180,574
Investment in joint venture	1,739	1,810
Property and equipment, net	284,772	266,178
Intangible and other assets, net	12,950	3,636
	\$ 589,309	\$ 579,379

LIABILITIES AND NET ASSETS	2013	2012
Current liabilities		
Unpaid claims and claims adjustment expenses	\$ 36,591	\$ 33,563
Loss and loss-adjustment expenses	13,425	12,472
Accounts payable and accrued expenses	45,222	49,393
Salaries, wages and payroll taxes	29,180	28,402
Estimated third-party payor settlements	685	3,636
Premiums received in advance	7,767	7,084
Current portion of long term debt	4,549	-
Short term borrowings	13,000	-
Accrued contingency	 -	14,609
Total current liabilities	150,419	149,159
Long-term liabilities		
Long-term debt	22,846	6,503
Accrued pension liability	314	620
Interest-rate swap	 19	86
Total liabilities	173,598	156,368
Net assets		
Unrestricted	411,778	420,311
Temporarily restricted	3,220	2,301
Permanently restricted	 713	399
Total net assets	 415,711	423,011
	\$ 589,309	\$ 579,379

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012 (Dollars in Thousands)

	2013	2012
OPERATIONS		_
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT		
Net patient service revenue	\$ 419,920	\$ 405,597
Provision for doubtful patient accounts	(23,646)	(29,672)
Net patient service revenue less provision for doubtful		
patient accounts	396,274	375,925
Premium revenue	454,027	469,294
Other revenue	52,481	49,681
Net assets released from restrictions for operations	 2,068	1,456
Total unrestricted revenues, gains and other support	904,850	896,356
EXPENSES		
Salaries and benefits	373,596	357,466
Medical supplies	64,528	65,505
Pharmacy	26,832	20,222
Professional fees	22,831	25,471
Equipment maintenance	21,792	20,627
Administrative and general	90,480	93,901
Utilities	11,411	10,904
Claims, losses and loss-adjustment expenses	283,075	297,351
Depreciation and amortization	24,862	25,025
Provision for doubtful accounts	475	487
Total expenses	919,882	916,959
Loss from operations	(15,032)	(20,603)
OTHER INCOME (EXPENSE)		
Investment and other income, net	13,608	16,099
Acquisition gain	2,007	11,007
Contingency income (expense) - Note 24	 1,358	(6,831)
Total other income	16,973	20,275
Excess (deficiency) of revenues over expenses		
before provision for income tax	1,941	(328)
PROVISION FOR INCOME TAX	 (735)	(180)
Excess (deficiency) of revenues over expenses	\$ 1,206	\$ (508)

CONSOLIDATED STATEMENTS OF OPERATIONS AND AND CHANGES IN NET ASSETS (CONTINUED)

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012 (Dollars in Thousands)

	2013	2012
CHANGES IN NET ASSETS		
UNRESTRICTED NET ASSETS		
Excess (deficiency) of revenues over expenses	\$ 1,206 \$	(508)
McKinley SPC net asset adjustments	(8,035)	-
Reclassification of net assets	 (1,704)	
Decrease in unrestricted net assets	(8,533)	(508)
TEMPORARILY RESTRICTED NET ASSETS	1,513	1,963
Gifts, grants and bequests	(1,984)	(1,456)
Net assets released from restrictions for operations	1,390	-
Reclassification from unrestricted net assets		
	 919	507
Increase in temporarily restricted net assets		
PERMANENTLY RESTRICTED NET ASSETS	314	_
Reclassification from unrestricted net assets		
	 314	-
Increase in permanently restricted net assets	(= 300)	(4)
	(7,300)	(1)
Decrease in net assets	422.011	422.012
NET ACCETO DECININA OF VEAD	 423,011	423,012
NET ASSETS, BEGINNING OF YEAR	\$ 415,711 \$	423,011
NET ASSETS, END OF YEAR	 <u> </u>	· ·

CONSOLIDATED STATEMENTS OF CASH FLOWS

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012 (Dollars in Thousands)

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Decrease in net assets	\$ (7,300) \$	(1)
Adjustments to reconcile decrease in net assets to net		
cash provided by operating activities		
Depreciation and amortization	24,862	25,025
Acquisition gain	(2,007)	(11,007)
Deferred income tax benefit	1,250	-
Net realized and unrealized (gains) losses on investments	(9,304)	(10,793)
Provisions for doubtful accounts	24,121	30,159
Undistributed (gains) losses of joint venture	71	(104)
Restricted contributions received	(1,513)	(1,963)
Accrued pension liability	(306)	(179)
Interest-rate swap	(390)	86
Changes in operating assets and liabilities, net of effects from acquisition	(570)	
Receivables	(12,589)	(42,864)
Inventories of supplies and prepaid expenses	(358)	(726)
Trading securities	27,347	14,705
	3,028	
Unpaid claims and claims adjustment expenses		2,639
Loss and loss-adjustment expenses	953	(3,094)
Accounts payable, accrued expenses and other liabilities	 (21,682)	9,818
Cash provided by operating activities	26,183	11,701
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditures	(30,141)	(19,953)
Collection of notes receivable	50	50
Acquisition of subsidiary, net of cash acquired	 (8,000)	90
Cash used in investing activities	(38,091)	(19,813)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from long-term debt	12,092	6,503
Proceeds from short-term borrowings	13,000	_
Repayment of long-term debt	(4,637)	_
Proceeds from restricted contributions	1,513	1,963
Trocceds from restricted commoditions	1,515	1,505
Cash provided by financing activities	 21,968	8,466
Increase in cash and cash equivalents	10,060	354
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	 29,180	28,826
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 39,240 \$	29,180

CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012 (Dollars in Thousands)

		2013		2012
SUPPLEMENTAL SCHEDULES OF INVESTING ACTIVITIES				
During 2012, the Foundation purchased Orrville Hospital Foundation dba Dunlap Community Hospital (Note 1) through both cash and				
noncash activities as follows				
Working capital acquired, net of cash	\$	_	\$	815
Fair value of other assets acquired, principally property	Ψ		Ψ	0.12
and equipment		-		15,653
Accrued pension liability		-		(799)
		-		15,669
Forgiveness of note receivable		_		4,752
Inherent consideration received		-		11,007
		-		15,759
Cash acquired	\$	-	\$	(90)
During 2013, the Foundation purchased North Canton Medical Foundation (Note 1) through both cash and non-cash activities as follows				
Working capital acquired, net of cash	\$	541	\$	-
Cash paid		(8,000)		
Fair value of other assets acquired, principally property				
and equipment		23,152		-
Goodwill		1,486		
		17,179		-
Accounts payable and other accrued expenses		1,412		-
Interest rate swap		323		
Note payable to NCMF as part of purchase		8,800		
NCMG loan guaranteed as part of purchase		4,637		
Inherent consideration received		2,007		
		17,179		
Cash acquired	\$	-	\$	

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies

Aultman Health Foundation (Foundation) is the parent holding company of Aultman Hospital and Subsidiaries (Hospital), North Central Medical Resources, Inc. and Subsidiaries (North Central), AultCare Corporation (AultCare), Aultcare Insurance Company and Subsidiary (Aultcare Insurance), West Tuscarawas Property Management, LLC (West Tusc.), Acute Care Specialty Hospital at Aultman, LLC (Acute Care), McKinley Assurance SPC (McKinley SPC), Aultra Administrative Group (Aultra), The Aultman Foundation (TAF), Aultman Medical Group (AMG), Aultman Orrville Hospital (Aultman Orrville), and Aultman North Canton Medical Group (ANCMG). The Foundation's purpose is to provide high quality, low cost integrated health care delivery to the citizens in Stark County, Ohio and the surrounding area.

Premium revenues of Aultcare Insurance and McKinley SPC amount to 50% and 52% of unrestricted revenues for the 52 weeks ended December 28, 2013 and December 29, 2012, respectively. Net patient service revenues amount to 44% and 42% of unrestricted revenues for the 52 weeks ended December 28, 2013 and December 29, 2012, respectively.

The significant accounting policies followed by the Foundation and its subsidiaries are described below.

Principles of Consolidation

The consolidated financial statements include the accounts of the Foundation and its subsidiaries. All material interaffiliated accounts and transactions have been eliminated in consolidation.

Fiscal Year

The Foundation's fiscal year ends on the Saturday nearest December 31. References to 2013 and 2012 refer to the 52 weeks ended December 28, 2013 and December 29, 2012, respectively. While some of the consolidated entities have a year end of December 31, there has been no adjustment to the December 28 consolidated year end date due to immateriality.

Acquisition

On January 1, 2012, the Foundation acquired Orrville Hospital Foundation dba Dunlap Community Hospital (DCH) an Ohio nonprofit corporation, located in Orrville, Ohio. As a result of the agreement, DCH changed its name to Aultman Orrville Hospital and became a subsidiary of the Foundation. The acquisition will be mutually beneficial and create efficiencies, focused on increasing access to, and improving the quality, efficiency and cost effectiveness of, the essential health care services each provides to its respective communities and thus enhancing the patient care services provided at the facilities operated by the Foundation and DCH. The purchase price paid consisted of forgiveness of a note receivable in the amount of \$4,752, as well as \$1,200 of cash and the Foundation recorded inherent consideration in the amount of \$11,007 which is reflected in the 2012 statement of operations. Additionally, the Foundation made a five year capital commitment to Aultman Orrville Hospital in the amount of \$7,348 to be used in conjunction with information technology, facilities, equipment, routine capital and physician and new service development. See Note 21 for further acquisition details.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

On September 1, 2013, the Foundation acquired North Canton Medical Foundation (NCMF) an Ohio nonprofit corporation, located in North Canton, Ohio. As a result of the agreement, NCMF changed its name to Aultman North Canton Medical Group (ANCMG) and became a subsidiary of the Foundation. The acquisition will be mutually beneficial and create efficiencies, focused on increasing access to, and improving the quality, efficiency and cost effectiveness of, the essential health care services each provides and thus enhancing the patient care services provided the Foundation and ANCMG. The purchase price included \$16,800 of cash; \$8,000 paid at closing and \$8,800 payable in five equal annual installments of \$1,760 each beginning on August 31, 2014 along with debt payoff of \$4,707. NCMF will restrict a portion of each of the \$1,760 payments, to a total of \$5,000, to be distributed to the Foundation for capital improvements to ANCMG (see Note 6). See Note 21 for further acquisition details.

Concentration of Credit Risk

The Foundation and its subsidiaries maintain cash in various bank deposit accounts which, at times, may exceed federally insured limits. The Foundation and its subsidiaries have not experienced any losses in such accounts. All cash balances of McKinley SPC are held by financial institutions located in the Cayman Islands. Management does not expect any losses as a result of these concentrations.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of consolidated revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less, excluding amounts that are included in investments.

Receivables and Provision for Bad Debts

Patient accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future. Premiums receivable are carried at original billed amounts less an estimate for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Premiums receivable are considered past due to the extent that there is no related unearned premium.

Additions to the allowance for doubtful accounts are made by means of the provision for doubtful accounts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The Foundation has determined, based on an assessment at the consolidated entity level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for doubtful accounts related to patient revenue is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations.

The amount of the provisions for doubtful accounts, \$24,121 and \$30,159 for 2013 and 2012, respectively, is based upon management's assessment of the historical and expected net collections.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

Inventories of Supplies

The inventories of supplies are stated at the lower of average cost or market value.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Realized gains or losses on investments are based on specific identification method. Investments managed by professional asset managers are accounted for as trading securities and all realized and unrealized gains and losses relating to these investments are included in investment income. Investment income or loss is included in the deficiency of revenues over expenses unless the income or loss is restricted by donor or law.

Investments of the captive insurance subsidiary are considered to be other-than-trading and are recorded in the balance sheets at their fair market value, which is obtained from an independent investment custodian. Significant unrealized gains or losses calculated by reference to cost or amortized cost as appropriate are excluded from the deficiency of revenues over expenses. Realized gains and losses are included in investment income or loss.

Investments include assets set aside by the Board of Directors for various purposes including future capital improvements (referred to as board designated investments), amounts held under statutory requirements for Aultcare Insurance and McKinley SPC and assets restricted by donor.

Accounting for Derivatives and Hedging Activities

The Foundation accounts for its interest-rate swap agreement as a derivative and records it on the consolidated balance sheet at its fair value. Fair value for the Foundation's derivative financial instrument is based on quoted market prices of comparable instruments, or if none are available, on pricing models or formulas using current assumptions. On the date the derivative contract is entered into, the Foundation designates the derivative as either a fair value hedge or a cash-flow hedge. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a fair value hedge, along with the loss or gain on the hedged asset or liability, is recorded in the consolidated statement of operations as investment and other income. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are also recorded in the consolidated statement of operations as investment and other income.

Investment in Joint Venture

The Foundation has a joint venture agreement with Union Hospital Association for a radiation oncology center. The investment in joint venture is stated at cost plus equity in undistributed earnings, which does not exceed estimated net realizable value.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

Property and Equipment

Property and equipment are recorded at cost less allowances for depreciation. Additions and improvements are capitalized while expenditures for maintenance and repairs are charged to expense as incurred. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the deficiency of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Intangibles

The Foundation and its subsidiaries have intangible assets, including a right of first refusal, capitalized computer software, and acquired customer relationships. Amortizable intangible assets are reported at cost less accumulated amortization. For consolidated financial statement purposes, amortization is computed using the straight-line method over the assets' estimated lives.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Foundation in perpetuity.

Excess (Deficiency) of Revenues Over Expenses

The consolidated statements of operations include excess (deficiency) of revenues over expenses. Some changes in unrestricted net assets are excluded from excess (deficiency) of revenues over expenses. They include unrealized gains and losses on investments other than trading securities and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Net Patient Service Revenue

The Hospital and certain other subsidiaries of the Foundation have agreements with third-party payors that provide for payments at amounts different from their established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are recognized on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

The Hospital provides a sliding scale of discounts for uninsured patients. The Hospital first assists uninsured patients with determining whether they qualify for Medicaid, other Federal or state assistance or charity care. If an uninsured patient does not qualify for these programs, an uninsured discount is applied.

Premium Revenue

Premiums are recognized as revenue when due but no earlier than the effective date of coverage. Premiums received prior to the due date are deferred and recorded as premiums received in advance.

Aultcare Insurance provides health insurance to employers and individuals in Stark County and the immediate surrounding counties. McKinley SPC provides primary layer insurance to the Foundation, its subsidiaries, affiliates, employees, and certain non-employed physicians. McKinley SPC also provides excess professional and general liability insurance to the Foundation and its subsidiaries.

Electronic Health Record Incentive Program

The Health Information Technology for Economic and Clinic Health (HITECH) portion of the American Recovery and Reinvestment Act of 2009 included \$27 billion in incentives through Medicare and Medicaid reimbursement systems to foster electronic health record (EHR) adoption. In order to be eligible for EHR incentive funding, eligible hospitals and professionals must use a certified EHR, report quality measures, and achieve "meaningful use", as defined by HITECH. The Foundation is entitled to receive Medicare and Medicaid incentive payments for the adoption of certified EHR technology for its eligible hospitals and employed physicians, as the Foundation has satisfied the statutory and regulatory requirements. The Foundation applies the gain contingency model for recognizing incentive revenue. As a result, incentives earned totaling \$4,750 and \$870 for the years ended December 28, 2013 and December 29, 2012, respectively, are included in other revenue. Income from incentive payments are subject to retrospective adjustments as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, the Foundation's compliance with the meaningful use criteria is subject to audit by the federal government.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Hospital Care Assurance Program

The Foundation participates in the Hospital Care Assurance Program (HCAP). Ohio created HCAP to financially support those hospitals that service a disproportionate share of low-income patients unable to pay for care. HCAP funds basic, medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance. The Foundation recorded net HCAP revenues of \$3,895 and \$4,220 for 2013 and 2012, respectively, which is included in net patient service revenue in the accompanying consolidated statements of operations. The costs of providing charity care are discussed in Note 19.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

Reinsurance

Reinsurance premiums and benefits paid or provided are accounted for on bases consistent with those used in accounting for the original policies' issued and the terms of insurance contracts.

Unpaid Claims and Claims Adjustment Expenses

Unpaid claims and claims adjustment expenses represent the estimated ultimate net cost and claims adjustment expenses of all reported and unreported claims incurred through December 28. The reserve for unpaid claims and claims adjustment expenses is estimated using actual historical experience and statistical analyses and is not discounted. Those estimates are subject to the effects of trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserve for unpaid claims and claims adjustment expenses is adequate. The estimates are continually reviewed and adjusted when necessary as experience develops or new information becomes known; such adjustments are included in current operations in the period they are determined.

Loss and Loss-Adjustment Expenses

The provision for loss and loss-adjustment expenses is determined on the basis of losses reported by the Foundation to McKinley SPC. Management has engaged the services of independent consulting actuaries to advise them on the required level of total outstanding losses. The provision is based upon the advice of these actuaries and represents management's best estimate of the ultimate development of such losses. Management believes that the amounts included in the provision for loss and loss-adjustment expenses are sufficient to cover the ultimate remaining liability for losses incurred prior to the balance sheet date. It is reasonably possible that the expectations associated with these amounts could change in the near term (i.e. within one year) and that the effect of such changes could be material to the consolidated financial statements.

Changes in estimates of outstanding losses resulting from the continuous review process and differences between estimates and payments are recognized in the period in which they are determined.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Foundation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

Professional and General Liability Claims

The Foundation and its subsidiaries are insured by McKinley SPC for general liability, professional liability and employment practices liability.

Substantially all of the Hospital's professional liability claims reported after March 15, 2004 are insured through the wholly-owned subsidiary of the Foundation, subject to certain limits. The policy is a retrospectively rated policy for which premiums are subject to adjustment based on the Hospital's claim experience. (See also Note 13.)

For claims which were made prior to March 15, 2004, the Hospital is self-insured, with excess insurance purchased through commercial insurance companies. Claims and incidents arising from services provided to patients, whether presently known or unknown, may result in the assertion of claims. To the extent losses are within the Hospital's self-insured retention, losses that are probable and can be reasonably estimated are recognized based on estimates that incorporate the Hospital's experience, as well as other considerations, including the nature of the claim or incident and relevant trend factors. The Hospital's estimated liability for the self-insured portion of professional liability claims is reported in the accompanying consolidated balance sheets.

Income Taxes

The Foundation, Hospital, Aultman Orrville, TAF, and ANCMG are not-for-profit corporations and have been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. AultCare and Aultra, although incorporated as not-for-profit corporations under Ohio law, conduct business as taxable entities and are subject to Federal income taxes. North Central and Aultcare Insurance are incorporated as for-profit corporations in accordance with Chapter 1701 of the Ohio Revised Code. AMG is a taxable non-profit. West Tusc. and Acute Care are incorporated as limited liability companies in accordance with Chapter 1705 of the Ohio Revised Code. McKinley SPC is a captive insurance company incorporated as a segregated portfolio company in the Cayman Islands where there is presently no taxation imposed on income or premiums by the government of the Cayman Islands. If any form of taxation were to be enacted, McKinley SPC has been granted an exemption therefrom to October 21, 2024.

When tax returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would be ultimately sustained. In accordance with the *Income Taxes* topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification, the benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions taken are not offset or aggregated with other positions. Tax positions that meet the more-likely-than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely of being realized upon settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is recorded as a liability for unrecognized tax benefits along with any associated interest and penalties that would be payable to the taxing authorities upon examination.

With few exceptions, the Foundation is no longer subject to income tax examinations by tax authorities for years before 2010.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

Deferred Taxes

Deferred taxes are provided on a liability method whereby deferred tax assets are recognized for deductible temporary differences and operating loss and tax credit carryforwards and deferred tax liabilities are recognized for taxable temporary differences. Temporary differences are the differences between the reported amounts of assets and liabilities and their tax bases. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all of the deferred tax assets will not be realized. Deferred tax assets and liabilities are adjusted for the effects of changes in tax laws and rates on the date of enactment.

Reclassifications

Certain information previously reported has been reclassified to conform to the current year presentation.

Recent Accounting Pronouncements

In January 2014, the Financial Accounting Standards Board (FASB), under the recommendation of the Private Company Council, issued Accounting Standards Update 2014-02, *Intangibles – Goodwill and Other Accounting for Goodwill* (Update), which provides an accounting alternative for the subsequent measurement of goodwill by private companies. A company, within the scope of the guidance that elects the accounting alternative in the Update, should amortize goodwill on a straight-line basis over 10 years, or less than 10 years if the company demonstrates that another useful life is more appropriate. In addition, the company is required to make an accounting policy election to test goodwill for impairment at either the company level or the reporting unit level. Goodwill should be tested for impairment when a triggering event occurs that indicates that the fair value of the company or a reporting unit may be below its carrying amount. This accounting alternative, if elected, is to be applied prospectively to goodwill existing as of the beginning of the period of adoption and new goodwill recognized in annual periods beginning after December 15, 2014 and interim periods within annual periods beginning after December 15, 2015. Early adoption is permitted. AHF is currently evaluating when to adopt the Update and the impact of this amendment on its consolidated financial statements.

In July 2011, the FASB issued guidance on fees paid to the federal government by health insurers. The objective of this guidance is to address how health insurers should recognize and amortize fees mandated by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act. These amendments specify that the liability for the fee should be estimated and accrued in the applicable calendar year in which the fee is payable with a corresponding deferred cost. The deferred cost is amortized to expense using the straight-line method over the calendar year that it is payable unless another method more appropriately allocates the fee. These amendments are effective for calendar years beginning after December 31, 2013, when the fee initially becomes effective. The Foundation estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be approximately \$6,000 and is currently evaluating the impact of this guidance on its consolidated financial statements.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 1. Description of Business and Significant Accounting Policies (Continued)

New Tax Legislation

In September 2013, the Internal Revenue Service released the final tangible property regulations for Sections 162(a) and 263(a) of the Internal Revenue Code, regarding the deduction and capitalization of amounts paid to acquire, produce, or improve tangible property. The final regulations replace temporary regulations that were issued in December 2011 and are effective for tax years beginning January 1, 2014, with early adoption permitted for tax years beginning January 1, 2012. The final regulations are effective for the AHF for its tax year beginning December 29, 2013, and AHF is currently evaluating the impact of the final regulations on its consolidated financial statements.

Pending Accounting Pronouncements

In October 2012, the FASB issued guidance which requires a not-for-profit entity to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any not-for-profit entity-imposed limitations for sale and were converted nearly immediately into cash. Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities. This guidance is effective prospectively for fiscal years, and interim periods within those years, beginning after June 15, 2013. The Hospital is currently evaluating the impact of this amendment on the consolidated financial statements.

Subsequent Events

Subsequent events have been evaluated through May 22, 2014, which is the date the consolidated financial statements were available for issue.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 2. Net Patient Service Revenue and Patient Receivables

Net patient service revenue before the provision for doubtful accounts by major payor source for the years ended December 28, 2013 and December 29, 2012 is as follows:

	2013	2012	
Third-party payors	\$ 369,476	88% \$ 363,711	90%
Self-pay	50,444	12% 41,886	10%
	\$ 419,920	100% \$ 405,597	100%

The Foundation is paid a prospectively determined rate for the majority of inpatient acute care and outpatient, skilled nursing, and rehabilitation services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicare payments for capital are received on a prospective basis and on a cost reimbursement methodology for Medicaid. Payments are received on a prospective basis for the Foundation's medical education costs, subject to certain limits. The Foundation is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Foundation and audits thereof by the Medicare fiscal intermediary. Provision for estimated retroactive adjustments, if any, resulting from regulatory matters or other adjustments under payment agreements are estimated in the period the related services are provided.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, and, in the normal course of business, the Foundation is subject to contractual reviews and audits. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The Foundation believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

Revenue from the Medicare and Medicaid programs accounted for approximately 34% and 13%, respectively, of net patient service revenue for 2013 and 29% and 13%, respectively, of net patient service revenue for 2012.

The Hospital and certain other subsidiaries of the Foundation also have entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations that provide for payments at amounts different from their established rates. The basis for payment under these arrangements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 2. Net Patient Service Revenue and Patient Receivables (Continued)

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Foundation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Foundation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for doubtful accounts, if necessary (for example, for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), the Foundation records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Foundation's allowance for doubtful accounts increased from 89% of self-pay accounts receivable at December 29, 2012, to 91% of self-pay accounts receivable at December 28, 2013. In addition, the Foundation's self-pay write-offs were \$23,049 and \$32,160 for the years ended December 28, 2013 and December 29, 2012, respectively. The Foundation does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Note 3. Medicare Premiums

Aultcare Insurance recorded Medicare premiums of approximately \$238,598 and \$260,200 for 2013 and 2012, respectively. Of these amounts, approximately 88% and 90% is received from the Centers for Medicare and Medicaid Services (CMS), a Federal agency under the U. S. Department of Health and Human Services, in 2013 and 2012, respectively.

Aultcare Insurance has an arrangement with CMS for certain Medicare products whereby periodic changes in member risk factor adjustment scores, for certain diagnoses codes, result in changes to its Medicare revenue. The risk factor adjustment scores are determined by CMS based on claims data submitted by Aultcare Insurance. Due to the complexity of the calculation, Aultcare Insurance is unable to estimate risk adjusted payments due or receivable in relation to its 2013 and 2012 contracts. Aultcare Insurance recognizes such adjustments when they occur. In 2013 and 2012, Aultcare Insurance recognized approximately \$3,281and \$1,204, respectively, for changes in prior year Medicare risk factor estimates which is recorded as additional premium revenue in the consolidated statements of operations.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 3. Medicare Premiums (Continued)

During 2013 and 2012, Aultcare Insurance is undergoing a data validation audit covering risk factor adjustment scores related to the 2006 contract. Aultcare Insurance estimated an amount due by applying an expected error rate, as determined based upon internal tracking of sampled enrollees, and an expected average error amount to the amount received for a sample of Medicare enrollees over the contract. The resulting error was projected into the population. Included in accounts payable and accrued expenses in the consolidated balance sheets are accruals of \$458 and \$6,750 at December 28, 2013 and December 29, 2012, respectively, relating to this audit. Because the actual number of errors is not known, it is reasonably possible that this estimate will materially change in the future.

Aultcare Insurance serves as a plan sponsor offering Medicare Part D prescription drug insurance coverage under a contract with CMS. Payments from CMS under this contract include amounts for premiums, amounts for risk corridor adjustments, and amounts for reinsurance and low-income cost subsidies.

The payments received monthly from CMS and members represent amounts for providing prescription drug insurance coverage. Aultcare Insurance recognizes premium revenues for providing this insurance coverage ratably over the contract period. Premiums received in advance are recorded in premiums received in advance. Pharmacy benefit and administrative costs under the contract are expensed as incurred. As a result of the Medicare Part D product design, Aultcare Insurance incurs a disproportionate amount of benefit costs in the first half of the contract year compared with the last half of the contract year, which ends December 31.

Aultcare Insurance's CMS payment is subject to risk sharing through the Medicare Part D risk corridor provisions. Aultcare Insurance recognizes a risk sharing payable or receivable based on year-to-date activity. The risk corridor provisions compare costs targeted in Aultcare Insurance's annual bid to actual prescription drug costs, limited to actual costs that would have been incurred under the standard coverage as defined by CMS. Variances exceeding certain thresholds may result in CMS making additional payments to Aultcare Insurance or require Aultcare Insurance to refund to CMS a portion of what was received. Aultcare Insurance estimates and recognizes an adjustment to premium revenues related to these risk corridor provisions based upon pharmacy claims experience to date as if the annual contract were to terminate at the end of the reporting period. Accordingly, this estimate provides no consideration to future pharmacy claims experience.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 4. Investments

The principal components of investments in the accompanying consolidated balance sheets at fair value are as follows:

	2013	2012
Cash, cash equivalents and short-term investments	\$ 1,761	\$ 2,403
Mutual funds	87,724	95,877
Corporate obligations	7,088	10,583
U. S. Government and Agency obligations	51,609	54,147
Marketable equity securities	6,286	9,824
Alternative investments	8,063	7,740
	\$ 162,531	\$ 180,574

The Foundation and its subsidiaries hold investments in debt and equity securities which are classified as trading and other-than-trading securities. Most of these securities are publicly traded on the national stock exchanges and are considered Level 1 investments (see also Note 20). For 2013 and 2012, the application of valuation techniques applied to similar assets and liabilities has been consistent.

At December 28, 2013 and December 29, 2012, bonds with a value of \$500 were held pursuant to Ohio Revised Code 3907.07 to satisfy regulatory requirements.

Investment and Other Income

Investment and other income includes gains (losses) on investments, cash equivalents, and other items which are comprised of the following:

	 2013	2012
Investment and other income		_
Investment income and net realized gains on sale		
of securities and other investments	\$ 10,775	\$ 9,397
Net unrealized gains on trading securities	2,766	6,788
Gain (loss) on interest-rate swap	 67	(86)
	\$ 13,608	\$ 16,099

There were no other-than-temporary impairment losses on other-than-trading securities for 2013 or 2012.

Investment expenses for 2013 and 2012 amounted to approximately \$486 and \$569, respectively.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 5. Property and Equipment

A summary of property and equipment is as follows:

 2013		2012
\$ 36,366	\$	35,587
12,461		12,819
320,139		315,367
173,463		163,788
542,429		527,561
298,499		295,802
243,930		231,759
 40,842		34,419
\$ 284,772	\$	266,178
\$	\$ 36,366 12,461 320,139 173,463 542,429 298,499 243,930 40,842	\$ 36,366 \$ 12,461 \$ 320,139 \$ 173,463 \$ 542,429 \$ 298,499 \$ 243,930 \$ 40,842

Depreciation expense for 2013 and 2012 was \$24,353, and \$24,516, respectively.

Asset Retirement Obligations

The Foundation and its subsidiaries have determined that there is a limited area of their facilities that are subject to legal obligations associated with asset retirements. At December 28, 2013, the Foundation and its subsidiaries have no plans for retiring the affected assets, and management expects that the amount of the legal obligations associated with any such retirements would be immaterial. Should the Foundation and its subsidiaries make plans to retire the aforementioned assets, the fair value of the liability for the legal obligations associated with the asset retirements will be recognized in the period in which it can be reasonably estimated.

Note 6. Notes Receivable

During 2005, the Foundation entered into an agreement obligating it to advance up to \$4,000 to another entity for the acquisition, construction, or purchase of equipment for an acute care facility. As of December 28, 2013 the Foundation had advanced \$1,229 under this agreement. The balance outstanding on the note receivable is \$979 and \$1,029 at December 28, 2013 and December 29, 2012, respectively.

As part of the acquisition of ANCMG (see Note 21), the Foundation will receive total contributions of \$5,000 from NCMF, according to a disbursement schedule to be agreed upon by both parties.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 7. Intangible Assets

Amortization expense recognized on all amortizable intangible assets totaled \$509 for 2013 and 2012.

The following is a summary of intangible assets subject to amortization at December 28, 2013 and December 29, 2012:

Right of first refusal
Acquired customer relationships
Goodwill on NCMF

2013			2012				
	Gross		Gross				
	carrying Accumulated carrying			Accumulated carrying			cumulated
	amount		amortization		amount		ortization
\$	5,400	\$	3,600	\$	5,400	\$	3,240
	1,490		1,192		1,490		1,043
	1,486		-	-			-
\$	8,376	\$	4,792	\$	6,890	\$	4,283

The right of first refusal is being amortized over 15 years. The acquired customer relationships are being amortized over 10 years.

Note 8. Short-Term Borrowings

Effective March 6, 2012, the Foundation entered into a revolving line of credit agreement with a bank for \$6,400 payable in full, plus accrued interest, on demand. At August 19, 2013, the line of credit agreement was amended to \$5,000. The agreement bears interest at a floating rate 70 basis points above the 30-day LIBOR rate, which was .87% at December 28, 2013. There was no balance outstanding related to this line of credit at December 28, 2013.

Effective August 19, 2013, the Foundation entered into a promissory note agreement with a bank for \$13,000 payable in full, plus accrued interest, on August 31, 2014. The note bears interest at a floating rate 70 basis points above the 30-day LIBOR rate, which was .87% at December 28, 2013.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 9	. La	ong-To	erm T)ebt
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Long-term debt consists of the following:

2013		2012
\$ 18,595	\$	6,503
 8,800		
27,395		6,503
 4,549		
\$ 22,846	\$	6,503
\$	\$ 18,595 8,800 27,395 4,549	\$ 18,595 \$ 8,800 27,395 4,549

The maturity of the long-term debt for the five years subsequent to December 28, 2013 is as follows:

2014	\$ 4,549
2015	5,479
2016	5,479
2017	5,479
2018	5,479

Note 10. Interest-Rate Swap Agreement

The Foundation maintains an interest-rate risk-management strategy that uses interest rate swap derivative instruments to minimize significant, unanticipated revenue or expense fluctuations caused by interest-rate volatility. The Foundation's specific goal is to lower (where possible) the cost of its borrowed funds.

At December 28, 2013, the Foundation had outstanding one interest-rate swap agreement with a commercial bank, having total notional principal in the approximate amount of \$10,000. The Foundation uses interest-rate swap to convert a portion of its variable-rate debt to fixed rate as highly effective cashflow hedge. The agreement effectively changes the Foundation's interest-rate exposure on this floating rate note to a fixed rate of 1.86%. The differential to be paid or received on the swap agreement is accrued as interest rates change and is recognized in interest expense over the life of the agreement. The interest-rate swap agreement matures at the time the related note matures. The Foundation has recorded a long-term liability of \$19 as of December 28, 2013 relating to this agreement.

The effective portion of the gain or loss on this interest rate swap is reported as investment and other income in the consolidated statement of operations in the same period or periods during which the hedged transaction affects the consolidated statement of operations. Gains and losses on the interest rate swap representing either hedge ineffectiveness or excluded from the assessment of hedge effectiveness are recognized in the consolidated statement of operations as investment and other income.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 11. Income Taxes

Net deferred tax assets consist of the following components as of December 28, 2013 and December 29, 2012:

	 2013	2012
Deferred tax assets		
Accrued expenses	\$ 595	5 793
Receivable allowances	3,932	3,130
Other	3,515	4,189
Loss carryforwards	 35,172	31,400
	43,214	39,512
Less valuation allowance	 (38,615)	(34,261)
	4,599	5,251
Deferred tax liabilities		
Depreciation and amortization	(225)	-
Other	 (477)	(104)
	 (702)	(104)
	\$ 3,897	5,147

Deferred tax assets have been classified in the accompanying consolidated balance sheets as follows:

	2013	2012
Deferred income taxes (current)	\$ 3,897	\$ 5,147
•		

As of December 28, 2013 and December 29 2012, the Foundation and its subsidiaries recorded valuation allowances of \$38,615 and \$34,261, respectively, on the deferred tax assets to reduce the total to an amount that management believes will ultimately be realized. Realization of deferred tax assets is dependent upon sufficient future taxable income during the period that deductible temporary differences and carryforwards are expected to be available to reduce taxable income. The net change in the valuation allowance was an increase of \$4,354 for 2013 and \$5,698 for 2012.

Loss carryforwards for tax purposes of approximately \$107,275 at December 28, 2013 will expire in years beginning 2016 through 2033.

The provision for income tax expense for 2013 and 2012 consists of the following:

	2013	2012
Current tax expense	\$ (735)	\$ (180)

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 12. Reinsurance Agreements

Certain premiums and benefits of Aultcare Insurance and McKinley SPC are ceded to other insurance companies under reinsurance agreements. The ceded reinsurance agreements provide Aultcare Insurance and McKinley SPC with increased capacity to write larger risks and maintain its exposure to loss within their capital resources.

For 2013 and 2012, Aultcare Insurance has a reinsurance agreement with Zurich American Insurance Company for its commercial and individual medical businesses. The agreement provides for indemnification of 100% of eligible incurred claim expenses for fully-insured and self-insured individuals in excess of \$325, to a maximum of \$1,175 in 2013 and \$675 in 2012 per covered person per agreement year, less Aultcare Insurance's retention and reimbursable amount.

For April 2013 through March 2014 and April 2012 through March 2013, Aultcare Insurance has reinsurance agreements with Zurich American Insurance Company for its Medicare business. The agreements provide for indemnification of 100% of eligible incurred claim expenses per covered person(s) in excess of \$250, to a maximum of \$2,000 per covered person per agreement year, less the Aultcare Insurance's retention and reimbursable amount.

For 2013 and 2012, Aultcare Insurance has dollar-for-dollar reinsurance agreements with ACE American Insurance Company for its commercial and individual medical businesses. The agreement provides for indemnification of 100% of in-network eligible incurred transplant claim expenses for fully-insured and self-insured individuals up to a maximum of \$2,000 per covered person per agreement year. The agreements provide for indemnification of 70% of out-of-network eligible incurred transplant claim expenses for fully-insured and self-insured individuals up to a maximum of \$1,000 per covered person per agreement year.

McKinley SPC reinsures a portion of its risk in order to limit its exposure to losses. Reinsurance contracts do not relieve the obligations to the policyholders. Failure of reinsurers to honor their obligations could result in losses to McKinley SPC. Consequently, McKinley SPC evaluates the financial conditions of its reinsurers and monitors concentration of credit risk arising from similar geographic regions, activities or economic characteristics of the reinsurers to minimize its exposure to significant losses from reinsurer insolvencies.

Aultcare Insurance and McKinley SPC would still be liable to pay the full amount of outstanding losses should any of its reinsurers fail to meet their obligations under the reinsurance agreements. In the opinion of management, based on review of Aultcare Insurance and McKinley SPC's reinsurers, any amount that would become payable are presently considered collectible.

Reinsurance premium expenses were approximately \$10,982 and \$11,580 for 2013 and 2012, respectively. Amounts received from reinsurers are reported as reductions to claims expense.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 13. Unpaid Claims and Claims Adjustment Expenses, Loss and Loss-Adjustment Expenses

The liabilities for unpaid claims and claims adjustment expenses and loss and loss-adjustment expenses of Aultcare Insurance and McKinley SPC are based on the estimated amount payable on claims and losses reported prior to the balance sheet date that have not yet been settled.

Activity in the liability for unpaid claims and claims adjustment expenses and loss and loss-adjustment expenses is summarized as follows:

	 2013	2012
Balance, beginning of year	\$ 46,035	\$ 46,490
Less reinsurance recoverables	(5,041)	(4,706)
Net balance, beginning of year	40,994	41,784
Amount incurred, related to		
Current year	310,383	311,219
Prior years	(3,809)	(6,590)
Total incurred	306,574	304,629
Amount paid related to		
Current year	279,145	276,795
Prior years	 24,972	29,245
Total paid	304,117	306,040
Net balance, end of year	43,451	40,373
Plus reinsurance recoverables	6,565	5,662
Balance, end of year	\$ 50,016	\$ 46,035

As a result of changes in estimates of insured events in prior years, the provisions above (net of reinsurance recoveries of \$8,154 and \$4,607 for 2013 and 2012, respectively) decreased by \$3,809 in 2013 and by \$6,590 in 2012. The changes in the provisions were primarily the result of settling case-basis provisions for amounts that were different than expected.

Independent consulting actuaries have been engaged to evaluate the required provision for the outstanding claims on losses. In their calculation, the actuaries have used industry-based data as well as the historical loss data of the insureds which together may or may not be representative of Aultcare Insurance and McKinley SPC's ultimate liabilities under the insurance written.

Management believes that the amounts included in the provision for claims and losses and claims and loss expenses is sufficient to cover Aultcare Insurance and McKinley SPC's ultimate remaining liability for claims and losses incurred prior to the balance sheet date. However, the liability for such claims and losses is ultimately based on management's reasonable expectation of future events. It is reasonably possible that the expectations associated with these amounts could change in the near term and that the effect of such changes could be material to the consolidated financial statements.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	 2013	2012
Health care services		_
Purchase of equipment	\$ 250	\$ 606
Health education and research	2,567	1,361
Other	 403	334
	\$ 3,220	\$ 2,301

Permanently restricted net assets in the amount of \$713 and \$399 at December 28, 2013 and December 29, 2012, respectively, are restricted to investments to be held in perpetuity. The income is expendable to support chaplaincy services.

During 2013 and 2012, net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes of purchase of equipment, incurring expenses of indigent care and health care education and research and other programs in the amount of \$1,984 and \$1,456, respectively.

Note 15. Employee Benefit Plans

The Foundation has established salary deferral plans under Section 401(k) of the Internal Revenue Code. The plans allow eligible employees to defer a portion of their compensation ranging from 1% to 50%. Such deferrals accumulate on a tax-deferred basis until the employee withdraws the funds.

Charges to expense related to these plans were approximately \$10,652 and \$9,893 for 2013 and 2012, respectively.

In addition, the Foundation previously sponsored a salary deferral plan under Section 403(b) of the Internal Revenue Code. Effective January 1, 2011, plan participants were no longer permitted to make contributions to this plan. As of the date of this report, the plan has been terminated and most of the assets have been transferred to the Foundation's 401(k) plan.

The Foundation also sponsors a deferred compensation plan for a select group of executives. The plan allows participants to defer compensation up to certain limits. Participants shall be fully vested in all funds credited to their account. At December 28, 2013 and December 29, 2012, the total value of plan assets was \$6,984 and \$4,930, respectively.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 16. Pension Plan

The Foundation sponsors a noncontributory defined benefit pension plan for certain Aultman Orrville employees. Effective December 31, 2008, the plan was amended to freeze pension benefits and cease all future benefit accruals.

The following table sets forth the funded status and the approximate amount recognized in the consolidated balance sheet for pension benefits at December 28, 2013:

Obligations and	l Funded Status
-----------------	-----------------

	 2013	2012
Fair value of plan assets	\$ 2,456	\$ 2,157
Benefit obligations	 2,770	2,777
Funded status (plan assets less than		
benefit obligations) at end of year	\$ (314)	\$ (620)
Amounts recognized on balance sheets as:		
Noncurrent liability	\$ (314)	\$ (620)
Amounts recognized in changes in unrestricted net assets		
consist of:		
Net loss	\$ 148	\$ 402
As the plan has an accumulated benefit obligation in excess of assets, the following aggregate amounts are presented:		
Projected benefit obligations	\$ 2,770	\$ 2,777
Accumulated benefit obligations	2,770	2,777
Plan assets	2,456	2,157

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 16. Pension Plan (Continued)

Net periodic benefit cost and other amounts recognized in unrestricted net assets:

	2013	2012
Net periodic benefit cost	\$ (8)	\$ 2
Other changes in plan assets and benefit obligations		
recognized in changes in unrestricted net assets:		
Net loss	(229)	27
Amortization of net gain	(26)	(18)
Total recognized in change in unrestricted assets	 (255)	9
Total recognized in net periodic benefit cost and		
changes in unrestricted net assets	\$ (263)	\$ 11
Assumptions		
Weighted-average assumptions used in computing ending obligations:		
Discount rate	4.25%	4.00%
Weighted-average assumptions used in computing net cost:		
Discount rate	4.00%	4.25%
Expected return on plan assets	7.00%	7.00%

Historical and future expected returns of multiple asset classes were analyzed to develop a risk-free real rate of return and risk premium for each asset class. The overall rate for each asset class was developed by combining a long-term inflation component, the risk-free real rate of return, and the associated risk premium. A weighted-average rate was developed based on those overall rates and the target asset allocation of the Plan.

The Foundation recognizes its overall responsibility to ensure that the assets of the Plan are managed effectively and prudently and in compliance with its policy guidelines and all applicable laws. Asset preservation is important, however, the Foundation also recognizes that appropriate levels of risk are necessary to achieve satisfactory long-term results consistent with the objectives and the fiduciary character of the pension plan. The asset allocation is established taking into consideration projected plan liabilities, benefit payments, and expected rates of return for various asset classes. The expected rate of return for the investment portfolio is based on expected rates of return for various investment classes, as well as the historical class and fund performance.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 16. Pension Plan (Continued)

The fair values of the Foundation's pension plan assets by asset category are as follows:

December 28, 2013	Total	Quoted prices in active markets for identical assets Level 1		Significant observable inputs Level 2		Significant unobservable inputs Level 3	
Asset category							
Money Market instruments	\$ 8	\$	8	\$	-	\$	-
Mutual funds							
Affiliated funds	1,714		1,714		-		-
Other holdings	 734		734		-		
Total plan assets at fair value	\$ 2,456	\$	2,456	\$	-	\$	-
	m . 1	ir ma ic	oted prices a active arkets for dentical assets	Sign obse in	ificant rvable puts	unobs ir	ificant servable
December 29, 2012	 Total	l	Level 1	Le	vel 2	Le	evel 3
Asset category Money Market instruments Mutual funds	\$ 70	\$	70	\$	-	\$	-
Debt investments	674		674		-		-
Equity investments	1,413		1,413		-		-
Total plan assets at fair value	\$ 2,157	\$	2,157	\$	-	\$	-
Cash Flows Employer contributions	 _						

Employer contributions:

2014 \$ 92

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

Benefit payments:	
2014	\$ 241
2015	178
2016	147
2017	165
2018	169
2019-2023	920

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 17. Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	2013	2012			
Medicare	30 %	32 %			
Medicaid	11	12			
Commercial	25	21			
Other third-party payors	34	35			
	100 %	100 %			

Concentrations of credit risk with respect to premiums receivable are limited due to the large number of customers comprising Aultcare Insurance's customer base. Accordingly, Aultcare Insurance does not believe any significant concentrations of credit risk exist at December 28, 2013 or December 29, 2012.

Aultcare Insurance manages any exposure to credit risk on their reinsurance recoverables by dealing only with reinsurers with strong ratings.

Aultcare Insurance evaluates the financial condition of their reinsurers and monitors concentrations of credit risk of their reinsurers to minimize exposure to losses from reinsurer insolvencies.

Note 18. Functional Expenses

The Foundation provides health care services. Expenses related to providing these services are as follows:

	2013	2012
Health care services	\$ 745,104	\$ 742,737
General and administrative	174,778	174,222
	\$ 919,882	\$ 916,959

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 19. Charity Care

The Hospital provided a substantial amount of the area's total care for patients having no private or governmental health insurance and no significant level of income. Management's estimates consider uncompensated care to include charity care and Medicaid shortfall. Charity care consists of the direct and indirect costs of services for care given to patients who are unable to pay based on pre-established criteria. Medicaid shortfall is management's estimate of the difference between the payments received for and the direct and indirect costs of care provided to patients who are covered by the government entitlement program of Medicaid. The Hospital estimated these costs by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients. The charity care policy is subject to periodic review and change based on management's analysis of current economic and regulatory factors.

A summary of the estimates of uncompensated care follows:

	2013	2012		
Charity care	\$ 17,166	\$	9,959	
Medicaid shortfall	29,895		27,483	

Note 20. Fair Value of Financial Instruments

The following methods and assumptions were used to estimate fair value of each class of financial instruments:

Cash, cash equivalents, accounts receivable, unpaid claims, accounts payable, and accrued liabilities. The carrying amounts approximate fair value due to the short maturity of these instruments.

Notes receivable: The carrying amount is cost, which is not materially different from their estimated fair values.

Interest-rate swap liability. The carrying amount is the estimated amount the Foundation would owe to terminate this agreement at the reporting date, taking into account current interest rates and the creditworthiness of the counterparty for assets and creditworthiness of the Foundation for liabilities.

Long-term debt: The carrying amount approximates fair value due to the variable interest rate fluctuating with market interest.

Investments[.] The tables below present investments measured at fair value on a recurring basis by level within the valuation hierarchy.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES (Dollars in Thousands)

Note 20. Fair Value of Financial Instruments (Continued)

Note 20. Fair Value of Financial Instru	ıme	nts (Conti	nued	l)				
			n	noted prices in active narkets for identical assets	Significant other observable inputs		Significant unobservable inputs	
December 28, 2013		Total	((Level 1)	(Level 2)	(I	Level 3)
Cash, cash equivalents and short-term								
investments	\$	1,761	\$	1,761	\$	-	\$	-
Mutual funds		87,724		69,879		17,845		-
Corporate obligations		7,088		7,088		-		-
U.S. Government and Agency obligations		51,609		51,609		=		-
Marketable equity securities								
Small cap value funds		3,368		3,368		-		-
Mid cap growth funds		2,918		2,918		-		-
Alternative investments								
Hedge funds		5,909		-		-		5,909
Global real estate securities		2,154		2,154		-		-
Total assets	\$	162,531	\$	138,777	\$	17,845	\$	5,909
Interest-rate swap liability	\$	19	\$	-	\$	19	\$	
December 29, 2012								
Cash, cash equivalents and short-term								
investments	\$	2,403	\$	2,403	\$	_	\$	_
Mutual funds		95,877		74,809		21,068		_
Corporate obligations		10,583		10,583		, _		_
U.S. Government and Agency obligations		54,147		54,147		_		_
Marketable equity securities		,		,				
Small cap value funds		5,258		5,258		=		_
Mid cap growth funds		4,566		4,566		_		_
Alternative investments		,		,				
Hedge funds		5,207		_		_		5,207
Global real estate securities		2,533		2,533		_		-
Total assets	\$	180,574	\$	154,299	\$	21,068	\$	5,207
Interest-rate swap liability	\$	86	\$	-	\$	86	\$	

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 20. Fair Value of Financial Instruments (Continued)

During the 52 weeks ended December 28, 2013, the Foundation did not make significant transfers between Level 1, Level 2, and Level 3 assets and liabilities.

McKinley SPC has used the net asset values per share (NAV) as the practical expedient to measure fair value. As of December 28 2013, McKinley SPC held investments in the following mutual funds, which are categorized as Level 2:

- a) Vanguard US Government Bond Index: This fund seeks to provide returns consistent with the performance of the Barclays Capital Global Aggregate U.S. Government Bond Index, a market-weighted index of the U.S. government market with an intermediate-term average-weighted maturity.
- b) Vanguard US Investment Grade Credit Index: This fund seeks to provide returns consistent with the performance of the Barclays Global Aggregate U.S. Credit Float Adjusted Bond Index, a market weighted bond index of U.S. dollar-denominated investment-grade securities.
- c) Vanguard U.S. Ultra Short Term Bond Fund: This fund seeks to provide current income with limited price volatility. The fund invests principally in high-quality, ultra-short-term debt instruments traded primarily in the United States, including securities backed by the full faith and credit of the U.S. Government, securities issued by the U.S. Government agencies, and securities issued by corporations and financial institutions.
- d) Vanguard 500 Stock Index Fund: This fund seeks to track the performance of the Standard & Poor's 500 Index, a widely recognized benchmark of U.S. stock market performance that is dominated by stocks of large U.S. companies.
- e) Vanguard Global Stock Index Fund: This fund seeks to provide long-term growth of capital by tracking the performance of the Morgan Stanley Capital International World Free Index, a market-capitalization-weighted index of common stocks of companies in developed countries.
- f) Vanguard Global Small Cap Index: This fund seeks to provide long-term growth of capital by tracking the performance of the Morgan Stanley World Small Cap Index, a market-capitalization-weighted index of small-cap companies in developed countries.

The above funds do not impose redemption penalties and do not have a redemption notice period. In addition, there are no unfunded commitments.

The classification of a financial instrument within Level 3 is based upon the significance of the unobservable inputs to the overall fair value measurement. The following tables include a reconciliation of the amounts of financial instruments measured at fair value on a recurring basis classified within Level 3.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 20. Fair Value of Financial Instruments (Continued)

			Far	ır Value Mea	surem	ents Usıng	Leve	13 Inputs	
			D	1				cluded in	
	В	eginning		lassification securities	Pu	ırchases		eficiency revenues	Ending
December 28, 2013		alance	to	Level 2	ar	nd sales	ove	r expenses	balance
Investments									
Alternative investments	\$	5,207	\$	-	\$	-	\$	702	\$ 5,909
Total	\$	5,207	\$	-	\$	-	\$	702	\$ 5,909
December 29, 2012 Investments									
Alternative investments	\$	5,685	\$	-	\$	(708)	\$	230	\$ 5,207
Total	\$	5,685	\$	-	\$	(708)	\$	230	\$ 5,207

Realized and unrealized gains and losses reported above are included in investment and other income in the consolidated statements of operations. Gains and losses reported above relate to depres still held at the reporting date.

Note 21. Acquisitions

On January 1, 2012, the Foundation acquired Aultman Orrville Hospital (see Note 1) in a business combination using the acquisition method of accounting which requires the acquired assets and liabilities to be initially recorded at fair value. The following table presents the approximate fair value of the acquired assets and liabilities of Aultman Orrville Hospital as of the date of the acquisition.

Total liabilities	\$	2,836
Accrued pension liability		799
Accounts payable and accrued expenses	\$	2,037
Total assets	<u> </u>	19,795
Other assets	d	1,284
Investments		2,281
Property and equipment, net		12,088
Inventory		242
Accounts receivable		2,610
Cash	\$	1,290

The consolidated statements of operations include the operating results from the date of acquisition. Total unrestricted revenues, gains and other support attributable to Aultman Orrville Hospital for the year ended December 29, 2012 amounted to \$22,070. The increase in net assets attributable to Aultman Orrville Hospital at December 29, 2012 amounted to \$16,826.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 21. Acquisitions (Continued)

On September 1, 2013,the Foundation acquired Aultman North Canton Medical Group (see Note 1) in a business combination using the acquisition method of accounting which requires assets and liabilities be initially recorded at fair value. The following table presents the approximate fair value of the acquired assets and liabilities of Aultman North Canton Medical Group as of the date of acquisition.

Accounts receivable	\$ 1,861
Prepaid expenses	183
Inventory	479
Property and equipment, net	17,495
Intangible assets	 3,364
Total assets	\$ 23,382
Accounts payable and accrued expenses	\$ 1,412
Notes payable	4,637
Other	 323
Total liabilities	\$ 6,372

The consolidated statements of operations includes the operating results from the date of acquisition. Total unrestricted revenues, gains and other support attributable to Aultman North Canton Medical Group for the year ended December 28, 2013 amounted to \$11,255. The increase in net assets attributable to Aultman North Canton Medical Group at December 28, 2013 amounted to \$17,566.

Note 22. Capital and Surplus Requirement and Statutory Basis Net Loss

Aultrare Insurance is required to maintain capital and surplus of \$1,500 for regulatory purposes. At December 28, 2013 and December 29, 2012, Aultrare Insurance's statutory basis capital and surplus were \$61,698 and \$58,364, respectively.

In addition, life/health insurance companies are subject to certain Risk-Based Capital (RBC) requirements as specified by the National Association of Insurance Commissioners. Under those requirements, the amount of capital and surplus maintained by a life/health insurance company is to be determined based on the various risk factors related to it. At December 28, 2013 and December 29, 2012, Aultcare Insurance met the RBC requirements.

The payment of dividends by Aultcare Insurance to its parent is limited and cannot be made except from earned profits. The maximum amount of dividends that may be paid by health insurance companies without prior approval of the Ohio Department of Insurance Commissioner is subject to restrictions related to statutory surplus and net income. In 2014, without prior approval of the Ohio Department of Insurance Commissioner, dividends to shareholders are limited by the laws of the Aultcare Insurance's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.

For the 52 weeks ended December 28, 2013 and December 29, 2012, Aultcare Insurance had statutory basis net income of \$4,748 and net loss of \$313, respectively.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 23. Commitments

Operating Leases

The Foundation and its subsidiaries lease equipment under noncancelable leases expiring in various years through 2019. Rental expense for all operating leases was \$14,827 and \$14,844 for 2013 and 2012, respectively. The following is a schedule by years of future minimum lease payments under operating leases with terms in excess of one year as of December 28, 2013:

2014	\$ 5,291
2015	3,939
2016	1,920
2017	818
2018	389
Thereafter	17
	\$ 12,374

Commitments

The Hospital has entered into agreements with medical practices to provide medical services to the Hospital. The agreements call for monthly payments over terms expiring through 2015. The agreements call for medical services to be provided for a variable number of hours of services at fixed hourly rates.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 24. Contingencies

Litigation

On or about December 27, 2007, CSAHS/UHHS-Canton, Inc. d/b/a Mercy Medical Center ("Mercy"), a competitor of Aultman Hospital in Stark County, Ohio, filed an action in the Stark County Court of Common Pleas against Aultman Health Foundation, AultCare Corporation, Aultman Hospital, and AultCare Insurance Company (formerly McKinley Life Insurance Company) (collectively, "Defendants").

Mercy alleged that the four Defendants had each, among other things, violated Ohio's antitrust laws, tortuously interfered with Mercy's business relationships, engaged in unfair competition and deceptive practices, participated in a civil conspiracy, and violated Ohio's Pattern of Corrupt Activities Statute. The action went to trial, and in June, 2010, the jury rendered judgment in favor of the Defendants on five of the six Mercy claims that were still at issue by that time. With respect to the sixth claim, for an alleged violation of Ohio's Pattern of Corrupt Activities Statute, the jury found "Aultman" liable to Mercy for \$6.148 million in damages. Mercy had sought \$110 million in damages. On October 19, 2010, the trial judge overruled the four Defendants' motion for judgment notwithstanding the verdict and for a new trial, but denied Mercy's claim for prejudgment interest. The trial judge also granted Mercy injunctive relief and attorneys fees of \$4 million. Neither the one verdict on which Mercy prevailed nor any of the Court's October 19 orders allocated the jury's award among the four Defendants. The four Defendants appealed the jury verdict and the judge's orders on October 22, 2010. On March 5, 2012, the Court of Appeals affirmed the monetary awards to Mercy, but reversed the Trial Court's injunctive relief requiring payments to non-parties. On July 25, 2012, the Ohio Supreme Court accepted jurisdiction to hear that appeal. The parties' merit briefing was complete on December 21, 2012. On January 8, 2013, the Court scheduled oral Arguments on April 9, 2013. On January 14, 2013, Mercy filed a motion to dismiss the appeal as improvidently allowed, based in part on the change in Ohio Supreme Court Justices following the November 2012 elections. Defendants and several amici filed oppositions to the motion to dismiss on January 24, 2013. The Court granted Mercy's motion to dismiss without a written opinion on March 13, 2013. As a result of the Ohio Supreme Court's decision, Defendants became obligated to pay the original verdict of \$6.1 million and attorney fees of \$4.0 million plus the interest fees and Mercy's appellate costs. Accordingly, Defendants paid the judgment of \$14.7 million in 2013.

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

(Dollars in Thousands)

Note 24. Contingencies (Continued)

Health Care Reform

Federal Health Care Reform legislation, as well as expected additional changes in federal or state regulations, could adversely affect the Foundation's business, cash flows, financial condition and results of operation.

The passage of the Patient Protection and Affordable Care Act, or Affordable Care Act, as well as the Health Care and Education Reconciliation Act of 2010, or HCERA, or collectively, Health Care Reform, during 2010 represents significant changes to the current U.S. health care system. The legislation is farreaching and is intended to expand access to health insurance coverage over time by increasing the eligibility thresholds for most state Medicaid programs and providing certain other individuals and small businesses with tax credits to subsidize a portion of the cost of health insurance coverage. The legislation includes a requirement that most individuals obtain health insurance coverage beginning in 2014 and also a requirement that certain large employers offer coverage to their employees or pay a financial penalty. In addition, the new laws include certain new taxes and fees, including an excise tax on high premium insurance policies, limitations on the amount of compensation that is tax deductible and new fees on companies in health insurance industry, some of which will not be deductible for income tax purposes.

The legislation also imposes new regulations on the health insurance sector, including, but not limited to, guaranteed coverage requirements, prohibitions on some annual and all lifetime limits on amounts paid on behalf of or to members, increased restrictions on rescinding coverage, establishment of minimum medical loss ratio requirements, a requirement to cover preventive services on a first dollar basis, the establishment of state insurance exchanges and essential benefit packages and greater limitations on how certain products are priced. The legislation also reduces the reimbursement levels for health plans participating in the Medicare Advantage program over time.

Some of the provisions of the Health Care Reform legislation became effective immediately upon enactment, while other provisions will become effective over the next several years. These changes could impact the Foundation through potential disruption to the employer-based market, potential cost shifting in the health care delivery system to insurance companies and limitations on the ability to increase premiums to meet costs. The Foundation will dedicate material resources and incur material expenses to implement and comply with Health Care Reform at both the state and federal levels, including implementing and complying with the future regulations that will provide guidance on and clarification of significant portions of the legislation. The Health Care Reform law and regulations are likely to have significant effects on the Foundation's future operations, which in turn, could impact the value of the Foundation's business model and results of operations.

In addition, federal and state regulatory agencies may further restrict the Foundation's ability to obtain new product approvals, implement changes in premium rates or impose additional restrictions, under new or existing laws that could adversely affect the Foundation's business, cash flows, financial condition and results of operations.

CONSOLIDATING BALANCE SHEET

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

December 28, 2013 (Dollars in Thousands)

ASSETS	Consolidated	Eliminations	Aultman Health Foundation	Aultman Hospital and Subsidiaries	Aultman Medical Group	North Central Medical Resources, Inc and Subsidiaries
Current assets	e 20.240	ď.	Ф 124	e 0.222	f (736)	ф 3.47 0
Cash and cash equivalents	\$ 39,240	\$ -	\$ 134	\$ 8,223	\$ (726)	\$ 3,479
Patient accounts receivable, net	50,861 3,482	620	-	40,112	907	3,627
Premiums receivable, net Reinsurance recoverables	5,482 6,638	(1,109)	-	- 72	-	-
Other receivables	10,796	(7,160)	539	6,098	- 191	4,780
Inventories of supplies	4,841	(7,100)	239	2,534	191	1,565
Deferred income taxes, net	3,897	-	_	453	-	1,303
Prepaid expenses and other assets	7,562	(8,302)	2,280	3,768	46	517
Total current assets	127,317	(15,951)	2,953	61,260	418	13,968
Investments						
Board designated	78,187	-	77,216	-	-	-
Of insurance subsidiary	63,266	-	-	-	-	-
Of captive insurance subsidiary	17,845	-	-	-	-	-
Restricted by donor	3,233	-	-	3,233	-	
	162,531	-	77,216	3,233	-	-
Investment in joint venture	1,739	-	-	1,739	-	-
Property and equipment, net	284,772	(5)	7,505	232,191	-	31
Investments in affiliates	-	(212,004)	200,880	-	-	-
Intangible and other assets, net	12,950	-	7,779	-	-	23
	\$ 589,309	\$ (227,960)	\$ 296,333	\$ 298,423	\$ 418	\$ 14,022

ultCare rporation	Aultcare Insurance Company and Subsidiary	West Tuscarawas Property Management, LLC	Acute Ca Specialty Hospital : Aultman, L	y McKınley at Assurance	•		Aultman North Canton Medical Group	
\$ 34	\$ 17,237	\$ -	\$ 4,61	6 \$ 368	\$ 39	\$ 393	\$ 4,370	\$ 1,073
-	-	-	1,09		_	-	3,055	1,444
-	3,450	-	_	1,141	_	-	-	-
-	3,759	-	-	2,807	-	-	-	-
750	4,027	155	-	=	62	-	1,224	130
8	-	-	-	-	-	-	231	503
-	3,444	-	-	-	-	-	-	-
 26	8,329	3		2 374	11	-	195	313
818	40,246	158	5,71	4,690	112	393	9,075	3,463
_	-	-	-	-	-	880	91	-
=	63,266	-	-	-	-	-	-	-
-	-	-	-	17,845	-	-	-	-
 -	-	-		<u>-</u>	-	-	-	
-	63,266	-	-	17,845	-	880	91	-
-	-	-	-	-	-	-	-	-
4,814	880	11,493	-	-	-	-	10,637	17,226
-	11,124	-	-	-	-	-	-	-
-	-	-	-	-	298	-	-	4,850
\$ 5,632	\$ 115,516	\$ 11,651	\$ 5,71	4 \$ 22,535	\$ 410	\$ 1,273	\$ 19,803	\$ 25,539

CONSOLIDATING BALANCE SHEET (CONTINUED)

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

December 28, 2013 (Dollars in Thousands)

LIABILITIES AND NET ASSETS	Health and		Hospital	Aultman Medical Group		R	orth Central Medical Lesources, Inc and lbsidiaries				
Current liabilities											
Unpaid claims and claims adjustment											
expenses	\$	36,591	\$	620	\$ -	\$	-	\$	-	\$	-
Loss and loss-adjustment expenses		13,425		-	-		-		-		-
Accounts payable and accrued expenses		45,222		(3,837)	1,229		25,013		(58)		639
Salaries, wages and payroll taxes		29,180		-	1,298		18,455		1,078		3,181
Estimated third-party payor settlements		685		_	· -		(1,340)		· -		, -
Premiums received in advance		7,767		(9,961)	5,414		3,023		_		_
Current portion of long term debt		4,549		, ,	1,760		2,789				
Short term borrowings		13,000			13,000		,				
Intercompany accounts		<i>′</i> -		-	(3,505)		(22,147)		3,517		12,636
Total current liabilities		150,419	(13,178)	19,196		25,793		4,537		16,456
Long-term liabilities											
Long-term debt		22,846		-	7,040		15,806		-		-
Accrued pension liability		314		-	-		-		-		-
Interest-rate swap		19		-	-		19		-		_
Total liabilities		173,598	(13,178)	26,236		41,618		4,537		16,456
Net assets											
Common stock and paid in capital		4,119	(2	12,468)	_		1,173		_		102,937
Unrestricted		407,659	,_	(2,314)	270,097		251,709		(4,119)		(105,371)
Temporarily restricted		3,220			,		3,210		-		-
Permanently restricted		713		-			713		_		
Total net assets		415,711	(2	14,782)	270,097		256,805		(4,119)		(2,434)
	\$	589,309	\$ (2	27,960)	\$ 296,333	\$	298,423	\$	418	\$	14,022

AultCare orporation	Aultcare Insurance Company and Subsidiary	nsurance Tuscarawas Acute Care Company Property Specialty McKinley and Management, Hospital at Assurance Adm		Aultra Administrative Group	The Aultman Foundation	Aultman Orrville Hospital	Aultman North Canton Medical Group	
\$ -	\$ 35,971	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
-	-	-	-	13,425	-	-	_	-
3,561	10,711	-	340	3,276	2,137	100	1,428	683
2,799	41	-	323 2,025	-	114	10 -	832	1,049
679	6,781	-	-	1,831	-	-	- -	-
5,468	(1,101)		311	-	(2,340)	-	920	6,241
12,507	52,403	-	2,999	18,532	(89)	110	3,180	7,973
-	-	-	-	-	-	-	-	-
 - -	-	-	-	- -	-	-	314	- -
12,507	52,403	-	2,999	18,532	(89)	110	3,494	7,973
- (6,875)	49,876 13,237	14,462 (2,811)	204 2,511	120 3,883	12,150 (11,651)	- 1,163	16,959 (660)	18,706 (1,140)
(0,075)	1 - 2 - 2 - 1	(2,011)	2,J11 -	-,003	(11,051)	1,103	10	(1,140)
-	-	-	-	-	_	-	-	
(6,875)	63,113	11,651	2,715	4,003	499	1,163	16,309	17,566
\$ 5,632	\$ 115,516	\$ 11,651	\$ 5,714	\$ 22,535	\$ 410	\$ 1,273	\$ 19,803	\$ 25,539

CONSOLIDATING STATEMENT OF OPERATIONS

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52-weeks ended December 28, 2013 (Dollars in Thousands)

	(Do	murs in Indus	unusj			
	Consolidated	Eliminations	Aultman Health Foundation	Aultman Hospital and Subsidiaries	Aultman Medical Group	North Central Medical Resources, Inc and Subsidiaries
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT	8					
Net patient service revenue	\$ 419,920	\$ (11,227)	\$ -	\$ 342,417	\$ 8,155	\$ 38,286
Provision for doubtful patient accounts	(23,646)	φ (11,227) -	-	(21,049)	(12)	(322)
Net patient service revenue less provision for doubtful patient	-04				0.4.15	
accounts	396,274	(11,227)	-	321,368	8,143	37,964
Premium revenue	454,027	(101,801)	_	100,748	-	_
Other revenue	52,481	(36,716)	31,452	25,777	558	11,945
Net assets released from restrictions	2,068			2,068	-	<u> </u>
Total unrestricted revenues,						
gains and other support	904,850	(149,744)	31,452	449,961	8,701	49,909
EXPENSES						
Salaries and benefits	373,596	-	17,222	240,528	8,374	51,770
Medical supplies	64,528	-	´ -	62,521	127	235
Pharmacy	26,832	=	85	20,507	533	126
Professional fees	22,831	(7,056)	111	20,440	26	588
Equipment maintenance	21,792	-	8,204	10,486	13	893
Administrative and general	90,480	1,301	8,133	36,457	2,942	9,111
Utilities	11,411	_	583	8,727	97	668
Claims, losses and loss-adjustment expenses	283,075	(112,120)	-	-	-	-
Depreciation and amortization	24,862	_	765	20,724	-	-
Management fee	· <u>-</u>	(29,384)	-	28,175	-	78
Provision for doubtful accounts	475	-	-	-	-	
Total expenses	919,882	(147,259)	35,103	448,565	12,112	63,469
Income (loss) from operations	(15,032)	(2,485)	(3,651)	1,396	(3,411)	(13,560)

AultCare orporation	Aultcare Insurance Company and Subsidiary	West Tuscarawas Property Management, LLC	Acute Care Specialty Hospital at Aultman, LLC	McKinley Assurance SPC	Aultra Administrative Group	The Aultman Foundation	Aultman Orrville Hospital	Aultman North Canton Medical Group
\$ - -	\$ - -	\$ -	\$ 7,849 74	\$ - -	\$ - -	\$ - -	\$ 23,317 (2,242)	\$ 11,123 (95)
-	-	-	7,923	-	-	-	21,075	11,028
10,115	454,545 50	- 1,222 -	- - -	535	5,169	- 1,597 -	1,085	- 227 -
 	<u>-</u>							
10,115	454,595	1,222	7,923	535	5,169	1,597	22,160	11,255
7,092 3	21,520	241	5,259 319	- -	3,142	305 8	12,567 971	5,576 344
- 199	5,612	-	424 85	-	-	-	451 2,693	4,706 133
173	788	122	25	_	108	3	728	249
2,010	23,275	415	746	247	1,402	746	2,989	706
37	217	250	-	-	135	-	569	128
-	393,614	-	-	1,581	-	-	-	-
1,136 152	710 475	370 - -	- - -	- - -	224 27 -	- - -	1,374 242 -	269 - -
10,802	446,211	1,398	6,858	1,828	5,038	1,062	22,584	12,111
(687)	8,384	(176)	1,065	(1,293)	131	535	(424)	(856)

CONSOLIDATING STATEMENT OF OPERATIONS (CONTINUED)

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52-weeks ended December 28, 2013 (Dollars in Thousands)

	Aultman I Health		Н	ultman lospital and osidiaries	1	Aultman Medical Group	R	orth Central Medical esources, Inc and ibsidiaries		
OTHER INCOME (EXPENSE)								•		
Investment and other income, net	\$	13,608	\$ 176	\$ 11,152	\$	185	\$	-	\$	-
Acquisition gain		2,007	-	2,007		-		-		-
Contingency income (expense)		1,358	-	7,886		-		_		-
Total other income (expense)		16,973	176	21,045		185		-		-
Excess (deficiency) of revenues over expenses before provision for income tax		1,941	(2,309)	17,394		1,581		(3,411)		(13,560)
PROVISION FOR INCOME TAX		(735)	-	-		-		-		
Excess (deficiency) of revenues over expenses	\$	1,206	\$ (2,309)	\$ 17,394	\$	1,581	\$	(3,411)	\$	(13,560)

AultCare Corporation		Iı C	Aulteare isurance Sompany and ubsidiary	P	West scarawas Property nagement, LLC	S He	cute Care Specialty ospital at timan, LLC	A	AcKınley .ssurance SPC	Ad	Aultra Immustrative Group		The Aultman oundation	(Aultman Orrville Hospital		Aultman North Canton Medical Group
\$	-	\$	1,463	\$	- -	\$	4 -	\$	730	\$	- -	\$	1 -	\$	(103)	\$	-
	<u>-</u> -		(5,065)		<u>-</u> -		4		730		<u>-</u> -		1		(103)		-
	(687)		3,319		(176)		1,069		(563)		131		536		(527)		(856)
<u> </u>	(687)	<u> </u>	2,592	<u> </u>	(176)	<u> </u>	1,069	<u> </u>	(563)	<u> </u>	131	<u> </u>	536		(527)	<u> </u>	(864)

CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52-weeks ended December 28, 2013 (Dollars in Thousands)

North

	Consolidated		Eliminations		Aultman Health Foundation		Aultman Hospital and Subsidiaries		Aultman Medical Group		North Central Medical Resources, Inc and Subsidiaries	
UNRESTRICTED NET ASSETS												
Excess (deficiency) of revenues over												
expenses	\$ 1,206	9	(- , ,	\$	17,394	\$	1,581	\$	(3,411)	\$	(13,560)	
Capital contribution to WTPM	-		(3,000)		-		-		-		-	
Capital distribution from WTPM	-		204		-		-		-		-	
Capital contribution to Aultra	-		(4,000)		-		-		-		-	
Capital contribution to NCMR	-		(4,668)		-		-		-		4,668	
Capital contributions to Aultman North Canton Medical	-		-		_		_		-		-	
Fair value of net assets acquired related to												
Aultman North Canton Medical Group	-		(18,430)		-		-		-		_	
Dividends paid to AIC owners	-		1,700		-		-		-		-	
Dividends paid to Aultman Oncology												
owners	_		300		_		(300)		_		_	
Interfund transfers	_		-		(6,651)		7,916		-		(100)	
McKinley SPC net asset adjustments	(8,035)		(8,079)		_		44		-		-	
Reclassification of net assets	(1,704)				-		(1,704)		-			
Increase (decrease) in												
unrestricted net assets	(8,533)		(38,282)		10,743		7,537		(3,411)		(8,992)	
TEMPORARILY RESTRICTED NET ASSETS	S											
Gifts, grants and bequests	1,513		-		-		1,503		-		-	
Net assets released from restrictions	(1,984)		-		-		(1,984)		-		-	
Reclassification from unrestricted net assets	1,390		-		-		1,390		-			
Increase in temporarily restricted net assets	919		-		-		909		-			
PERMANENTLY RESTRICTED NET ASSET												
Reclassification from unrestricted net assets	314		-		-		314		-			
Increase in permanently restricted net assets	314		-		-		314		-			
Increase (decrease) in net assets	(7,300)		(38,282)		10,743		8,760		(3,411)		(8,992)	
NET ASSETS, BEGINNING OF YEAR	423,011		(176,500)		259,354		248,045		(708)		6,558	
NET ASSETS, END OF YEAR	\$ 415,711	\$	5 (214,782)	\$	270,097	\$	256,805	\$	(4,119)	\$	(2,434)	

AultCare orporation	In C	Aultcare Isurance Ompany and Ibsidiary	F	West scarawas Property nagement, LLC	S He	cute Care pecialty ospital at tman, LLC	AcKınley ssurance, SPC	A	Aultra dministrative Group	The Aultman oundation	Aultman Orrville Hospital		Aultman North Canton Medical Group	
\$ (687)	\$	2,592	\$	(176)	\$	1,069	\$ (563)	\$	131	\$ 536	\$ (527)	\$	(864)	
-		-		3,000 (204)		-	-		<u>-</u>	-	-		-	
-		-		(204)		-	-		4,000	-	-		-	
-		-		-		-	-		-	-	-		-	
-		-		-		-	-		-	-	-		-	
_		_		_		_	_		_	_	_		18,430	
-		(1,700)		-		-	-		-	-	-		-	
-		-		-		- (1,000)	-		-	- (165)	-		-	
-		_		-		-	_		-	-	_		_	
 -		-		-		-	-		-	-	-		-	
(687)		892		2,620		69	(563)		4,131	371	(527)		17,566	
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(687)		892		2,620		69	(563)		4,131	371	(517)		17,566	
 (6,188)		62,221		9,031		2,646	4,566		(3,632)	792	16,826		-	
\$ (6,875)	\$	63,113	\$	11,651	\$	2,715	\$ 4,003	\$	499	\$ 1,163	\$ 16,309	\$	17,566	

SCHEDULES OF ASSETS, LIABILITIES AND ACCUMULATED EQUITY – AULTCOMP

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

December 28, 2013 and December 29, 2012

		2013	2012
ASSETS			
Cash and cash equivalents	\$	39,396	\$ 52,043
Intercompany receivable		1,033,114	586,694
Prepaid expenses		8,784	42,368
	\$	1,081,294	\$ 681,105
LIABILITIES AND ACCUMULATED EQUITY Accounts payable and accrued expenses Salaries, wages and payroll taxes	\$	56,901 57,771 114,672	\$ 81,852 53,836 135,688
ACCUMULATED EQUITY		966,622	545,417
	C	1,081,294	\$ 681,105

SCHEDULES OF REVENUES, EXPENSES, AND CHANGES IN ACCUMULATED EQUITY – AULTCOMP

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012

	2013	2012
REVENUES	\$ 2,744,417	\$ 2,699,285
EXPENSES		
Salaries and benefits	1,695,603	1,801,345
Equipment maintenance	73,013	101,032
Administrative and general	489,055	652,299
Utilities	47,148	42,517
Management fee	 18,393	35,797
Total expenses	 2,323,212	2,632,990
Net income	421,205	66,295
ACCUMULATED EQUITY, BEGINNING OF YEAR	 545,417	479,122
ACCUMULATED EQUITY, END OF YEAR	\$ 966,622	\$ 545,417

SCHEDULES OF OPERATING EXPENSES – AULTCOMP

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

For the 52 weeks ended December 28, 2013 and December 29, 2012

	2013	2012
Salaries Employee benefits	\$ 1,312,331 279,084	\$ 1,386,379 308,203
Payroll taxes	 104,188	106,763
Total salaries and benefits	1,695,603	1,801,345
Equipment maintenance	73,013	101,032
Audits and peer reviews	119,472	106,164
Leases	106,360	123,695
Consulting fees	82,048	110,181
Office equipment and supplies	47,006	83,724
Depreciation	34,851	49,608
Other administrative and general	 99,318	178,927
Total administrative and general	489,055	652,299
Utilities	47,148	42,517
Management fee	 18,393	35,797
TOTAL EXPENSES	 2,323,212	\$ 2,632,990

NOTE TO SCHEDULES OF REVENUES, EXPENSES AND CHANGES IN ACCUMULATED EQUITY - AULTCOMP

AULTMAN HEALTH FOUNDATION AND SUBSIDIARIES

Note 1. Description of Business and Provider Account

AultComp (the Company) provides medical case management and utilization management services for Workers' Compensation cases as a result of injuries to employees arising out of the course and scope of employment as provided by law. AultComp is fully URAC (Utilization Review Accreditation Commission) accredited by the American Accreditation HealthCare Commission for case management. The accreditation is earned by achieving certain case management organization standards.

The Company maintains a provider cash account on behalf of the State of Ohio Bureau of Workers' Compensation to distribute funds to awarded parties. The balance of this cash account and the related liability at December 28, 2013 and December 29, 2012 are \$302 and \$116, respectively.