Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AULTMAN HEALTH FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
CANTON, OH 44710

D Employer identification number
34-1445390

E Telephone number
(330) 363-6352

G Gross receipts $ 63,183,926

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

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

L Year of formation 1975

M State of legal domicile OH

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	328
6	Total number of volunteers (estimate if necessary)	6	37
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	39,141,447	40,631,107
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,363,133	4,790,460
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,123,554	953,009
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,628,134	46,374,576
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,178,949	926,798
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,658,220	20,247,097
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,131,679	20,491,327
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	42,968,848	41,665,222
	19	Revenue less expenses Subtract line 18 from line 12	12,659,286	4,709,354

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	305,243,032	325,724,316
	21	Total liabilities (Part X, line 26)	32,430,220	28,858,272
	22	Net assets or fund balances Subtract line 21 from line 20	272,812,812	296,866,044

Part II Signature Block

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

Sign Here

****** | 2015-11-13
Signature of officer | Date

MARK D WRIGHT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA M HILLING	LISA M HILLING			P01624111

Firm's name ▶ BRUNER COX LLP | Firm's EIN ▶ 34-0641962

Firm's address ▶ PO BOX 35429
CANTON, OH 447355429 | Phone no (330) 497-2000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH " THE VERTICALLY INTEGRATED HEALTH SYSTEM OF AULTMAN HOSPITAL AND AULTCARE HEALTH PLANS ENABLE AULTMAN TO BE ONE OF THE LOWEST-COST HEALTH CARE PROVIDERS IN NORTHEASTERN OHIO LOWER COSTS HELP LOCAL BUSINESSES STAY FINANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY IN ADDITION TO PROVIDING HIGH-QUALITY, LOW-COST HEALTH CARE, AULTMAN HEALTH FOUNDATION PROVIDES HEALTH EDUCATION FOR THE COMMUNITY THE WORKING ON WELLNESS (WOW) MOBILE HEALTH-FAIR UNIT PROVIDES HEALTH SCREENINGS AND WELLNESS EDUCATION FOR OUR COMMUNITY, PARTICIPATING IN 363 EVENTS IN 2014, PROVIDING HEALTH SCREENINGS FOR 2,610 COMMUNITY MEMBERS AND HEALTH EDUCATION TO MORE THAN 14,800 COMMUNITY MEMBERS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,601,467 including grants of $) (Revenue $ 7,641,587)

THE AULTMAN 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 2014, AULTMAN SPECIALTY HOSPITAL CARED FOR 184 PATIENTS CLINICAL SUCCESSES INCLUDED IMPROVING VENTILATOR WEANING BY NEARLY 10 PERCENT, ALONG WITH REDUCING THE NUMBER OF VENTILATOR-ASSOICATED EVENTS, FALLS AND CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

4b (Code) (Expenses $ 16,833,170 including grants of $) (Revenue $ 735,046)

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 $ 3,586,860 including grants of $) (Revenue $)

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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 6,903,422 including grants of $ 926,798) (Revenue $ 33,207,483)

4e **Total program service expenses** ▶ 33,924,919

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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*	**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? *If "Yes," complete Schedule C, Part III*	**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 I*	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
9	Did the organization report an amount in Part X, line 21 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 V*	**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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer 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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (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? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	59			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	328			
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	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ, EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶MARK D WRIGHT

2600 SIXTH STREET SW
CANTON, OH 44710 (330) 363-6192

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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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

1b	Sub-Total ▶			
c	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c) ▶	3,272,185	1,405,287	283,348

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SQUIRE PATTON BOGGS (US) LLP 4900 KEY TOWER CLEVELAND, OH 44114	LEGAL	486,714
QCS CLEANING SOLUTIONS INC 1990 AUGUSTA DR SE MASSILLON, OH 44646	CLEANING SERVICES	341,381
SOFT COMPUTER CONSULTANTS 5400 TECH DATA DR CLEARWATER, FL 33760	TECHNOLOGY	294,727
INFOR 13560 MORRIS RD STE 4100 ALPHARETTA, GA 30004	TECHNOLOGY	291,764
BRUNER-COX LLP 4505 STEPHEN CIRCLE NW STE 200 CANTON, OH 44735	ACCOUNTING	289,745

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 ▶35

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶					
Program Service Revenue			Business Code				
	2a	HEALTH SYSTEM ADMINISTRATION	561000	31,573,117	31,573,117		
	b	PATIENT SERVICE REVENUE	624100	7,641,587	7,641,587		
	c	PROPERTY MANAGEMENT REVENUE	561000	1,416,403	1,416,403		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		40,631,107			

			(i) Real	(ii) Personal	(A) Total revenue	(B)	(C)	(D)
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			2,282,171			2,282,171
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties . . . . ▶						
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	19,317,639					
	b	Less cost or other basis and sales expenses	16,809,350					
	c	Gain or (loss)	2,508,289					
	d	Net gain or (loss) . . . . ▶			2,508,289			2,508,289
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶						
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶						
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶						
		Miscellaneous Revenue		Business Code				
	11a	OTHER INCOME		561000	953,009	953,009		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . ▶			953,009			
	12	**Total revenue.** See Instructions . . . . . ▶			46,374,576	41,584,116	0	4,790,460

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	926,798	926,798		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,894,320	1,534,399	359,921	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,211,704	11,511,480	2,700,224	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	483,164	391,363	91,801	
9 Other employee benefits	2,545,640	2,061,968	483,672	
10 Payroll taxes	1,112,269	900,938	211,331	
11 Fees for services (non-employees)				
a Management				
b Legal	522,430	423,168	99,262	
c Accounting	164,415	133,176	31,239	
d Lobbying	256,861	208,057	48,804	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	35,177	28,493	6,684	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,394,208	5,179,308	1,214,900	
12 Advertising and promotion	143,232	116,018	27,214	
13 Office expenses	775,971	628,537	147,434	
14 Information technology	9,082,656	7,356,951	1,725,705	
15 Royalties				
16 Occupancy	1,034,752	838,149	196,603	
17 Travel	365,572	296,113	69,459	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59	48	11	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	525,747	425,855	99,892	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	1,036,172	839,299	196,873	
b HOSPITAL FRANCHISE FEE	132,436	107,273	25,163	
c EDUCATION	97,132	78,677	18,455	
d				
e All other expenses	-75,493	-61,149	-14,344	
25 **Total functional expenses.** Add lines 1 through 24e	41,665,222	33,924,919	7,740,303	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**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		4,749,850	2	3,350,696
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,096,467	4	1,398,408
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,734,443	7	6,562,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,281,199	9	1,651,334
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,207,103			
	b	Less accumulated depreciation	10b 4,397,635	7,505,138	10c	6,809,468
	11	Investments—publicly traded securities		77,216,782	11	75,752,807
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		200,879,987	13	221,284,582
	14	Intangible assets		7,779,166	14	1,440,000
	15	Other assets See Part IV, line 11		0	15	7,475,021
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		305,243,032	16	325,724,316
Liabilities	17	Accounts payable and accrued expenses		3,190,740	17	2,847,163
	18	Grants payable			18	
	19	Deferred revenue		5,414,329	19	5,400,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23,825,151	25	20,611,109
	26	**Total liabilities.** Add lines 17 through 25		32,430,220	26	28,858,272
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		272,812,812	27	296,866,044
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		272,812,812	33	296,866,044
	34	Total liabilities and net assets/fund balances		305,243,032	34	325,724,316

Part XI 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)	1	46,374,576
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,665,222
3	Revenue less expenses Subtract line 2 from line 1	3	4,709,354
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	272,812,812
5	Net unrealized gains (losses) on investments	5	-3,421,446
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,765,324
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	296,866,044

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 6,903,422 including grants of $ 926,798) (Revenue $ 33,207,483)

OTHER EXPENSES INCURRED ARE IN SUPPORT OF AULTMAN HEALTH FOUNDATION'S PURPOSE TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH "

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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
(1) EDWARD J ROTH III PRESIDENT/CEO-AHF	50 00 5 00	X		X				558,133	0	21,152
(1) CHRISTOPHER E REMARK TREASURER/CEO-AH	5 00 50 00	X		X				0	353,854	21,262
(2) DOUGLAS J SIBILA CHAIR	1 00 1 00	X		X				0	0	0
(3) BARBARA HAMMONTREE BENNETT VICE CHAIR	1 00 1 00	X		X				0	0	0
(4) DARRYL J DILLENBACK 2ND VICE CHAIR & SECRETARY	1 00 0 00	X		X				0	0	0
(5) RICK L HAINES DIRECTOR/CEO-AULTCARE	5 00 50 00	X						0	383,592	18,409
(6) MILAN R DOPIRAK MD DIRECTOR	1 00 54 00	X						0	377,025	16,260
(7) LEO DOYLE DIRECTOR	1 00 0 00	X						0	0	0
(8) DAVID W BARTLEY II DIRECTOR	1 00 1 00	X						0	0	0
(9) BRIAN S BELDEN DIRECTOR	1 00 0 00	X						0	0	0
(10) WILLIAM H BELDEN JR DIRECTOR	1 00 0 00	X						0	0	0
(11) JOSEPH R HALTER JR DIRECTOR	1 00 0 00	X						0	0	0
(12) PAUL R BISHOP DIRECTOR	1 00 0 00	X						0	0	0
(13) SHEILA MARKLEY BLACK DIRECTOR	1 00 0 00	X						0	0	0
(14) THEODORE V BOYD DIRECTOR	1 00 0 00	X						0	0	0
(15) PEGGY CLAYTOR DIRECTOR	1 00 1 00	X						0	0	0
(16) NATE J COOKS DIRECTOR	1 00 0 00	X						0	0	0
(17) STEPHEN G DEUBLE DIRECTOR	1 00 0 00	X						0	0	0
(18) PATRICIA A GRISCHOW DIRECTOR	1 00 0 00	X						0	0	0
(19) GLENN A EISENBERG DIRECTOR	1 00 0 00	X						0	0	0
(20) DAVID M FINDLEY DIRECTOR	1 00 0 00	X						0	0	0
(21) NORMAN J GAYNOR III DIRECTOR	1 00 0 00	X						0	0	0
(22) T STEPHEN GREGORY DIRECTOR	1 00 4 00	X						0	0	0
(23) MICHAEL E HANKE DIRECTOR	1 00 0 00	X						0	0	0
(24) DENISE HILL DIRECTOR	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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
(26) SUE HOSTETLER DIRECTOR	1 00 0 00	X						0	0	0
(1) JOHN B HUMPHREY JR MD DIRECTOR	1 00 4 00	X						0	0	0
(2) JAMES E KNISELY DIRECTOR	1 00 0 00	X						0	0	0
(3) GEORGE W LEMON DIRECTOR	1 00 1 00	X						0	0	0
(4) GENE E LITTLE DIRECTOR	1 00 0 00	X						0	0	0
(5) RONALD R LYONS DIRECTOR	1 00 0 00	X						0	0	0
(6) HARRY C MACNEALY DIRECTOR	1 00 0 00	X						0	0	0
(7) JEFFREY MILLER MD DIRECTOR	1 00 2 00	X						0	0	0
(8) TIMOTHY O'TOOLE DIRECTOR	1 00 2 00	X						1,125	20,000	0
(9) MICHAEL RICH MD DIRECTOR	1 00 54 00	X						0	268,266	18,421
(10) ROBERT W SABOTA MD DIRECTOR	1 00 1 00	X						0	2,550	0
(11) CHARLES B SCHEURER DIRECTOR	1 00 0 00	X						0	0	0
(12) LOUIS G SHAHEEN MD DIRECTOR	1 00 1 00	X						0	0	0
(13) JOHN A SIRPILLA DIRECTOR	1 00 0 00	X						0	0	0
(14) TODD M SOMMER DIRECTOR	1 00 1 00	X						0	0	0
(15) VICKY STERLING DIRECTOR	1 00 1 00	X						0	0	0
(16) WILLIAM WALLACE MD DIRECTOR	1 00 4 00	X						0	0	0
(17) R CLINT ZOLLINGER ESQ DIRECTOR	1 00 0 00	X						0	0	0
(18) GEOFF KARCHER DIRECTOR	1 00 0 00	X						0	0	0
(19) MARK D WRIGHT CFO-AHF	50 00 5 00			X				328,469	0	20,643
(20) MARK N ROSE VP-LEGAL SERVICES	50 00 5 00				X			251,790	0	20,619
(21) ELIZABETH A GETZ CHIEF INFORMATION OFFICER	50 00 5 00				X			238,134	0	19,245
(22) SUSAN E OLIVERA VP-HUMAN RESOURCES	50 00 5 00				X			210,532	0	18,792
(23) ROBERT C MOLNAR VP - PHYSICIAN SERVICES	50 00 5 00				X			189,089	0	17,722
(24) RONALD RUSNAK DIRECTOR OF CLINICAL INFORMATICS	50 00 5 00					X		306,002	0	20,643

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	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
(51) TIMOTHY M TEYNOR VP-PUBLIC POLICY	50 00 5 00					X		212,297	0	18,661
(1) THOMAS BOGGS SENIOR VP - CLINICALLY INTEG NEWTORK	50 00 5 00					X		275,004	0	19,066
(2) EILEEN GOOD SENIOR VP - CLINICAL ADVOCACY	50 00 5 00					X		204,553	0	11,810
(3) CHRISTINE ADAMICK PHYSICIAN	50 00 5 00					X		497,057	0	20,643

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) AULTMAN HOSPITAL	340714538	3	Yes		0	0
Total 1					0	

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV **Supporting Organizations** (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

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

Facts And Circumstances Test

Return Reference	Explanation
PART I	AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED TO HANDLE THE OVERALL MANAGEMENT FOR AULTMAN HOSPITAL (AH) AND AHF'S 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

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

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

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		256,861
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			256,861
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	THIS REPRESENTS PAYMENTS TO VARIOUS PROFESSIONAL ORGANIZATIONS FOR CONDUCTING FEDERAL AND STATE ADVOCACY, GOVERNMENT RELATIONS REPRESENTATION, AND GENERAL LEGISLATIVE COUNSELING AND BUSINESS REGULATIONS ON BEHALF OF THE ORGANIZATION

Part IV **Supplemental Information *(continued)***

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ► $ ______________

(ii) Assets included in Form 990, Part X ► $ ______________

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

a Revenue included in Form 990, Part VIII, line 1 ► $ ______________

b Assets included in Form 990, Part X ► $ ______________

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,211,313		4,211,313
b Buildings		3,754,689	2,083,245	1,671,444
c Leasehold improvements				
d Equipment		2,758,551	1,853,222	905,329
e Other		482,550	461,168	21,382
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,809,468

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATES	221,284,582	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	221,284,582	

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

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	571,109
CURRENT PORTION OF LONG TERM DEBT	1,910,000
LONG TERM DEBT	18,130,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	20,611,109

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	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 STATEMENT 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

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

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other ______ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 40100 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			196,759		196,759	0 470 %
b Medicaid (from Worksheet 3, column a)			868,820	824,249	44,571	0 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,065,579	824,249	241,330	0 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j			1,065,579	824,249	241,330	0 580 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	76,038		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	4,583		
4	Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	4,091,465
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,684,736
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	406,729

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization’s collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

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

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group AULTMAN SPECIALTY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ 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			
e	☑ The significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW AULTMAN ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTP //WWW AULTMAN ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group AULTMAN SPECIALTY HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url)			
b ☑ The FAP application form was widely available on a website (list url)			
c ☑ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group AULTMAN SPECIALTY HOSPITAL

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☐ 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' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
	Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ 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 Section C)			
d	☐ Other (describe in Section C)			
	Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF AULTMAN SPECIALTY HOSPITAL, FORMERLY THE ACUTE CARE SPECIALTY HOSPITAL (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%

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USED THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H

Form and Line Reference	Explanation
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
PART III, LINE 2	BAD DEBT EXPENSE CONSISTS OF AMOUNTS DEEMED UNCOLLECTIBLE AND REFERRED TO COLLECTION AGENCY, PER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY

Form and Line Reference	Explanation
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 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 THE BAD DEBT EXPENSE RELATED TO CHARITY CARE IS CALCULATED BY TAKING THE SELF-PAY PAY WRITE-OFFS FROM THE BAD DEBT EXPENSE TIMES 30%, WHICH WOULD BE THE LOWEST PERCENTAGE DISCOUNT ON THE ASSISTANCE SLIDING SCALE

Form and Line Reference	Explanation
PART III, LINE 4	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

Form and Line Reference	Explanation
PART III, LINE 8	ACHS DOES NOT HAVE A SHORTFALL WITH ITS MEDICARE PATIENTS THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED IN LINE 6 IS THE MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	ACHS FOLLOWS THE SAME COLLECTION PROCEDURES OUTLINED IN THE PARENT COMPANY'S COLLECTION POLICY FOR THOSE PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THE ORGANIZATION REPEATEDLY OFFERS PATIENTS ACCESS TO FINANCIAL HELP DURING THEIR HOSPITAL STAY AND AFTER AS WELL AS WITH EACH BILLING NOTICE BILLS ARE SENT TO A COLLECTION AGENCY AS A LAST RESORT AND ONLY WHEN PATIENTS HAVE THE ABILITY TO PAY SOME PORTION OF THEIR HEALTHCARE EXPENSES BUT DECLINE TO DO SO, WHEN PATIENTS DECLINE TO WORK WITH THE ORGANIZATION TO DETERMINE IF THEY QUALIFY FOR FREE OR DISCOUNTED CARE VIA FEDERAL, STATE, LOCAL OR HOSPITAL ASSISTANCE PROGRAMS, OR WHEN THE ORGANIZATION IS UNABLE TO LOCATE THE PATIENT OR PERSON RESPONSIBLE FOR THE BILL

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT ACSH 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 - 2013, AULTMAN 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 AULTMAN 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 THE HOSPITAL IS CURRENTLY IN THE PROCESS OF DEVELOPING ITS IMPLEMENTATION PLAN

Form and Line Reference	Explanation
PART VI, LINE 3	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
PART VI, LINE 4	COMMUNITY INFORMATIONACHS ENCOURAGES ITS EMPLOYEES AND BOARD MEMBERS TO BE ACTIVELY INVOLVED IN THE COMMUNITY THE ORGANIZATION HAS ELEVEN BOARD MEMBERS WHO ARE ACTIVELY INVOLVED IN THE COMMUNITY TO BE REPRESENTATIVES OF THE COMMUNITY'S INTERESTS IN HEALTH CARE SERVICES THE MEDICAL STAFF IS COMPRISED OF 635 PHYSICIANS ANY PHYSICIAN IN GOOD STANDING WITHIN AULTMAN HOSPITAL'S MEDICAL STAFF AND WITH AN APPROPRIATE SPECIALTY TO CARE FOR MEDICALLY COMPLEX PATIENTS MAY APPLY FOR PRIVILEGES AT ACHS ACHS'S SERVICE AREA INCLUDES STARK, WAYNE, HOLMES, CARROLL AND TUSCARAWAS COUNTIES THE CORE MARKET FOR THE HOSPITAL IS STARK COUNTY THE OHIO DEPARTMENT OF DEVELOPMENT ESTIMATED THE 2014 POPULATION OF OUR FIVE COUNTY AREAS TO BE OVER 656,146 THE ORGANIZATION IS ONE OF ONLY 2 FACILITIES WITHIN THE 5 COUNTY AREAS WHO ARE CONSIDERED LONG-TERM ACUTE CARE FACILITIES AND WHO PROVIDE THE SPECIALIZATION NEEDED TO CARE FOR PATIENTS WITH SUCH COMPLEX MEDICAL CONDITIONS

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH AULTMAN HEALTH FOUNDATION SUPPORTS AND PROMOTES THE HEALTH O F ITS COMMUNITY MEMBERS IN A VARIETY OF WAYS FROM EDUCATIONAL PROGRAMS TO HEALTH SCREENIN GS, AULTMAN ACTIVELY PROMOTES HEALTH AND WELLNESS IN THE COMMUNITY EDUCATIONAL PROGRAMS I NCLUDE MORE THAN 100 FREE HEALTH TALK PRESENTATIONS EACH YEAR, FEATURING LOCAL PHYSICIANS AND HEALTH CARE PROFESSIONALS THE SHARON LANE HEALTH INFORMATION CENTER OFFERS A COMPREHE NSIVE 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 FAMIL Y MEMBERS, STUDENTS, PHYSICIANS AND THE GENERAL PUBLIC ADDITIONAL RESOURCES INCLUDE AN IL LUSTRATED HEALTH ENCYCLOPEDIA, SYMPTOM CHECKER, VIDEOS, RISK ASSESSMENTS AND A WELLNESS CE NTER ON THE AULTMAN WEBSITE AULTMAN'S WORKING ON WELLNESS (WOW) MOBILE HEALTH-FAIR UNIT DE BUTED IN FEBRUARY 2009 STAFFED BY MEDICAL PROFESSIONALS, THE WOW VAN VISITS SCHOOLS, COMM UNITY CENTERS, CHURCHES, SENIOR CENTERS AND BLOCK PARTIES TO PROVIDE FREE SCREENINGS AND H EALTH EDUCATION SCREENINGS SUCH AS BLOOD PRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS IN DEX/PERCENTAGE OF BODY FAT ARE PROVIDED IN 2014, THE WOW VAN HAS REACHED MORE THAN 16,000 PEOPLE AULTMAN REPRESENTATIVES ALSO REACHED OUT TO THE COMMUNITY BY ATTENDING HEALTH FAIR S SUCH AS SENIOR DAY AT THE PRO FOOTBALL HALL OF FAME, THE CANTON FARMERS' MARKET, THE SEN IOR EXPO AND HEALTH FAIRS AT LOCAL SCHOOLS MORE THAN 150 TEAM MEMBERS PARTICIPATED IN THE UNITED WAY DAY OF CARING, VOLUNTEERING TO IMPROVE THE FACILITIES AT LOCAL NONPROFIT ORGAN IZATIONS AULTMAN HEALTH FOUNDATION PARTICIPATED IN THE 2014 HARVEST FOR HUNGER CAMPAIGN, COLLECTING 10,764 POUNDS OF FOOD AND MORE THAN $16,200 IN MONETARY DONATIONS AULTMAN'S LE VEL III NEONATAL INTENSIVE CARE UNIT, DESIGNATED BY THE OHIO DEPARTMENT OF HEALTH, IS A TR ANSFER HOSPITAL FOR THE AFOREMENTIONED COUNTIES AND COSHOCTON AND COLUMBIANA COUNTIES AUL TMAN PROVIDES SPECIALIZED CARE FOR MOTHERS WITH HIGH-RISK PREGNANCIES AND PREMATURE BABIES , UNDER ONE ROOF CRITICALLY INJURED PATIENTS WHO NEED SPECIALIZED CARE ARE BROUGHT TO AUL TMAN'S LEVEL II TRAUMA CENTER AULTMAN HOSPITAL HAS THE ONLY LEVEL II TRAUMA CENTER FOR AD ULT AND PEDIATRIC PATIENTS IN ITS FIVE-COUNTY SERVICE AREA THE LEVEL II DESIGNATION FROM THE AMERICAN COLLEGE OF SURGEONS CERTIFIES AULTMAN HAS THE FACILITIES, TECHNOLOGY AND SPEC IALLY TRAINED CLINICAL STAFF TO TREAT TRAUMA PATIENTS IN 2014, AULTMAN HEALTH FOUNDATION CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE FOLLOWING ACTIVITIES CANCER SCREENING DAYA TOTAL OF 261 FREE BREAST, CERVICAL, COLON, LUNG, PROSTATE, HEAD/NEC K, SKIN AND ORAL CANCER SCREENINGS WERE PERFORMED AT THE ANNUAL CANCER SCREENING DAY EVENT ATTENDEES ALSO TOOK ADVANTAGE OF WORKING ON WELLNESS (WOW) CONSULTATIONS - INCLUDING BLO OD PRESSURE SCREENING, BMI TESTING AND NUTRITION TIPS - AND LEARNED ABOUT AULTMAN'S "GIVE IT UP!" SMOKING CESSATION PROGRAM ANNUAL WALK EVENTSAULTMAN TEAM MEMBERS AND THEIR LOVED O NES ARE FIXTURES AT ANNUAL FUNDRAISING WALKS TO BENEFIT THE JUVENILE DIABETES RESEARCH FOU NDATION, THE AMERICAN CANCER SOCIETY AND THE AMERICAN HEART ASSOCIATION SAFETY FIRSTAGAIN IN 2014, AULTMAN TEAM MEMBERS SPREAD A MESSAGE OF BICYCLE SAFETY TO LOCAL FIRST-GRADE STUD ENTS THROUGH THE SAFETY FIRST PROGRAM AULTMAN HEALTH FOUNDATION EMPLOYEES VISITED 85 SCHO OLS AND EDUCATED 5,567 STUDENTS - WHILE AULTMAN ORRVILLE TEAM MEMBERS VISITED FIVE SCHOOLS AND TAUGHT 384 STUDENTS SENIOR DAY AT THE PRO FOOTBALL HALL OF FAMEAULTMAN WAS WELL-REPRE SENTED WITH 25 DEPARTMENTS AT THE 2014 SENIOR DAY AT THE PRO FOOTBALL HALL OF FAME NEARLY 1,500 LOCAL SENIORS ATTENDED THE EVENT, WHICH ALSO INCLUDED EDUCATIONAL PRESENTATIONS ON HEALTHY EATING AND HEART DISEASE HARVEST FOR HUNGERAULTMAN HEALTH FOUNDATION PARTICIPATED IN THE 2014 HARVEST FOR HUNGER CAMPAIGN TO BENEFIT THE AKRON-CANTON REGIONAL FOODBANK AUL TMAN EMPLOYEES COLLECTED 10,764 POUNDS OF FOOD AND MORE THAN $16,200 IN MONETARY DONATIONS UNITED WAYAULTMAN'S ANNUAL FUNDRAISER TO BENEFIT UNITED WAY OF GREATER STARK COUNTY GENER ATED NEARLY $470,000 MORE THAN 150 AULTMAN MANAGERS AND EXECUTIVES, ALONG WITH EMPLOYEES IN THE AULTMAN EXPLORING LEADERS DEVELOPMENT PROGRAM, PARTICIPATED IN THE ANNUAL UNITED WA Y DAY OF CARING THE VOLUNTEERS TACKLED PAINTING AND OTHER IMPROVEMENT PROJECTS FOR LOCAL NONPROFIT ORGANIZATIONS WORKING ON WELLNESSTHE WOW TEAM PARTICIPATED IN 363 EVENTS IN 2014 WOW NURSES PROVIDED HEALTH SCREENINGS FOR 2,610 COMMUNITY MEMBERS, AND NEARLY 1,000 PEOP LE RECEIVED REFERRALS FOR HEALTH CARE RESOURCES THE WOW TEAM ALSO PROVIDED 14,804 PEOPLE WITH HEALTH EDUCATION TO ENCOURAGE COMMUNITY MEMBERS TO BE ACTIVE PARTICIPANTS IN HEALTH A ND WELLNESS ADDITIONAL COMMUNITY BENEFITIN ADDITION TO PROVIDING CARE FOR PATIENTS WITH NO INSURANCE, AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO

Form and Line Reference	Explanation
PART VI, LINE 5	NOT ALWAYS COVER THE TOTAL COST OF SERVICE THROUGH ITS RESIDENT TEACHING PROGRAMS, AULTM AN DELIVERS A SIGNIFICANT LEVEL OF QUALITY OUTPATIENT AND INPATIENT HEALTH CARE TO INSURED , UNDERINSURED AND UNINSURED INDIVIDUALS IN OUR MARKET FOR MEMBERS OF THE AMISH COMMUNITY , AULTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS AND AULTMAN HOSPITA L AN AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE P LACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED

Form and Line Reference	Explanation
PART VI, LINE 6	AULTMAN'S BOARD OF DIRECTORS HAS 37 NON-EMPLOYED MEMBERS A TOTAL OF 38 OF THE 43 VOTING BOARD MEMBERS RESIDE IN THE CORE MARKET AREA THE REMAINING PORTION RESIDES IN THE TERTIARY MARKET COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE MEDICAL DEPARTMENTS

Additional Data

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

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

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

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES - AFFINITY MEDICAL CENTER- ALLIANCE COMMUNITY HOSPITAL- CANTON COMMUNITY HOSPITAL- MERCY M EDICAL CENTER- WESTERN STARK CLINIC
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 7D THE CHNA AND CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLL OWING URL HTTP //WWW AULTMAN ORG/AULTMAN-HOSPITAL-INFORMATION/ABOUTUS/COMMUNITYHEALTHNEEDS ASSESSMENT ASPX
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 11 AULTMAN SPECIALTY HOSPITAL IS A HOSPITAL LOCATED WITHIN AULTMA N HOSPITAL AS A LONG-TERM ACUTE CARE HOSPITAL THAT SERVES A VERY SPECIFIC DEMOGRAPHIC, TH E ACUTE CARE SPECIALTY HOSPITAL WILL COLLABORATE WITH AULTMAN TO MEET THE SHARED-COMMUNITY NEEDS IDENTIFIED IN THE CHNA
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 22D A SLIDING SCALE IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
AULTMAN SPECIALTY HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW AULTMAN ORG
AULTMAN SPECIALTY HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW AULTMAN ORG
AULTMAN SPECIALTY HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW AULTMAN ORG

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 13

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

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

Return Reference	**Explanation**
PART I, LINE 2	AULTMAN HOSPITAL RECEIVES MYRAID REQUESTS FOR SUPPORT FROM COMMUNITY ORGANIZATIONS EACH YEAR A MULTIDISCIPLINARY COMMITTEE MEETS REGUARLY TO REVIEW SPONSORSHIP REQUESTS THE AULTMAN FOUNDATION PARTNERS WITH LOCAL NONPROFIT ORGANIZATIONS TO SUPPORT PROJECTS THAT PROMOTE WELLNESS, HEALTH EDUCATION AND HUMAN SERVICES IN OUR COMMUNITY SINCE 2007, MORE THAN 150 DIFFERENT AGENCIES HAVE RECEIVED GRANT FUNDING FROM THE AULTMAN FOUNDATION IN EXCESS OF $1 65 MILLION

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WALSH UNIVERSITY2020 EAST MAPLE NORTH CANTON,OH 44720	34-0868798	501(C)(3)	155,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTS IN STARK1001 MARKET AVE N CANTON,OH 44702	34-6609771	501(C)(3)	120,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANTON REGIONAL CHAMBER OF COMMERCE 222 MARKET AVE N CANTON,OH 44702	34-0129930	501(C)(6)	71,609				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENT STATE UNIVERSITY 232 SCHEARTZ CENTER KENT, OH 44240	31-6402079		20,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF STARK COUNTY3112 CLEVELAND AVE NW CANTON,OH 44709	34-1903648	501(C)(3)	20,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM NEO FOUNDATION 737 BOLIVAR RD CLEVELAND,OH 44115	34-1885407	501(C)(3)	20,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SYMPHONY CARDIOLOGY & SEXUAL MEDICINE LLCPO BOX 80690 CANTON,OH 44708	26-3400099		5,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY GREATR STARK COUNTY4825 HIGBEE AVE NW STE 101 CANTON,OH 44718	13-4254191	501(C)(3)	330,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE AULTMAN FOUNDATION2600 SIXTH ST SW CANTON,OH 44710	20-8090459	501(C)(3)	101,800				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION4916 HILLS DALES RD NW CANTON,OH 44708	13-5613797	501(C)(3)	31,500				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANTON COMMUNITY CLINIC INC2725 LINCOLN ST E CANTON,OH 44707	34-1708901	501(C)(3)	12,500				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY5555 FRANTZ RD DUBLIN,OH 43017	24-0726080	501(C)(3)	10,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY440 W NYACK RD WEST NYACK,NY 10994	13-5562351	501(C)(3)	7,000				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JACKSON-BELDEN CHAMBER OF COMMERCE 5735 WALES AVE NW MASSILLON, OH 44646	34-1384716	501(C)(6)	5,000				SUPPORT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ALL EMPLOYEES ARE ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH CLUB COSTS UP TO $120 ANNUALLY AS PART OF THE ORGANIZATION'S EFFORT TO PROMOTE HEALTHY LIFESTYLES THIS AMOUNT WAS INCLUDED AS TAXABLE COMPENSATION FOR ALL EMPLOYEES THAT RECEIVED THE BENEFIT
PART I, LINE 3	SEE SCHEDULE O FOR EXPLANATION OF EXECUTIVE COMPENSATION REVIEW
PART I, LINE 4B	EDWARD J ROTH III, CHRISTOPHER E REMARK, RICK L HAINES, EILEEN F GOOD, MARK N ROSE, AND MARK D WRIGHT ARE PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 EDWARD J ROTH III, PRESIDENT/CEO-AHF	(i)	533,990	0	24,143	7,800	13,352	579,285	0
	(ii)	0	0	0	0	0	0	0
1 CHRISTOPHER E REMARK, TREASURER/CEO-AH	(i)	0	0	0	0	0	0	0
	(ii)	335,505	0	18,349	7,800	13,462	375,116	0
2 RICK L HAINES, DIRECTOR/CEO-AULTCARE	(i)	0	0	0	0	0	0	0
	(ii)	363,538	0	20,054	7,800	10,609	402,001	0
3 MILAN R DOPIRAK MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	292,931	65,908	18,186	7,800	8,460	393,285	0
4 MICHAEL RICH MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	219,740	39,625	8,901	7,800	10,621	286,687	0
5 MARK D WRIGHT, CFO-AHF	(i)	307,168	3,000	18,301	7,800	12,843	349,112	0
	(ii)	0	0	0	0	0	0	0
6 MARK N ROSE, VP-LEGAL SERVICES	(i)	228,675	3,000	20,115	7,157	13,462	272,409	0
	(ii)	0	0	0	0	0	0	0
7 ELIZABETH A GETZ, CHIEF INFORMATION OFFICER	(i)	216,436	3,000	18,698	6,677	12,568	257,379	0
	(ii)	0	0	0	0	0	0	0
8 SUSAN E OLIVERA, VP-HUMAN RESOURCES	(i)	189,300	3,000	18,232	5,949	12,843	229,324	0
	(ii)	0	0	0	0	0	0	0
9 ROBERT C MOLNAR, VP - PHYSICIAN SERVICES	(i)	167,766	3,000	18,323	5,238	12,484	206,811	0
	(ii)	0	0	0	0	0	0	0
10 RONALD RUSNAK, DIRECTOR OF CLINICAL INFORMATICS	(i)	301,331	3,000	1,671	7,800	12,843	326,645	0
	(ii)	0	0	0	0	0	0	0
11 TIMOTHY M TEYNOR, VP-PUBLIC POLICY	(i)	188,095	3,000	21,202	5,928	12,733	230,958	0
	(ii)	0	0	0	0	0	0	0
12 THOMAS BOGGS, SENIOR VP - CLINICALLY INTEG NEWTORK	(i)	253,237	3,000	18,767	7,779	11,287	294,070	0
	(ii)	0	0	0	0	0	0	0
13 EILEEN GOOD, SENIOR VP - CLINICAL ADVOCACY	(i)	173,915	3,000	27,638	5,490	6,320	216,363	0
	(ii)	0	0	0	0	0	0	0
14 CHRISTINE ADAMICK, PHYSICIAN	(i)	429,935	58,000	9,122	7,800	12,843	517,700	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART V, LINE 2B	AULTMAN HEALTH FOUNDATION'S EMPLOYEES ARE PAID BY A COMMON PAYMASTER AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF THE AULTMAN HEALTH SYSTEM SEE SCHEDULE R FOR INFORMATION ON SUBSIDIARIES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRIAN BELDEN AND WILLIAM BELDEN HAVE A FAMILY RELATIONSHIP JOHN SIRPILLA AND THEODORE BOYD HAVE A BUSINESS RELATIONSHIP R CLINT ZOLLINGER ESQ AND SHEILA MARKLEY BLACK ESQ HAVE A BUSINESS RELATIONSHIP EDWARD J ROTH III AND HARRY C C MACNEALY HAVE A BUSINESS RELATIONSHIP GENE E LITTLE AND HARRY C MACNEALY HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DETAIL REVIEW OF THE FORM 990 IS PERFORMED BY AN INDEPENDENT CPA FIRM AULTMAN HEALTH FOUNDATION'S FINANCE DEPARTMENT CAREFULLY REVIEWS AND ANALYZES THE TAX RETURN THE DEPARTMENT RECONCILES THE GENERAL LEDGER AMOUNTS TO THE APPROPRIATE SCHEDULES ON THE FORM 990 AND COMPARES THOSE AMOUNTS TO THE AUDITED FINANCIAL STATEMENTS IN ADDITION, THE FINANCE DEPARTMENT DOES A COMPARATIVE ANALYSIS TO THE PRIOR YEAR RETURN THE ANALYSIS AND RECONCILIATION SCHEDULES ALONG WITH A COMPLETE COPY OF THE 990 ARE PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL A COMPLETE COPY OF THE 990 IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH A SECURED INTERNET PORTAL PRIOR TO THE FILING DATE

Return Reference	Explanation
FORM 990, 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
FORM 990, PART VI, SECTION B, LINE 15	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 CODER 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 CODER & ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTING FIRM FOR REVIEW OF EXECUTIVE COMPENSATION PRACTICES THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USE THE FOLLOWING REFERENCE MATERIALS FOR THE DEVELOPMENT OF PHYSICIAN COMPENSATION MEDICAL GROUP MANAGEMENT ASSOCIATES (MGMA), AMERICAN MEDICAL GROUP ASSOCIATION (AMGA), HOSPITAL AND HEALTHCARE COMPENSATION SERVICE (HHCS) AND SULLIVAN CODER AND ASSOCIATES (SCA) IN ADDITION TO SALARY SURVEYS, AULTMAN HOSPITAL ALSO RETAINS AN INDEPENDENT CONSULTING FIRM FOR PHYSICIANS COMPENSATION SERVICES ALL PHYSICIAN COMPENSATION RECOMMENDATIONS ARE SENT TO THE CEO, VP OF PHYSICIAN SERVICES, COO, AND CNO FOR FINAL APPROVAL

Return Reference	Explanation
FORM 990, 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

Return Reference	Explanation
PART VI, SECTION A, LINE 1B	EDWARD J ROTH III, CHRISTOPHER E REMARK, RICK L HAINES, MILAN R DOPIRAK, M D AND MICHAEL RICH, M D ARE PAID EMPLOYEES OF AHF OR A RELATED ORGANIZATION TIMOTHY O' TOOLE PERFORMS MEDICAL DIRECTORSHIP DUTIES FOR THE ORGANIZATION AND RECEIVES COMPENSATION

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 1,193,741 MANAGEMENT AND GENERAL EXPENSES 280,013 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,473,754 LTACH PATIENT SERVICES PROGRAM SERVICE EXPENSES 1,335,694 MANAGEMENT AND GENERAL EXPENSES 313,311 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,649,005 OTHER CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 1,051,822 MANAGEMENT AND GENERAL EXPENSES 246,724 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,298,546 PROFESSIONAL FEES - NONPHYSICIAN PROGRAM SERVICE EXPENSES 62,176 MANAGEMENT AND GENERAL EXPENSES 14,585 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 76,761 PROFESSIONAL FEES - PHYSICIAN PROGRAM SERVICE EXPENSES 44,825 MANAGEMENT AND GENERAL EXPENSES 10,515 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,340 PURCHASED MAINTENANCE PROGRAM SERVICE EXPENSES 1,491,050 MANAGEMENT AND GENERAL EXPENSES 349,752 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,840,802

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER OF EQUITY FROM RESTRUCTURING 17,349,000 INTERFUND TRANSFERS 5,416,324

Return Reference	Explanation
FEDERAL ELECTIONS	SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710 EMPLOYER IDENTIFICATION NUMBER 34-1445390 FOR THE YEAR ENDING DECEMBER 31, 2014 AULTMAN HEALTH FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG SEC 1 263(A)-1(F)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

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

(a) Name, address, and EIN (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) AULTMAN SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 13-4246188	LONG-TERM ACUTE CARE	OH	7,643,032	2,947,383	AULTMAN HEALTH FOUNDATION
(2) INTEGRATED HEALTH COLLABORATIVE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4325320	HEALTH COLLABORATIVE	OH	0	0	AULTMAN HEALTH FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(2) THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISING	OH	501(C)(3)	LINE 7	AULTMAN HEALTH FOUNDATION	Yes	
(3) ORRVILLE HOSPITAL FOUNDATION 832 S MAIN ST ORRVILLE, OH 44667 34-0733138	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(4) AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	OH	501(C)(3)	LINE 2	AULTMAN HOSPITAL	Yes	
(5) AULTMAN NORTH CANTON MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 34-1088530	HEALTHCARE	OH	501(C)(3)	LINE 9	AULTMAN HEALTH FOUNDATION	Yes	
(6) TUSCARAWAS VALLEY REGIONAL CANCER CENTER 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698	MEDICAL SERVICE	OH	501(C)(3)	LINE 3	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WEST TUSCARAWAS PROPERTY MANAGEMENT LLC 2600 SIXTH ST SW CANTON, OH 44710 20-0090246	PROPERTY MGMT	OH	AULTCARE INSURANCE COMPANY	EXCLUDED	-12,851	252,903		No			No	4 370 %
(2) AULTMAN ONCOLOGY CENTER OF EXCELLENCE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4215510	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	114,112	96,131		No			No	72 900 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(1) THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISING	OH	501(C)(3)	LINE 7	AULTMAN HEALTH FOUNDATION	Yes	
(2) ORRVILLE HOSPITAL FOUNDATION 832 S MAIN ST ORRVILLE, OH 44667 34-0733138	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(3) AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	OH	501(C)(3)	LINE 2	AULTMAN HOSPITAL	Yes	
(4) AULTMAN NORTH CANTON MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 34-1088530	HEALTHCARE	OH	501(C)(3)	LINE 9	AULTMAN HEALTH FOUNDATION	Yes	
(5) TUSCARAWAS VALLEY REGIONAL CANCER CENTER 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698	MEDICAL SERVICE	OH	501(C)(3)	LINE 3	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	AULTMAN HEALTH FOUNDATION	C	-259,180	20,986,491	100 000 %	Yes	
AULTCARE CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1488123	PREF PROVIDER ORG	OH	AULTMAN HEALTH FOUNDATION	C	5,362,006	3,936,334	50 000 %	Yes	
AULTCARE HOLDING COMPANY 2600 SIXTH ST SW CANTON, OH 44710 47-1165287	HOLDING COMPANY	OH	AULTMAN HEALTH FOUNDATION	C			100 000 %	Yes	
NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1610344	MEDICAL EQUIPMENT RENTAL	OH	AULTCARE HOLDING COMPANY	C	829,497	144,261,049	100 000 %	Yes	
OHIO SPECIALTY PHYSICIANS CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	-1,460,285	445,211	100 000 %	Yes	
OHIO HOSPITAL BASED PHYSICIANS CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	536,754	1,211,163	100 000 %	Yes	
OHIO PHYSICIANS PROFESSIONAL CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	2,213,822	6,995,802	100 000 %	Yes	
AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904	ADMIN SERVICES	OH	AULTCARE HOLDING COMPANY	C	1,980,022	1,232,133	100 000 %	Yes	
AULTCARE HEALTH INSURING CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099	INSURANCE	OH	AULTCARE HOLDING COMPANY	C	7,158	66,997,260	100 000 %	Yes	
AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818	INSURANCE	OH	AULTCARE HOLDING COMPANY	C	119,079,502	117,760,585	100 000 %	Yes	
AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704	ADMIN SERVICE	OH	AULTCARE HOLDING COMPANY	C	578,150	216,712	100 000 %	Yes	
AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	738,068	31,347	100 000 %	Yes	
WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390	MEDICAL SUPPLIES	OH	AULTCARE HOLDING COMPANY	C	808,112	2,048,178	100 000 %	Yes	
AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	1,754,557	840,981	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE AULTMAN FOUNDATION	B	101,800	FMV
AULTCARE INSURANCE COMPANY	Q	1,006,102	FMV
AULTMAN MSO	Q	78,000	FMV
AULTMAN HOSPITAL	Q	29,721,090	FMV
AULTMAN HOSPITAL	J	312,342	FMV
AULTMAN HOSPITAL	P	3,112,311	FMV
AULTMAN ORRVILLE HOSPITAL	Q	242,073	FMV
AULTMAN HOSPITAL	P	1,646,112	FMV
AULTMAN HOSPITAL	R	3,110,000	FMV