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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 THE AULTMAN HEALTH SYSTEM IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH "

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 \$ 383,992,639 including grants of \$ 461,800) (Revenue \$ 463,154,072)
AULTMAN HOSPITAL (AH) IS A NOT-FOR-PROFIT TEACHING HOSPITAL SERVING STARK AND SURROUNDING COUNTIES IN NORTHEAST OHIO THE HOSPITAL'S MAJOR PROGRAMS INCLUDE WOMEN AND CHILDREN'S SERVICES, EMERGENCY AND TRAUMA SERVICES, HEART SERVICES, CANCER CARE, NEUROSURGERY, ORTHOPEDICS AND CRITICAL-CARE MEDICINE EACH YEAR, AULTMAN HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF THE AREA'S TOTAL CARE FOR PATIENTS HAVING NO GOVERNMENT OR PRIVATE HEALTH CARE INSURANCE IN 2015, AULTMAN PROVIDED MORE THAN \$570,000 IN NET CHARITY CARE FOR UNINSURED AND UNDERINSURED PATIENTS AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID AND HAD A MEDICAID SHORTFALL OF APPROX \$31 MILLION SUBACUTE SERVICES AULTMAN PROVIDES POST-ACUTE SERVICES AT ITS AULTMAN WOODLAWN FACILITY AULTMAN WOODLAWN INCLUDES A 60-BED UNIT FOR PATIENTS REQUIRING SKILLED NURSING CARE AND A 30-BED UNIT FOR PATIENTS NEEDING REHABILITATION AULTMAN WOODLAWN FEATURES INDOOR THERAPY ENVIRONMENTS SUCH AS A MOCK KITCHEN, BEDROOM, STORE AND GAS STATION - ALONG WITH AN OUTDOOR COURTYARD FEATURING A HYDROPONIC GARDEN - TO HELP PATIENTS IMPROVE THEIR MOBILITY AND PREPARE FOR DISCHARGE AULTMAN WOODLAWN ALSO HOUSES AULTMAN'S HOSPICE, PALLIATIVE CARE, GRIEF SERVICES AND HOME HEALTH CARE PROGRAMS AULTMAN HOME MEDICAL SUPPLY IS ALSO PART OF THE POST-ACUTE CARE SERVICES AULTMAN PROVIDES AULTMAN PROVIDES AN ARRAY OF MEDICAL SERVICES AT COMMUNITY CENTERS LOCATED THROUGHOUT STARK AND CARROLL COUNTIES IMMEDIATE CARE SERVICES ARE AVAILABLE FOR MINOR INJURIES AND ILLNESSES - SEVEN DAYS A WEEK, EVERY DAY OF THE YEAR SERVICES SUCH AS PHYSICAL AND OCCUPATIONAL THERAPY, CARDIAC REHABILITATION, OUTPATIENT LABORATORY SERVICES, SPORTS MEDICINE PROGRAMS AND DIAGNOSTIC TESTING ARE ALSO AVAILABLE AT THE AULTMAN SATELLITE FACILITIES AULTMAN HOSPITAL'S MISSION IS TO LEAD OUR COMMUNITY TO IMPROVED HEALTH AULTMAN HOSPITAL HAS BEEN MEETING THE HEALTH CARE NEEDS OF STARK AND SURROUNDING COUNTIES FOR MORE THAN 120 YEARS AULTMAN CARES FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY AULTMAN CONTINUOUSLY INVESTS IN FACILITIES AND TECHNOLOGY TO IMPROVE PATIENT CARE AULTMAN PROVIDES EDUCATIONAL OPPORTUNITIES FOR STUDENTS IN HIGH SCHOOL, COLLEGE, MEDICAL SCHOOL AND RESIDENCY PROGRAMS THROUGH OUTREACH EFFORTS INCLUDING THE WORKING ON WELLNESS (WOW) MOBILE HEALTH-FAIR UNIT, AULTMAN OFFERS HEALTH AND WELLNESS EDUCATION FOR OUR COMMUNITY AULTMAN IS ONE OF THE LOWEST-COST HEALTH CARE PROVIDERS IN NORTHEASTERN OHIO, HELPING LOCAL BUSINESSES STAY FINANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY IN RECOGNITION OF THE HOSPITAL'S LOW-COST AND HIGH-QUALITY PHILOSOPHY, AULTMAN HAS EARNED ACCOLADES INCLUDING BEING RANKED AS ONE OF THE BEST HOSPITALS FOR 2014-15 IN OHIO BY U S NEWS AND WORLD REPORT, BEING NAMED STARK COUNTY'S "MOST PREFERRED HOSPITAL" BY NATIONAL RESEARCH CORPORATION AND EARNING THE "MAGNET" DESIGNATION FOR NURSING EXCELLENCE	
4b	(Code) (Expenses \$ 31,498,689 including grants of \$ 0) (Revenue \$ 30,047,726)
AULTMAN NORTH CANTON MEDICAL GROUP (ANCMG) PROVIDES MEDICAL SERVICES TO CITIZENS OF THE COMMUNITY IN AN OUTPATIENT SETTING WITH DIAGNOSTIC CAPABILITIES ENABLING PATIENTS TO BE DIAGNOSED AND TREATED EFFECTIVELY, REDUCING THE NEED TO HOSPITALIZE THE PATIENT FOR CARE THIS RESULTS IN HEALTH CARE COST REDUCTIONS IN ADDITION, CHARITABLE SERVICES WERE PROVIDED TO PATIENTS WHO WERE INDIGENT, AND FEE REDUCTION CONSIDERATIONS WERE GIVEN TO OTHERS WHO WERE NOT CONSIDERED INDIGENT BUT WERE EXPERIENCING FINANCIAL HARDSHIPS HEALTH EDUCATION PROGRAMS OPEN TO THE COMMUNITY AT LARGE WERE CONDUCTED TO PROMOTE HEALTH CONSCIOUSNESS WITH THE OBJECTIVE BEING TO IMPROVE THE OVERALL HEALTH STATUS OF THE PUBLIC ANCMG HEALTH EDUCATION LIBRARY PROVIDES CURRENT HEALTH CARE INFORMATION ON AN ARRAY OF TOPICS, UTILIZING CONTINUOUSLY UPDATED MATERIALS SUCH AS BOOKS, NEWSLETTERS, PAMPHELTS, VIDEOS AND COMPUTER RESOURCES	
4c	(Code) (Expenses \$ 20,041,259 including grants of \$ 0) (Revenue \$ 25,841,697)
ORRVILLE HOSPITAL FOUNDATION DBA AULTMAN ORRVILLE HOSPITAL (AOH) IS A NOT-FOR-PROFIT, TWENTY-FIVE BED CRITICAL ACCESS HOSPITAL THAT HAS SERVED ORRVILLE AND THE EASTERN WAYNE COUNTY COMMUNITY FOR MORE THAN SIXTY YEARS AOH IS AN ACUTE-CARE, FULL-SERVICE HOSPITAL ACCREDITED BY THE JOINT COMMISSION AS A NOT-FOR-PROFIT HOSPITAL, AOH PROVIDES HIGH-QUALITY HEALTH CARE PROGRAMS AND SERVICES THAT ARE ACCESSIBLE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY AOH FUNDS ARE GENERALLY REINVESTED IN FACILITY AND EQUIPMENT IMPROVEMENTS, ENHANCEMENTS IN PATIENT CARE, MEDICAL TRAINING, EDUCATION, PHYSICIAN RECRUITMENT AND COMMUNITY OUTREACH EACH YEAR, AOH PROVIDES A SIGNIFICANT AMOUNT OF CARE FOR PATIENTS HAVING NO GOVERNMENT OR PRIVATE HEALTH CARE INSURANCE AND NO SIGNIFICANT LEVEL OF INCOME AOH ALSO SERVES PATIENTS COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID, AND PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE SINCE BECOMING A SUBSIDIARY OF AULTMAN HEALTH FOUNDATION, AOH HAS MADE IMPROVEMENTS IN ITS DELIVERY OF CARE, AND THE COMMUNITY HAS GREATER ACCESS TO ADVANCED HEALTH CARE SERVICES AOH COMBINES CLOSE TO HOME CONVENIENCE WITH CUTTING EDGE TECHNOLOGY TO OFFER AN ARRAY OF INPATIENT AND OUTPATIENT SERVICES AOH PROVIDES CARE RANGING FROM THE FAMILY BIRTH CENTER TO SKILLED NURSING CARE ON THE INPATIENT TRANSITIONAL CARE UNIT ADDITIONAL SERVICES INCLUDE DIAGNOSTIC IMAGING SERVICES, LABORATORY AND OUTPATIENT TESTING, REHABILITATION SERVICES, SURGICAL AND ENDOSCOPIC PROCEDURES, MEDICAL AND SURGICAL CARE, AND A HIGHLY EFFECTIVE AND EFFICIENT EMERGENCY DEPARTMENT	
See Additional Data	
4d	Other program services (Describe in Schedule O)
(Expenses \$ 5,337,296 including grants of \$ 142,632) (Revenue \$ 4,601,423)	
4e	Total program service expenses ▶ 440,869,883

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 Yes	
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 Yes	
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	No
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 Yes	
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 Yes	
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)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	695	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1	
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	5,232	
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	Yes	
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	Yes	
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		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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		
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 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	58	
1b	Enter the number of voting members included in line 1a, above, who are independent	36	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,349,529	3,859,050	656,057

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 ► 169

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
CANTON AULTMAN EMERGENCY PHYSICIANS INC 2600 SIXTH ST SW CANTON, OH 44710	PHYSICIAN SERVICES	5,602,798
CANTON MEDICAL EDUCATION FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710	PHYSICIAN SERVICES	2,403,362
PULMONARY PHYSICIANS INC 2600 TUSCARAWAS ST W STE 100 CANTON, OH 44708	PHYSICIAN SERVICES	1,587,352
MILLIGAN PUSATERI CO LPA 4684 DOUGLAS CIR NW CANTON, OH 44735	LEGAL	1,554,086
HILSCHER-CLARKE ELECTRIC CO 519 FOURTH ST NW CANTON, OH 44703	ELECTRICAL CONTRACTOR	1,330,616

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 ► 279

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	22,685				
	c	Fundraising events	1c	817,520				
	d	Related organizations	1d	125,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	721,436				
	g	Noncash contributions included in lines 1a-1f \$		298,540				
	h	Total. Add lines 1a-1f			1,686,641			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	402,926,096	402,926,096			
	b	PREMIUM REVENUE	621110	104,148,320	104,148,320			
	c	PHARMACY REVENUE	446110	5,987,384	5,987,384			
	d	TUITION REVENUE	611710	4,600,011	4,600,011			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			517,661,811			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		186,289			186,289
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real 2,430,998	(ii) Personal				
b		Less rental expenses	181,703					
c		Rental income or (loss)	2,249,295					
d		Net rental income or (loss)		2,249,295			2,249,295	
7a		Gross amount from sales of assets other than inventory	(i) Securities 239,506	(ii) Other				
b		Less cost or other basis and sales expenses	242,842					
c		Gain or (loss)	-3,336					
d		Net gain or (loss)		-3,336			-3,336	
8a		Gross income from fundraising events (not including \$ 817,520 of contributions reported on line 1c) See Part IV, line 18	a 239,316					
b		Less direct expenses	b 151,971					
c		Net income or (loss) from fundraising events . . .		87,345			87,345	
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		MISCELLANEOUS REVENUE	900099	6,024,857	5,983,107		41,750	
b		FOOD SERVICE	722210	3,029,286			3,029,286	
c		LAB AND LAUNDREY INCOME	621500	1,036,736		1,036,736		
d		All other revenue		860,068			860,068	
e	Total. Add lines 11a-11d		10,950,947					
12	Total revenue. See Instructions		532,818,992	523,644,918	1,036,736	6,450,697		

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.	588,326	588,326		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	16,106	16,106		
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.	6,742,901	5,801,044	941,857	
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.	200,708,625	164,979,398	35,729,227	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,603,085	6,247,721	1,355,364	
9	Other employee benefits.	31,982,345	26,281,322	5,701,023	
10	Payroll taxes.	14,628,086	12,027,266	2,600,820	
11	Fees for services (non-employees):				
a	Management.	223,452	180,996	42,456	
b	Legal.	2,371,882	1,945,363	426,519	
c	Accounting.	117,760	95,863	21,897	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	7,370			7,370
f	Investment management fees.	7,230	5,929	1,301	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,326,676	36,392,225	7,934,451	
12	Advertising and promotion.	2,125,346	1,742,707	382,639	
13	Office expenses.	12,483,047	10,250,746	2,232,301	
14	Information technology.	1,755,609	1,449,011	306,598	
15	Royalties.				
16	Occupancy.	13,904,033	11,468,710	2,435,323	
17	Travel.	1,467,846	1,207,095	260,751	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	305,256	252,753	52,503	
20	Interest.	382,718	321,213	61,505	
21	Payments to affiliates.	27,325,448	22,406,867	4,918,581	
22	Depreciation, depletion, and amortization.	22,834,481	18,751,045	4,083,436	
23	Insurance.	3,761,340	3,095,992	665,348	
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	93,215,421	76,469,366	16,746,055	
b	BAD DEBT EXPENSE	19,511,923	15,978,140	3,533,783	
c	ONCOLOGY	13,430,782	11,819,088	1,611,694	
d	HOSPITAL FRANCHISE FEE	7,474,329	6,124,413	1,349,916	
e	All other expenses	5,902,135	4,971,178	930,957	
25	Total functional expenses. Add lines 1 through 24e.	535,203,558	440,869,883	94,326,305	7,370
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,510,268	1	1,043,867
	2	Savings and temporary cash investments		7,491,612	2	3,327,275
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		55,359,310	4	54,547,689
	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		994,499	7	941,461
	8	Inventories for sale or use		3,377,425	8	3,364,903
	9	Prepaid expenses and deferred charges		3,862,661	9	4,060,739
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 563,362,626			
	b	Less: accumulated depreciation	10b 322,202,863	252,819,946	10c	241,159,763
	11	Investments—publicly traded securities		4,663,486	11	7,768,386
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		1,752,781	13	1,991,525
	14	Intangible assets		256,967	14	231,270
	15	Other assets. See Part IV, line 11		8,193,358	15	3,706,420
	16	Total assets. Add lines 1 through 15 (must equal line 34)		340,282,313	16	322,143,298
Liabilities	17	Accounts payable and accrued expenses		48,736,203	17	39,882,057
	18	Grants payable			18	
	19	Deferred revenue		2,939,553	19	2,741,754
	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		16,740,000	23	25,935,000
	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		3,982,722	25	8,617,730
	26	Total liabilities. Add lines 17 through 25		72,398,478	26	77,176,541
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		262,715,309	27	239,227,706
	28	Temporarily restricted net assets		4,663,526	28	5,234,051
	29	Permanently restricted net assets		505,000	29	505,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		267,883,835	33	244,966,757
	34	Total liabilities and net assets/fund balances		340,282,313	34	322,143,298

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	532,818,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	535,203,558
3	Revenue less expenses Subtract line 2 from line 1	3	-2,384,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	267,883,835
5	Net unrealized gains (losses) on investments	5	-244,770
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	-20,287,742
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	244,966,757

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 32-0483994

Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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

(Code) (Expenses \$	4,814,712	including grants of \$	16,106) (Revenue \$	4,600,011
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AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES (ACON) IS A HEALTH-SYSTEM AFFILIATED INSTITUTION OF HIGHER LEARNING COMMITTED TO MEETING THE NEEDS OF NURSING AND ALLIED HEALTH STUDENTS BY PROVIDING A COHERENT, GENERAL AND PROFESSIONAL EDUCATIONAL EXPERIENCE TO PREPARE INDIVIDUALS FOR SERVICE AND LEADERSHIP ROLES WITH MORE THAN 100 YEARS OF NURSING EDUCATION EXPERIENCE, AULTMAN COLLEGE OFFERS AN ACCREDITED ASSOCIATE OF SCIENCE IN NURSING AND RADIOGRAPHY DEGREE PROGRAMS, AS WELL AS AN RN-BSN COMPLETION PROGRAM ENROLLMENT AT ACON REMAINED STEADY WITH APPROXIMATELY 350 STUDENTS ENROLLED IN 2015 AULTMAN COLLEGE GRADUATED 101 STUDENTS IN 2015 FACULTY, STAFF AND STUDENTS DONATED MORE THAN 3,379 HOURS OF COMMUNITY SERVICE IN 2015 THROUGH THE COLLEGE'S SERVICE LEARNING PROGRAM

(Code) (Expenses \$	522,584	including grants of \$	126,526) (Revenue \$	1,412
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THE AULTMAN FOUNDATION (TAF) RAISES AND ADMINISTERS FUNDS IN ORDER TO SUPPORT AND PROMOTE EDUCATION AND WELLNESS OUTREACH PROGRAMMING THAT WILL IMPROVE THE HEALTH OF THE COMMUNITY THE FOUNDATION PROVIDES GRANT FUNDING TO AREA NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES FOCUSING ON WELLNESS, HEALTH EDUCATION AND HUMAN SERVICES - WITH SPECIAL CONSIDERATION FOR THE UNDERSERVED MEMBERS OF THE POPULATION SUCH AS THE POOR, ELDERLY, AND CHILDREN ONCE A YEAR THE AULTMAN FOUNDATION ACCEPTS GRANT REQUESTS FROM 501 C (3) NONPROFIT ORGANIZATIONS ENDEAVORS THAT RECEIVED THE AULTMAN FOUNDATION'S FINANCIAL SUPPORT INCLUDED SUBSTANCE ABUSE TREATMENT, WELLNESS PROGRAMS, SENIOR CARE PROGRAMS AND MORE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD J ROTH III PRESIDENT / CEO - AHF	5 00 50 00	X		X				0	616,011	23,436
JEFFREY MILLER MD CHAIR - AH, DIRECTOR - AOH	2 00 1 00	X		X				0	0	0
BRIAN S BELDEN VICE CHAIR - AH , CHAIR - TAF	1 00 1 00	X		X				0	0	0
WILLIAM WALLACE MD SECRETARY AND TREASURER - AH	4 00 1 00	X		X				5,000	0	0
T STEPHEN GREGORY DIRECTOR - AH & ANCMG, AOH TREAS	1 00 2 00	X		X				0	0	0
CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AH, ACON & ANCMG	50 00 5 00	X		X				404,894	0	24,101
ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	55 00 0 00	X						242,484	0	15,270
BARBARA HAMMONTREE BENNETT DIRECTOR - AH	1 00 1 00	X						0	0	0
PEGGY CLAYTOR DIRECTOR - AH	1 00 1 00	X						0	0	0
NATE J COOKS DIRECTOR - AH	1 00 1 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 (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			
MILAN R DOPIRAK MD DIRECTOR - AH	54 00 1 00	X						0	426,826	17,125
RICK L HAINES DIRECTOR - AH, CEO - AULTCARE	5 00 50 00	X						0	430,887	17,515
VICKY STERLING DIRECTOR - AH & TAF	1 00 1 00	X						0	0	0
JOHN B HUMPHREY JR MD DIRECTOR - AH	4 00 1 00	X						0	0	0
HARRY CC MACNEALY DIRECTOR - AH	1 00 1 00	X						0	0	0
TIMOTHY O'TOOLE MD DIRECTOR - AH	2 00 1 00	X						47,600	0	0
ROBERT W SABOTA MD DIRECTOR - AH	1 00 1 00	X						0	2,550	0
LOUIS G SHAHEEN MD DIRECTOR - AH	1 00 1 00	X						0	0	0
FATHER ROBERT KAYLOR CHAIR - ACON	1 00 0 00	X		X				0	0	0
JOHN MCGRATH VICE CHAIR - ACON	1 00 0 00	X		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 (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			
REBECCA J CROWL PRESIDENT - ACON	55 00 0 00	X		X				0	207,795	21,312
ADAM LUNTZ TREASURER - ACON, CFO - AH	55 00 0 00	X		X				0	177,443	19,840
JANET B BAKER DIRECTOR - ACON	1 00 0 00	X						0	0	0
SHEILA MARKLEY BLACK ESQ DIRECTOR - ACON	1 00 1 00	X						0	0	0
PATRICIA H DRAVES PHD DIRECTOR - ACON	1 00 0 00	X						0	0	0
EILEEN F GOOD DIRECTOR - ACON / SENIOR VP-CLINICAL ADVOCACY	50 00 5 00	X						0	215,056	6,126
MARILYN THOMAS JONES DIRECTOR - ACON	1 00 0 00	X						0	0	0
KAREN SOEHNLEN MCQUEEN DIRECTOR - ACON	1 00 0 00	X						0	0	0
ROSLYN E MESSERLY DIRECTOR - ACON	1 00 0 00	X						0	0	0
TERESA J PURSES DIRECTOR - ACON	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 (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			
JEFFREY L SUSMAN MD DIRECTOR - ACON	1 00 0 00	X						0	0	0
VINCE WATTS DIRECTOR - ACON	1 00 0 00	X						0	0	0
PATRICK WILLOUGHBY DIRECTOR - ACON	1 00 0 00	X						0	0	0
LISA M ZELLERS DIRECTOR - ACON	1 00 0 00	X						0	64,325	2,385
GEORGE W LEMON VICE CHAIR - TAF, DIRECTOR - AOH	1 00 1 00	X		X				0	0	0
BRIAN LAYMAN VICE CHAIR - TAF	1 00 0 00	X		X				0	0	0
VICTORIA L HAINES DIRECTOR - TAF / VP-FOUNDATION SERVICES	5 00 50 00	X		X				0	184,758	14,828
TERESA L WURST MD DIRECTOR - TAF	55 00 0 00	X						184,090	0	19,700
MICHAEL R GALLINA DIRECTOR - TAF	1 00 54 00	X						0	113,166	12,132
JEANEEN MCDANIELS DIRECTOR - TAF	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 (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			
REVEREND DOUGLAS A PATTON DIRECTOR - TAF	1 00 0 00	X						0	0	0
FRANK G PROVO DIRECTOR - TAF	1 00 0 00	X						0	0	0
CHARLES B SCHEURER DIRECTOR - TAF & ANCMG	1 00 1 00	X						0	0	0
MARK A AUBLE CHAIRPERSON - AOH	1 00 0 00	X		X				0	0	0
ANDREW NAUMOFF MD VICE CHAIR - AOH	1 00 54 00	X		X				0	297,272	18,182
DOUGLAS J SIBILA SECRETARY - AOH	1 00 1 00	X		X				0	0	0
MARCHELLE L SUPPAN DPM DIRECTOR/CEO - AOH	55 00 0 00	X		X				202,985	0	10,481
BECKY L JEWELL DIRECTOR - AOH	1 00 0 00	X						0	0	0
ROSS CAMPENSA MD DIRECTOR - AOH	1 00 0 00	X						0	0	0
TODD M SOMMER DIRECTOR - AOH	1 00 1 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 (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			
ALFRED A SCHLABACH DIRECTOR - AOH	1 00 0 00	X						0	0	0
CLIFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	40 00 0 00	X		X				418,741	0	23,436
LEO DOYLE DIRECTOR - ANCMG	1 00 1 00	X						0	0	0
JULIA FIORENTINO MD DIRECTOR - ANCMG	40 00 0 00	X						272,461	0	15,539
MATTHEW HIESTAND MD DIRECTOR - ANCMG	40 00 0 00	X						333,682	0	23,436
MARIA YOUNG MD DIRECTOR - ANCMG	40 00 0 00	X						280,249	0	24,101
SHRUTI TREHAN MD DIRECTOR - ANCMG	40 00 0 00	X						1,739,621	0	23,436
ROBERT C MOLNAR VP-PHYSICIAN SERVICES, DIRECTOR-ANCMG	5 00 50 00	X						0	204,907	20,851
MARK D WRIGHT CFO - AHF	5 00 50 00			X				0	358,752	23,675
JEANNINE SHAMBAUGH VP-CHIEF INTERNAL AFFAIRS - ACON	55 00 0 00			X				0	137,141	19,132

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEAN PADDOCK CHIEF ACADEMIC OFFICER - ACON	55 00 0 00			X				0	139,949	13,940
VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER-ACON	55 00 0 00			X				0	158,705	14,551
MATTHEW A STEWART CFO - AOH	55 00 0 00			X				0	123,507	18,035
AMY BUDD VICE PRESIDENT - ANCMG	40 00 0 00			X				149,762	0	13,517
ALLISON M OPRANDI MD PHYSICIAN	55 00 0 00				X			357,670	0	23,310
SUSAN E MERCER MD VP-MEDICAL EDUCATION - AH	55 00 0 00				X			310,783	0	14,084
LORI L MERTES MD PHYSICIAN/CHIEF QUALITY OFFICER - AH	55 00 0 00				X			305,821	0	7,950
WILLIAM FAYEN MD DIRECTOR - ANCMG	40 00 0 00				X			245,772	0	15,597
RAZA A KHAN MD DIRECTOR - ANCMG	40 00 0 00				X			963,352	0	23,977
PRABHCHARAN GILL MD PHYSICIAN - AH	55 00 0 00					X		638,090	0	20,415

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL A KREW MD PHYSICIAN - AH	55 00 0 00					X		635,156	0	24,101
STEVEN M WEAVER MD PHYSICIAN - ANCMG	55 00 0 00					X		576,938	0	24,101
TIMOTHY E MCDANIEL MD PHYSICIAN - AH	55 00 0 00					X		557,934	0	21,623
OSAMA MITRI MD PHYSICIAN - AH	55 00 0 00					X		476,444	0	24,817

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
b A family member of a person described in (a) above?	11b	
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	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

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) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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, PUBLIC CHARITY STATUS	PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, PART I PUBLIC CHARITY STATUS HAS BEEN COMPLETED BASED ON THE LARGEST NUMBER OF SUBORDINATES IN THE GROUP AULTMAN HOSPITAL (34-0714538) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3) ORRVILLE HOSPITAL FOUNDATION DBA AULTMAN ORRVILLE HOSPITAL (34-0733138) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3) AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES (20-1359433) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II) (BOX 2) THE AULTMAN FOUNDATION (20-8090459) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS 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) (BOX 7) AULTMAN NORTH CANTON MEDICAL GROUP (34-1088530) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS 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) (BOX 9)

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

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization AULTMAN HEALTH FOUNDATION GROUP RETURN	Employer identification number 32-0483994
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

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

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

No

No

Yes

4,055

No

4,055

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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	TOTAL DUES OF \$102,275 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AH, OF WHICH 3 4% WERE RELATED TO LOBBYING ACTIVITIES TOTAL DUES OF \$16,975 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AOH, OF WHICH 3 4% WERE RELATED TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

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

	(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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

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 on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	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	719,326	712,855	722,979	696,799	681,425
b Contributions					
c Net investment earnings, gains, and losses	5,815	12,313	-4,282	31,857	20,946
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,870	5,842	5,842	5,677	5,572
g End of year balance	718,271	719,326	712,855	722,979	696,799

2

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		31,808,314		31,808,314
b Buildings		186,862,915	84,814,196	102,048,719
c Leasehold improvements		162,315	88,910	73,405
d Equipment		322,447,313	227,842,821	94,604,492
e Other		22,081,769	9,456,936	12,624,833
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				241,159,763

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2e		
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		4c		
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				
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5		

Part XII

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

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

1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2e		
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:		4c		
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				
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 V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE CHAPLAINCY PROGRAM

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

Return Reference	Explanation

SCHEDULE E
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Schools

▶Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization AULTMAN HEALTH FOUNDATION GROUP RETURN	Employer identification number 32-0483994
--	--

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES HAS MADE ITS NONDISCRIMINATORY POLICY KNOWN TO ALL SEGMENTS OF THE GENERAL COMMUNITY THAT THE COLLEGE SERVES BY POSTING A COPY ON ITS WEBSITE AND IN SEVERAL CANTON AREA NEWSPAPERS
SCHEDULE E, PART I, LINE 6	AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES RECEIVES FEDERAL FUNDS IN THE FORMS OF THE FEDERAL PELL GRANT PROGRAM, FEDERAL WORK-STUDY PROGRAM AND FEDERAL DIRECT STAFFORD LOANS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		ANGEL AUCTION	FASHION SHOW		Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
	1 Gross receipts	1,013,981	42,855		1,056,836
	2 Less Contributions	774,665	42,855		817,520
	3 Gross income (line 1 minus line 2)	239,316			239,316
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	151,971			151,971
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				151,971
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				87,345

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization AULTMAN HEALTH FOUNDATION GROUP RETURN	Employer identification number 32-0483994
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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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ 40100 0000000000 %	3b	Yes	
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 eligible 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)			5,783,612	5,365,415	418,197	0.080 %
b Medicaid (from Worksheet 3, column a)			79,581,673	46,248,029	33,333,644	6.420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			85,365,285	51,613,444	33,751,841	6.500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			388,231	24,038	364,193	0.070 %
f Health professions education (from Worksheet 5)			9,702,827	100,022	9,602,805	1.850 %
g Subsidized health services (from Worksheet 6)			88,985,573	72,631,176	16,354,397	3.150 %
h Research (from Worksheet 7)			776,638	996,448	-219,810	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			463,118	0	463,118	0.090 %
j Total. Other Benefits			100,316,387	73,751,684	26,564,703	5.160 %
k Total. Add lines 7d and 7j			185,681,672	125,365,128	60,316,544	11.660 %

Part IICommunity 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		36,946		36,946	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		644,664		644,664	0 120 %
8	Workforce development					
9	Other					
10	Total		681,610		681,610	0 130 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

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

8,655,438

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

2,229,202

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

86,505,239

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

85,962,278

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

542,961

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

No

Part IVManagement 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 AULTMAN ONCOLOGY CENTER OF EXCELLENCE LLC	ONCOLOGY SERVICES	72 900 %	0 %	27 100 %
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?

4

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

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

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

		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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> 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 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 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 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) HTTPS //AULTMAN ORG/HOME/ABOUT/AULTMAN- a <input type="checkbox"/> Hospital facility's website (list url) <u>HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSE</u> b <input type="checkbox"/> Other website (list url) c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? HTTPS //AULTMAN ORG/HOME/ABOUT/AULTMAN- a If "Yes" (list url) <u>HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSE</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$	3	Yes	
		6a	Yes	
		6b	Yes	
		7	Yes	
		8	Yes	
		10	Yes	
		10b		No
		12a		No
		12b		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input type="checkbox"/> 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 401 000000000000 %</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><input type="checkbox"/> Asset level</div><div><input type="checkbox"/> Medical indigency</div><div><input type="checkbox"/> Insurance status</div><div><input type="checkbox"/> Underinsurance discount</div><div><input type="checkbox"/> Residency</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) HTTPS //AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) HTTPS //AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTPS //AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANC</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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 <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> 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 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> 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? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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)

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group

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

4

		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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	Yes	
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
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	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		No
6b	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) HTTP //WWW.AULTMANORRVILLE.ORG/AULTMAN-HOSPITAL- a <input type="checkbox"/> Hospital facility's website (list url) INFORMATION/ABOUT-US/COMMUN b <input type="checkbox"/> Other website (list url) c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	Yes	
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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? HTTP //WWW.AULTMANORRVILLE.ORG/AULTMAN-HOSPITAL- a If "Yes" (list url) INFORMATION/ABOUT-US/COMMUN b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input type="checkbox"/> 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 400 000000000000 %</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><input type="checkbox"/> Asset level</div><div><input type="checkbox"/> Medical indigency</div><div><input type="checkbox"/> Insurance status</div><div><input type="checkbox"/> Underinsurance discount</div><div><input type="checkbox"/> Residency</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW.AULTMANORRVILLE.ORG/PATIENT-INFORMATION/RESOURCES/BILLING</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW.AULTMANORRVILLE.ORG/PATIENT-INFORMATION/RESOURCES/BILLING</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW.AULTMANORRVILLE.ORG/PATIENT-INFORMATION/RESOURCES/BILLING</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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 <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

Part V

Facility Information (continued)

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> 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 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> 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? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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

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? 12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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	ACCORDING TO AULTMAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS 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% TO 100% OF FPG RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 250% IS DISCOUNTED 65%, 251% TO 300% IS DISCOUNTED 55%, 301% TO 350% IS DISCOUNTED 40%, 351% TO 400% IS DISCOUNTED 35%, AND 401% AND ABOVE IS DISCOUNTED 30%

Form and Line Reference	Explanation
PART I, LINE 7	AULTMAN HOSPITAL (AH) USED THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H AULTMAN ORRVILLE HOSPITAL (AOH) USES A COMBINATION OF THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H AND DIRECT COSTING METHOD OF CERTAIN PROGRAMS PART I, LINE 7G AOH ASSISTED AREA EMS UNITS BY STOCKING SUPPLIES AND MEDICATIONS TO THE UNITS AT NO CHARGE PART I, LINE 7F AOH PROVIDES EDUCATION TO THE COMMUNITY THROUGH HEALTH TALKS BY QUALIFIED PHYSICIANS AND PROFESSIONALS, SUPPORT GROUPS FOR DIABETICS AND CELIAC DISORDERS, EDUCATION FOR RADIOLOGIC TECHNOLOGY AND PHYSICIAN THERAPY STUDENTS, SMOKING CESSATION CLASSES, COUNTY HEALTH FAIRS AND BUSINESS SHOWCASES, AND BICYCLE SAFETY TO ELEMENTARY CHILDREN THROUGH THE AULTMAN SAFETY FIRST PROGRAM

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 15,978,140

Form and Line Reference	Explanation
PART 1, 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	EXPLANATION OF METHODOLOGY FOR AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE - AH & AOHBAD DEBT EXPENSE REPORTED IS CALCULATED BY TAKING THE PROVISION FOR DOUBTFUL PATIENT ACCOUNTS REPORTED ON THE AUDITED FINANCIAL STATEMENTS AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2

Form and Line Reference	Explanation
PART III, LINE 3	<p>METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE - AH & AOH ACCORDING TO THE FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. ELIGIBILITY CRITERIA IS BASED ON THE FEDERAL POVERTY GUIDELINES AND ARE UPDATED ANNUALLY BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES OF HEALTH AND HUMAN SERVICES. THE FAP DISCOUNT IS BASED ON INCOME AND FAMILY SIZE. SELF-PAY BALANCES WILL RECEIVE A MINIMUM OF 30% DISCOUNT AND UP TO 100% AS LONG AS THE NECESSARY FINANCIAL ASSISTANCE APPLICATION IS COMPLETE. PATIENTS MUST COOPERATE WITH THE FACILITY TO PROVIDE THE INFORMATION AND DOCUMENTATION NECESSARY TO DETERMINE ELIGIBILITY TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT POTENTIALLY COULD HAVE BEEN ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY. THE ORGANIZATION LOOKED AT ALL BAD DEBT BALANCES THAT WERE SELF-PAY FROM THIS POPULATION. THE ORGANIZATION IDENTIFIED THOSE SELF-PAY BALANCES THAT DID NOT RECEIVE ANY FORM OF FAP OR HCAP DISCOUNT. BECAUSE ALL SELF-PAY PATIENTS RECEIVE AT LEAST A MINIMUM OF 30% REGARDLESS OF INCOME, THE ASSUMPTION WAS MADE THAT IF THE ACCOUNT HAD NO DISCOUNT THE PROPER PAPER WORK WAS NOT TURNED IN TO DETERMINE ELIGIBILITY CRITERIA. FROM THIS REMAINING POPULATION THE ESTIMATED DISCOUNT AT COST THAT WOULD HAVE BEEN PROVIDED IF DOCUMENTATION HAD BEEN RECEIVED WAS CALCULATED BY APPLYING THE ACTUAL FAP DISTRIBUTION OF PATIENTS WHO RECEIVED DISCOUNTS IN 2015 AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2. TO BE CONSIDERED FOR FINANCIAL ASSISTANCE, THE PATIENT MUST COOPERATE WITH THE FACILITY TO PROVIDE THE INFORMATION AND DOCUMENTATION NECESSARY TO APPLY FOR OTHER EXISTING FINANCIAL RESOURCES THAT MAY BE AVAILABLE TO PAY FOR HIS OR HER HEALTH CARE, SUCH AS MEDICAID.</p>

Form and Line Reference	Explanation
PART III, LINE 4	<p>PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE PREMIUM RECEIVABLES ARE CARRIED AT ORIGINAL BILLED AMOUNT LESS AN ESTIMATE FOR DOUBTFUL RECEIVABLES BASED ON A REVIEW OF ALL OUTSTANDING AMOUNTS ON A MONTHLY BASIS PREMIUM RECEIVABLES ARE CONSIDERED PAST DUE TO THE EXTENT THAT THERE IS NO RELATED UNEARNED PREMIUM ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR DOUBTFUL ACCOUNTS 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</p>

Form and Line Reference	Explanation
PART III, LINE 8	AH - THE HOSPITAL DOES NOT HAVE A SHORTFALL WITH THEIR MEDICARE PATIENTS THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS MEDICARE COST REPORT AOH - AS A CRITICAL ACCESS HOSPITAL, MEDICARE PAYS AT 101% COST, THUS THERE IS NO SHORTFALL HOWEVER, IT SHOULD BE NOTED CMS HAS INSTITUTED A SEQUESTRATION PAYMENT REDUCTION OF 2% THROUGH THE AFFORDABLE CARE ACT ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT WERE DETERMINED USING THE MEDICARE COST-TO-CHARGE RATIO CALCULATED AS REQUIRED BY MEDICARE

Form and Line Reference	Explanation
PART III, LINE 9B	AH & AOH - THE COLLECTIONS DEPARTMENT WILL ATTEMPT TO CONTACT THE PATIENT, BY PHONE, LETTER OR A COMBINATION OF THE TWO, TO SETTLE A DEBT WITH PAYMENT IN FULL OR MONTHLY INSTALLMENTS IF IT HAS BEEN DETERMINED AN ACCOUNT IS APPROVED FOR HCAP THE ACCOUNT IS REMOVED FROM BAD DEBT AND THE ADJUSTMENT IS APPLIED ALSO, IF AN ACCOUNT IS APPROVED FOR FAP, THE ACCOUNT IS REMOVED FROM BAD DEBT AND THE ADJUSTMENT IS APPLIED AFTER THE GUIDELINE ADJUSTMENT HAS BEEN MADE THE REMAINING BALANCE IS SENT BACK TO RESUME COLLECTIONS ONCE IT HAS BEEN DETERMINED THAT INTERNAL COLLECTION EFFORTS WILL CEASE, THE COLLECTOR WILL REQUEST THE ACCOUNT TO BE CANCELLED THESE ACCOUNTS WILL THEN BE REFERRED TO A SECONDARY OUTSIDE COLLECTION AGENCY

Form and Line Reference	Explanation
PART V, FACILITY INFORMATION	AULTMAN HOSPITAL INCLUDES ONE DURABLE MEDICAL EQUIPMENT COMPANY, ONE PAIN MANAGEMENT CENTER, ONE SKILLED NURSING FACILITY, ONE HOME CARE, ONE HOSPICE, TWO BUREAU OF WORKMAN'S COMPENSATION CERTIFIED TREATMENT FACILITIES, ONE DIALYSIS CENTER, TWO FAMILY PRACTICES, ONE WEIGHT MANAGEMENT FACILITY, SIX THERAPY CLINICS, THREE DIAGNOSTIC CENTERS, TWO SAME DAY SURGERY CENTERS, ONE INPATIENT SURGERY CENTER, AND THREE IMMEDIATE CARE CENTERS

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT - AH AULTMAN HOSPITAL ASSESSES THE COMMUNITY'S HEALTH CARE NEEDS A VARIETY OF WAYS WE STUDY PROTOCOL VOLUME AND PATIENT SATISFACTION SURVEYS WE DOCUMENT THE MEDICAL CONDITIONS THOUSANDS OF COMMUNITY MEMBERS AND MEDICAL STAFF MEMBERS INQUIRE ABOUT IN OUR SHARON LANE HEALTH CENTER HEALTH LIBRARY WE TRACK 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</p> <p>NEEDS ASSESSMENT - AO HEVERY THREE YEARS, THE ORGANIZATION IS REQUIRED TO PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT WE LAST CONDUCTED OUR SURVEY AND ASSESSMENT DURING 2013 AND HAVE POSTED BOTH THE REPORT AND IMPLEMENTATION STRATEGY TO OUR WEBSITE THE AULTMAN ORRVILLE HOSPITAL CEO AND CFO ALSO CONDUCT COMMUNITY AWARENESS PRESENTATIONS OF THE REPORT AND STRATEGY WITH VARIOUS LOCAL NON-PROFIT INTEREST GROUPS TO GENERATE AWARENESS</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - AH & AOH THE APPLICATION AND GUIDELINES ARE PROVIDED ON THE BACK OF EVERY PATIENT STATEMENT 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 FORM 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 AULTMAN'S OUTREACH DEPARTMENT ASSISTS SELF-PAY INPATIENTS WITH THE INITIAL MEDICAID APPLICATION PROCESS AND OTHER CHARITY CARE PROGRAMS UNDER WHICH THEY ARE ELIGIBLE FOR ASSISTANCE PATIENTS WHO ARE UNABLE TO BE SCREENED DURING THEIR ADMISSION OR OUTPATIENT VISIT ARE SENT AN APPLICATION, UPON REQUEST, AFTER THEY HAVE BEEN DISCHARGED IMPROVEMENT PROCESSES FOR 2011 INCLUDED FORMAL PATIENT OUTREACH STAFF TRAINING IN HCAP PROGRAM REQUIREMENTS AND CUSTOMER SERVICE SKILLS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION - AH AULTMAN'S SERVICE AREA INCLUDES STARK, WAYNE, HOLMES, CARROLL AND TUSCARAWAS COUNTIES THE CORE MARKET FOR AULTMAN HOSPITAL IS STARK COUNTY THE U S CENSUS BUREAU ESTIMATED THE 2015 POPULATION OF OUR FIVE COUNTY AREAS TO BE OVER 655,864 THERE ARE TEN REGISTERED HOSPITALS IN THE FIVE COUNTY AREAS TWO OF THESE ARE AULTMAN FACILITIES AULTMAN PROVIDED CARE FOR 20 6% OF THE TOTAL 395,279 MEDICAID CASES IN THE PRIMARY SERVICE AREA FOR 2015 OF THE 60,583 SELF-PAY CASES IN OUR PRIMARY SERVICE AREA AULTMAN PROVIDED CARE FOR 21 8% COMMUNITY INFORMATION - AOHTHE ORGANIZATION SERVES EASTERN WAYNE COUNTY AS THE PRIMARY SERVICE AREA, AS WELL AS THE SURROUNDING COUNTIES (STARK, MEDINA, AND HOLMES) AS THE SECONDARY SERVICE AREA THE HOSPITAL SERVES ALL RESIDENTS WITH VARIOUS DEMOGRAPHICS, INCLUDING A HIGH POPULATION OF AMISH

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH - AH & AOHTHE BOARD OF DIRECTORS IS COMPOSED OF AREA RESIDENTS INCLUDING BUSINESS AND COMMUNITY LEADERS AS WELL AS PHYSICIANS. THESE VOLUNTEERS WORK COUNTLESS HOURS IN THEIR OVERSIGHT ROLE. THEY ARE INVOLVED IN FUNDRAISING, COMMUNITY NEEDS, AND IN GENERAL STEWARDSHIP. COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE MEDICAL DEPARTMENTS. AULTMAN HAS MORE THAN 535 PHYSICIANS ON ACTIVE STAFF IN MORE THAN 40 MEDICAL SPECIALTIES. FROM BICYCLE SAFETY PROGRAMS TO THE ANNUAL UNITED WAY FUNDRAISING CAMPAIGN, AULTMAN'S COMMITMENT TO THE COMMUNITY EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH CARE FACILITIES. EDUCATIONAL PROGRAMS INCLUDE MORE THAN 100 FREE HEALTH TALK PRESENTATIONS EACH YEAR, FEATURING LOCAL PHYSICIANS AND HEALTH CARE PROFESSIONALS. THE SHARON LANE COMMUNITY CENTER OFFERS A COMPREHENSIVE COLLECTION OF HEALTH CARE AND CONSUMER-HEALTH MATERIALS RANGING FROM BOOKS AND DVDS AVAILABLE FOR LENDING TO ANATOMICAL MODELS. THE CENTER IS OPEN TO PATIENTS AND THEIR FAMILY MEMBERS, STUDENTS, PHYSICIANS AND THE GENERAL PUBLIC. ADDITIONAL RESOURCES INCLUDE AN ILLUSTRATED HEALTH ENCYCLOPEDIA, SYMPTOM CHECKER, VIDEOS, RISK ASSESSMENTS AND A WELLNESS CENTER ON THE AULTMAN WEBSITE. AULTMAN OFFERS THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT FROM CANTON TO COLUMBUS, PROVIDING SPECIALIZED CARE FOR MOTHERS WITH HIGH-RISK PREGNANCIES AND PREMATURE BABIES, UNDER ONE ROOF. AULTMAN ALSO PROVIDES A LEVEL II TRAUMA PROGRAM, VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS' COMMITTEE ON TRAUMA, THE ONLY LEVEL II CENTER FOR ADULT AND PEDIATRIC PATIENTS IN ITS FIVE-COUNTY SERVICE AREA. IN 2015, AULTMAN HEALTH FOUNDATION CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE FOLLOWING ACTIVITIES:</p> <p>SAFETY FIRST: AULTMAN'S SAFETY FIRST PROGRAM BRINGS A MESSAGE OF BIKESAFETY TO ALL STARK COUNTY FIRST-GRADE CLASSES, ALONG WITH SOME LOCATIONS IN WAYNE AND CARROLL COUNTIES. NEARLY 450 AULTMAN EMPLOYEES VOLUNTEERED IN 2015 TO SHARE THE BIKE SAFETY LESSON AND GIVE FREE HELMETS TO APPROXIMATELY 5,000 FIRST-GRADERS WORKING ON WELLNESS (WOW). THE WOW TEAM VISITED MORE THAN 400 SITES IN 2015, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS. WOW NURSES HAD PERSONAL INTERACTION WITH MORE THAN 26,000 COMMUNITY MEMBERS. CANCER OUTREACH: COMMUNITY OUTREACH EFFORTS EXPANDED IN 2015 WITH PARTICIPATION IN 17 HEALTH FAIRS AND COMMUNITY EVENTS. THE TEAM ORGANIZED FREE BREAST SCREENING EVENTS IN CARRINGTON AND MASSILLON THAT REACHED 80 UNDERSERVED WOMEN. THE ANNUAL CANCER SCREENING DAY AT AULTMAN HOSPITAL PROVIDED 80 UNDERINSURED PATIENTS WITH A TOTAL OF 195 FREE SCREENINGS FOR BREAST, CERVICAL, COLON, LUNG, PROSTATE, SKIN AND ORAL CANCERS. THE CANCER PROGRAM BEGAN WORKING ON THE HEALTHY U PROGRAM IN 2015, A PARTNERSHIP WITH LOCAL SCHOOLS TO TEACH STUDENTS AND FAMILIES ABOUT HEALTHY LIFESTYLES THAT REDUCE CANCER RISK. HARVEST FOR HUNGER: FOOD INSECURITY IS A CRITICAL ISSUE IN NORTHEASTERN OHIO, AND AULTMAN TEAM MEMBERS GIVE GENEROUSLY TO THE ANNUAL HARVEST FOR HUNGER CAMPAIGN. IN 2015, AULTMAN EMPLOYEES PROVIDED 9,673 POUNDS OF NONPERISHABLE FOOD DONATIONS AND \$15,217 IN MONETARY GIFTS THAT HELPED THOUSANDS OF FAMILIES AND INDIVIDUALS IN NEED. CAREERS IN HEALTH CARE: SUMMER LEARNING PROGRAM. AULTMAN MEDICAL EDUCATION HOSTED THE EIGHTH ANNUAL CAREERS IN HEALTH CARE PROGRAM, DESIGNED FOR STUDENTS 18 AND OLDER WITH INTERESTS IN HEALTH CARE CAREERS. THE PROGRAM INCLUDED PRESENTATIONS FROM DOCTORS, NURSES AND HOSPITAL ADMINISTRATORS, PROVIDING A GLIMPSE AT HOW A HOSPITAL RUNS. THE SYMPOSIUM ALSO FEATURED A CAREER FAIR THAT ENABLED THE STUDENTS TO TALK WITH EMPLOYEES FROM MORE THAN A DOZEN AULTMAN DEPARTMENTS. SUMMER JOB SHADOWING EXPERIENCES WERE ALSO AVAILABLE FOR SYMPOSIUM PARTICIPANTS. NATIONAL WALKING DAY: FOR NATIONAL WALKING DAY IN APRIL, AULTMAN ENCOURAGED THE COMMUNITY TO "GET OUT AND MOVING." THE EVENT STARTED WITH AN EMPLOYEE WALK AROUND THE MAIN AULTMAN HOSPITAL CAMPUS. WALKERS THROUGHOUT THE COMMUNITY COULD PARTICIPATE IN AULTMAN'S SOCIAL MEDIA PHOTO CONTEST TO WIN AN IPAD MINI AND OTHER PRIZES. THE FESTIVITIES CONCLUDED WITH A COMMUNITY WALK HELD IN CONJUNCTION WITH STARK PARKS THAT INCLUDED FREE HEALTH SCREENINGS, GIVEAWAYS, PHOTO OPPORTUNITIES WITH LOCAL MASCOTS AND VENDOR DISCOUNTS. BREAST OASIS: FOR WOMEN WHO CANNOT AFFORD BASIC CLOTHING ITEMS SUCH AS BRAS, EACH DAY PRESENTS EMOTIONAL AND UNCOMFORTABLE SITUATIONS. IN 2015, AULTMAN TEAM MEMBERS HELPED LOCAL WOMEN IN NEED BY DONATING 2,018 NEW AND GENTLY USED BRAS - ALONG WITH \$220 IN CASH AND GIFT CARDS. WALKING TO RAISE FUNDS AND IMPROVE THE COMMUNITY'S HEALTH: AULTMAN HEALTH FOUNDATION TEAM MEMBERS AND THEIR LOVED ONES SUPPORT ANNUAL FUNDRAISING WALKS FOR ORGANIZATIONS INCLUDING THE MARCH OF DIMES AND JUVENILE DIABETES RESEARCH FOUNDATION. AULTMAN NOT ONLY PARTICIPATES IN THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE AND MAKING STRIDES AGAINST BREAST CANCER WALK - ALONG WITH THE AMERI</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>CAN HEART ASSOCIATION'S HEART WALK - BUT CLINICIANS ARE ON HAND TO PROVIDE EDUCATIONAL INFORMATION ABOUT REDUCING RISKS OF CANCER AND HEART DISEASE. UNITED WAY EVERY YEAR, AULTMAN ORGANIZES A FUNDRAISING CAMPAIGN TO BENEFIT UNITED WAY. IN 2015, AULTMAN EMPLOYEES AND PHYSICIANS GENEROUSLY DONATED \$477,272 TO FUND PROGRAMS TO BENEFIT COMMUNITY MEMBERS OF ALL AGES AND FROM ALL WALKS OF LIFE. AULTMAN AMBASSADOR PROGRAM: THE AULTMAN AMBASSADOR PROGRAM ARMS LOCAL HIGH SCHOOL STUDENTS WITH THE INFORMATION AND CONFIDENCE THEY NEED TO PROMOTE HEALTHY HABITS IN THEIR SCHOOLS SUCH AS ENCOURAGING CLASSMATES TO DRINK WATER INSTEAD OF SODA AND SUGARY DRINKS. THE PROGRAM IS A COLLABORATIVE EFFORT AMONG AULTMAN HEALTH FOUNDATION, AULTMAN COLLEGE, MALONE UNIVERSITY, LOUISVILLE HIGH SCHOOL AND CANTON SOUTH HIGH SCHOOL. LOUISVILLE HAS PARTICIPATED IN THE PROGRAM FOR FIVE YEARS, WHILE CANTON SOUTH HAS BEEN ON BOARD FOR THREE YEARS. A TOTAL OF 15 STUDENT AMBASSADORS PARTICIPATED IN THE PROGRAM FOR THE 2015-16 SCHOOL YEAR. SENIOR CELEBRATION DAY: THE 2015 SENIOR CELEBRATION DAY AT THE PRO FOOTBALL HALL OF FAME DREW MORE THAN 1,300 ATTENDEES WHO ENJOYED A DAY OF HEALTH INFORMATION AND DEMONSTRATIONS, GIVEAWAYS AND REFRESHMENTS, AND FREE ADMISSION TO THE HALL. A TOTAL OF 20 AULTMAN DEPARTMENTS PARTICIPATED, INCLUDING DIABETES EDUCATION, THERAPY SERVICES, PAIN MANAGEMENT AND HOME CARE. ADDITIONAL COMMUNITY BENEFIT: IN 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 NOT ALWAYS COVER THE TOTAL COST OF SERVICE. IN 2014, AULTMAN PROVIDED SERVICES TO MEDICAID PATIENTS RESULTING IN MORE THAN \$2.8 MILLION IN UNREIMBURSED COST. THROUGH ITS RESIDENT TEACHING PROGRAMS, AULTMAN DELIVERS A SIGNIFICANT LEVEL OF QUALITY OUTPATIENT AND INPATIENT HEALTH CARE TO INSURED, UNDERINSURED AND UNINSURED INDIVIDUALS IN OUR MARKET. FOR MEMBERS OF THE AMISH COMMUNITY, AULTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS AND AULTMAN HOSPITAL. AN AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE PLACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED.</p>

Additional Data

Software ID:
Software Version:
EIN: 32-0483994
Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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

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?
4

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44708 HTTP //WWW.AULTMAN.ORG 1270	X	X		X		X	X		MAIN HOSPITAL	A
2	AULTMAN WOODLAWN 2821 WOODLAWN AVE NW CANTON, OH 44708 HTTP //WWW.AULTMAN.ORG	X								SKILLED NURSING REHABILITATION CTR HOME CARE & HOSPICE	A
3	AULTMAN WEST 2051 WALES AVE NW MASSILLON, OH 44708 HTTP //WWW.AULTMAN.ORG 1443	X	X							IMMEDIATE CARE, DIAGNOSTICS, THERAPY AND SURGERY	A
4	AULTMAN ORRVILLE HOSPITAL 832 S MAIN STREET ORRVILLE, OH 44667 HTTP //WWW.AULTMANORRVILLE.ORG/ 1291	X	X			X		X			

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 1 - AULTMAN NORTH 6100 WHIPPLE AVE NW NORTH CANTON,OH 44720	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
1 2 - AULTMAN CENTER FOR DIALYSIS 2912 W TUSCARAWAS ST CANTON,OH 44710	DIALYSIS CENTER
2 3 - AULTMAN CENTER FOR PAIN MANAGEMENT 2302 FULTON DR NW CANTON,OH 44718	GENERAL MEDICAL & SURGICAL
3 4 - HOME MEDICAL SUPPLY EQUIPMENT 5200 TUSCARAWAS ST CANTON,OH 44708	MEDICAL SUPPLY CO
4 5 - AULTWORKS 4650 HILLS DALES RD NW CANTON,OH 44708	BWC CERTIFIED TREATMENT FACILITY
5 6 - AULTMAN CARROLLTOWN 1020 TRUMP RD CARROLLTOWN,OH 44615	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
6 7 - AULTMAN TUSCARAWAS 2615 TUSCARAWAS ST W CANTON,OH 44708	THERAPY CLINIC
7 8 - AULTMAN WEIGHT MANAGEMENT 2615 TUSCARAWAS ST W CANTON,OH 44708	WEIGHT MANAGEMENT PROGRAM
8 9 - AULTMAN FAMILY MEDICINE CENTER 4319 HILLS DALES RD NW CANTON,OH 44708	OUTPATIENT PHYSICIAN CLINIC
9 10 - AULTMAN FAMILY MEDICINE CENTER 8320 WAYNESBURG DR SE WAYNESBURG,OH 44688	OUTPATIENT PHYSICIAN CLINIC
10 11 - AULTMAN FAMILY MEDICINE CENTER 2600 7TH STREET SW CANTON,OH 44710	OUTPATIENT PHYSICIAN CLINIC
11 12 - AULTMAN LOUISVILLE 1925 WILLIAMSBURG WAY LOUISVILLE,OH 44641	THERAPY CLINIC

2015

Open to Public Inspection

32-0483994

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
AULTMAN HEALTH FOUNDATION (1) SCHOLARSHIP	3	16,106			

Part IVSupplemental 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 REGULARLY 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. AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES - ALL SCHOLARSHIPS ARE APPLIED DIRECTLY TO THE COLLEGE FOR TUITION OF THE ENROLLEE. THE AULTMAN FOUNDATION - AFTER A GRANTEE IS SELECTED, THEY COMPLETE AND SIGN A GRANT ACCEPTANCE AGREEMENT AND A W-9 FORM. GRANTEES ARE ISSUED THEIR FUNDING IN ONE LUMP SUM IN THE FORM OF A CHECK. THE AULTMAN FOUNDATION STAFF REQUEST A PROGRESS REPORT AT 6 MONTHS FROM THE DATE OF FUNDING AND A YEAR-END REPORT AT THE END OF THE FUNDING YEAR. DETAILS REQUESTED FROM THE YEAR-END REPORT INCLUDE: A COMPLETE FINANCIAL REPORT, OBJECTIVES, BENEFITS, COMMUNITY VALUE, FUTURE FUNDING, AND ORGANIZATIONAL GROWTH EVALUATION. IF A PROJECT IS NOT COMPLETE AT THE TIME OF THE YEAR-END REPORT, THE AGENCY SUBMITS A REQUEST FOR AN EXTENSION. THE AGREEMENT STATES THAT THE GRANTEE SHALL RETURN TO THE AULTMAN FOUNDATION ANY UNEXPENDED FUNDS IF THE GRANTEE HAS NOT PERFORMED IN ACCORDANCE WITH THE AGREEMENT AND APPROVED BUDGET OR IF THE GRANTEE LOSES ITS 501 (C)(3) EXEMPTION. THE AULTMAN FOUNDATION STAFF PERFORMS ON-SITE VISITS POST FUNDING WHERE POSSIBLE AND FEASIBLE.

Additional Data

Software ID:
Software Version:
EIN: 32-0483994
Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS PROGRAM OF OHIO 2829 CLEVELAND ROAD WOOSTER, OH 44691	27-1144442	501(C)(3)	5,000				TO SUPPORT BI-MONTHLY PROGRAMS IN STARK COUNTY FOR INDIVIDUALS WITH PHYSICAL DISABILITIES
ARC OF OHIO-STARK COUNTY 6900 MARKET AVENUE NORTH CANTON, OH 44721	31-0642964	501(C)(3)	5,000				TO PROVIDE WEEKLY SCHOLARSHIPS FOR SCHOOL AGED CHILDREN WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES WHILE ALSO PROVIDING RESPITE FOR FAMILIES
CHILDREACH MINISTRIES FBO FUTURE PROMISE AT THE MARTIN CENTER 1253 THIRD ST SE CANTON, OH 44707	27-0112034	501(C)(3)	5,500				TO FUND A SUMMER CAMP FOR AT RISK YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLEMAN PROFESSIONAL SERVICES 400 WEST TUSCARAWAS STREET CANTON, OH 44702	34-1240178	501(C)(3)	5,000				TO PREVENT AND REDUCE HOMELESSNESS BY FINDING STABLE HOUSING SITUATIONS FOR CHRONICALLY HOMELESS AND FOR PEOPLE WHO ARE HOMELESS AFTER HOSPITAL OR JAIL RELEASE
COMMUNITY BIRTH CIRCLE PO BOX 315 ORRVILLE, OH 44667	80-0746833	501(C)(3)	6,000				TO PROVIDE CHILDBIRTH EDUCATION AND DOULA LABOR SUPPORT TO LOW INCOME WOMEN
DOMESTIC VIOLENCE PROJECT PO BOX 9459 CANTON, OH 44711	34-1263226	501(C)(3)	5,000				TO PROMOTE LITERACY AND POSITIVE ATTITUDES ABOUT WELLNESS FOR CHILDREN RESIDING IN THE DOMESTIC VIOLENCE PROJECT'S SHELTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENBEIGH OUTPATIENT CENTER OF CANTON PO BOX 298 ROCK CREEK, OH 44084	34-1789783	501(C)(3)	5,000				TO PROVIDE WORKSHOPS FOR VETERANS SUFFERING FROM PTSD AND THEIR FAMILIES
MEALS ON WHEELS OF STARK & WAYNE COUNTIES 2363 NAVE ROAD SE CANTON, OH 44646	34-1681952	501(C)(3)	5,000				TO PURCHASE EQUIPMENT THAT WILL INCREASE THE EFFICIENCIES OF THE ORGANIZATION
ORRVILLE YMCA 1801 SMUCKER ROAD ORRVILLE, OH 44667	34-1491294	501(C)(3)	6,000				TO HELP PROMOTE HEALTHY LIFESTYLES AND YOUTH DEVELOPMENT THROUGH ACCESS TO TRAINED STAFF AND EQUIPMENT BEST SUITED FOR THE AGE GROUP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSONAL AND FAMILY COUNSELING SERVICES 1433 FIFTH STREET NW NEW PHILADELPHIA, OH 44663	34-0720558	501(C)(3)	5,000				TO EDUCATE 20 YOUTH LEADERS TO IMPLEMENT A DRUG PREVENTION AND HEALTHY LIFESTYLES PROGRAM IN THEIR SCHOOLS
QUOTA INTERNATIONAL OF MASSILLON PO BOX 81 MASSILLON, OH 44648	91-2080144	501(C)(3)	9,000				TO PROVIDE CHILDREN WITH AUDITORY NEEDS SPECIAL HEARING ASSISTANCE TECHNOLOGY
STARK COUNTY HUNGER TASK FORCE 408 9TH STREET SW CANTON, OH 44707	34-1374549	501(C)(3)	9,000				TO SUPPORT THE FOOD PURCHASE PROGRAM THROUGH THE AKRON CANTON REGIONAL FOODBANK TO HUNGRY CITIZENS IN OUR COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARK SOCIAL WORKERS NETWORK PO BOX 8223 CANTON, OH 44711	34-1652871	501(C)(3)	5,500				TO PURCHASE SUPPLIES AND EQUIPMENT NEEDED TO TEACH HEALTHY COOKING, GOOD EATING HABITS, AND TO ENCOURAGE EXERCISING AND OTHER HEALTHY HABITS
YMCA OF WESTERN STARK COUNTY 131 TREMONT SE MASSILLON, OH 44646	34-0719180	501(C)(3)	5,000				TO PROVIDE NUTRITION AND WELLNESS EDUCATION TO LOW INCOME RESIDENTS, TO HELP PREVENT DIABETES AND OTHER OBESITY RELATED DISEASES
STARK DEVELOPMENT BOARD INC 116 CLEVELAND AVE CANTON, OH 44702	34-1476938	501(C)(3)	96,667				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MASSILLON 100 LINCOLN WAY E MASSILLON, OH 44646	34-6001829	CITY OF MASSILLON	50,000				SUPPORT
PRO FOOTBALL HALL OF FAME 2121 GEORGE HALAS DR NW CANTON, OH 44708	34-0898576	501(C)(3)	46,140				SUPPORT
GOODWILL IND OF GREATER 408 NINTH ST SW CANTON, OH 44707	34-0909974	501(C)(3)	40,000				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 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
ACCESS HEALTH STARK COUNTY 408 9TH ST SW CANTON, OH 44707	46-2949527	501(C)(3)	40,000				SUPPORT
YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200 CANTON, OH 44709	34-0714392	501(C)(3)	26,667				SUPPORT
CANTON CITY HEALTH DEPARTMENT 218 S CLEVELAND AVE CANTON, OH 44702	34-6000504	CITY OF CANTON	24,000				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 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	KENT STATE UNIVERSIT	20,000				SUPPORT
WALSH UNIVERSITY 2020 EAST MAPLE N CANTON, OH 44720	34-0868798	501(C)(3)	20,000				SUPPORT
YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200 CANTON, OH 44709	34-0714392	501(C)(3)	16,666				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 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
STARK EDUCATION PARTNERSHIP 400 MARKET AVE N SUITE B CANTON, OH 44702	34-1625250	501(C)(3)	15,000				SUPPORT
AKRON CANTON FOOD BANK 350 OPPORTUNITY PKWY AKRON, OH 44307	34-1369388	501(C)(3)	9,673				SUPPORT
CENTER FOR MARKETING & OPINION RESEARCH LLC 470 PORTAGE LAKES DR STE 102 AKRON, OH 44319	20-4955751		8,600				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 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
SKYLAND PINES 3550 COLUMBUS RD NE CANTON, OH 44705	34-1616309		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" on 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

2015

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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 THE NARRATIVE RELATED TO FORM 990, PART VI, LINE 15 FOR AN EXPLANATION OF EXECUTIVE COMPENSATION REVIEW.
PART I, LINE 4B	EDWARD J. ROTH III, CHRISTOPHER E. REMARK, RICK L. HAINES, VICTORIA L. HAINES, EILEEN F. GOOD, MARK D. WRIGHT, ADAM LUNTZ, REBECCA J. CROWL, ANNE M. GUNTHER, JEANNINE SHAMBUAGH, JEAN PADDOCK, VIVIAN LEGGETT AND MARCHELLE L. SUPPAN ARE PARTICIPANTS IN THE ORGANIZATION'S 457(B) PLAN. THERE WERE NO PAYOUTS IN 2015. AHF CONTRIBUTED \$18,000 FOR EACH PERSON.

Additional Data

Software ID:

Software Version:

EIN: 32-0483994

Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1EDWARD J ROTH III PRESIDENT / CEO - AHF	(i)	0	0	0	0	0	0	0
	(ii)	588,234	2,100	25,677	7,950	15,486	639,447	0
1CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AH,ACON & ANCMG	(i)	383,604	2,100	19,190	7,950	16,151	428,995	0
	(ii)	0	0	0	0	0	0	0
2ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	(i)	221,359	2,100	19,025	6,769	8,501	257,754	0
	(ii)	0	0	0	0	0	0	0
3MILAN R DOPIRAK MD DIRECTOR - AH	(i)	0	0	0	0	0	0	0
	(ii)	311,038	88,958	26,830	7,950	9,175	443,951	0
4RICK L HAINES DIRECTOR - AH, CEO - AULTCARE	(i)	0	0	0	0	0	0	0
	(ii)	408,144	100	22,643	7,950	9,565	448,402	0
5REBECCA J CROWL PRESIDENT - ACON	(i)	0	0	0	0	0	0	0
	(ii)	186,539	1,100	20,156	5,826	15,486	229,107	0
6ADAM LUNTZ TREASURER - ACON, CFO - AH	(i)	0	0	0	0	0	0	0
	(ii)	156,775	2,100	18,568	4,884	14,956	197,283	0
7EILEEN F GOOD DIRECTOR - ACON / SENIOR VP-CLINICAL	(i)	0	0	0	0	0	0	0
	(ii)	188,460	1,100	25,496	5,697	429	221,182	0
8VICTORIA L HAINES DIRECTOR - TAF / VP-FOUNDATION SERVI	(i)	0	0	0	0	0	0	0
	(ii)	163,868	1,100	19,790	5,025	9,803	199,586	0
9TERESA L WURST MD DIRECTOR - TAF	(i)	177,334	6,110	646	5,633	14,067	203,790	0
	(ii)	0	0	0	0	0	0	0
10ANDREW NAUMOFF MD VICE CHAIR - AOH	(i)	0	0	0	0	0	0	0
	(ii)	190,085	105,004	2,183	7,950	10,232	315,454	0
11MARCHELLE L SUPPAN DPM DIRECTOR/CEO - AOH	(i)	182,635	2,100	18,250	5,678	4,803	213,466	0
	(ii)	0	0	0	0	0	0	0
12CLIFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	(i)	250,877	93,716	74,148	7,950	15,486	442,177	0
	(ii)	0	0	0	0	0	0	0
13JULIA FIORENTINO MD DIRECTOR - ANCMG	(i)	181,159	80,923	10,379	7,899	7,640	288,000	0
	(ii)	0	0	0	0	0	0	0
14MATTHEW Hiestand MD DIRECTOR - ANCMG	(i)	240,102	85,574	8,006	7,950	15,486	357,118	0
	(ii)	0	0	0	0	0	0	0
15MARIA YOUNG MD DIRECTOR - ANCMG	(i)	186,852	83,687	9,710	7,950	16,151	304,350	0
	(ii)	0	0	0	0	0	0	0
16SHRUTI TREHAN MD DIRECTOR - ANCMG	(i)	1,353,718	364,497	21,406	7,950	15,486	1,763,057	0
	(ii)	0	0	0	0	0	0	0
17ROBERT C MOLNAR VP-PHYSICIAN SERVICES,DIRECTOR-ANCMG	(i)	0	0	0	0	0	0	0
	(ii)	184,412	2,100	18,395	5,706	15,145	225,758	0
18MARK D WRIGHT CFO - AHF	(i)	0	0	0	0	0	0	0
	(ii)	337,840	2,100	18,812	7,950	15,725	382,427	0
19JEANNINE SHAMBAUGH VP-CHIEF INTERNAL AFFAIRS - ACON	(i)	0	0	0	0	0	0	0
	(ii)	117,428	1,100	18,613	3,646	15,486	156,273	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JEAN PADDOCK CHIEF ACADEMIC OFFICER - ACON	(i)	0	0	0	0	0	0	0
	(ii)	120,599	1,100	18,250	3,708	-	-	0
						10,232	153,889	
1VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER-ACON	(i)	0	0	0	0	0	0	0
	(ii)	138,504	1,100	19,101	4,319	-	-	0
						10,232	173,256	
2AMY BUDD VICE PRESIDENT - ANCMG	(i)	129,116	2,100	18,546	4,036	9,481	163,279	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3ALLISON M OPRANDI MD PHYSICIAN	(i)	334,324	2,730	20,616	7,950	15,360	380,980	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4SUSAN E MERCER MD VP-MEDICAL EDUCATION - AH	(i)	284,959	2,100	23,724	7,950	6,134	324,867	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5LORI L MERTES MD PHYSICIAN/CHIEF QUALITY OFFICER - AH	(i)	284,801	2,100	18,920	7,950	0	313,771	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6WILLIAM FAYEN MD DIRECTOR - ANCMG	(i)	166,044	68,317	11,411	7,096	8,501	261,369	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7RAZA A KHAN MD DIRECTOR - ANCMG	(i)	822,658	119,810	20,884	7,950	16,027	987,329	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8PRABHCHARAN GILL MD PHYSICIAN - AH	(i)	574,639	57,284	6,167	7,950	12,465	658,505	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9MICHAEL A KREW MD PHYSICIAN - AH	(i)	573,689	56,984	4,483	7,950	16,151	659,257	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10STEVEN M WEAVER MD PHYSICIAN - ANCMG	(i)	418,911	149,499	8,528	7,950	16,151	601,039	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11TIMOTHY E MCDANIEL MD PHYSICIAN - AH	(i)	490,716	50,400	16,818	7,950	13,673	579,557	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12OSAMA MITRI MD PHYSICIAN - AH	(i)	363,034	94,364	19,046	8,666	16,151	501,261	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELIZABETH GOOD	FAMILY MEMBER TO EILEEN GOOD	102,395	WAGES		No
(2) TIFFANY GOOD-WITMER	FAMILY MEMBER TO EILEEN GOOD	225,984	WAGES		No
(3) TIMOTHY O'TOOLE	BOARD MEMBER AND OFFICER/OWNER CANTON AULTMAN EMERGENCY PHYSICIANS	5,602,798	TIMOTHY O'TOOLE IS A BOARD MEMBER AND ONE OF THE OFFICERS AND OWNERS OF CANTON AULTMAN EMERGENCY PHYSICIANS, WHICH PROVIDES SERVICES TO AULTMAN HEALTH FOUNDATION'S SUBORDINATE ORGANIZATIONS		No
(4) JEFFREY MILLER MD	BOARD MEMBER AND OFFICER/OWNER PULMONARY PHYSICIANS INC	1,587,352	JEFFREY MILLER, MD IS A BOARD MEMBER AND ONE OF THE OFFICERS AND OWNERS OF PULMONARY PHYSICIANS INC, WHICH PROVIDES SERVICES TO AULTMAN HEALTH FOUNDATION'S SUBORDINATE ORGANIZATIONS		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	23	13,569	DONORS' VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		250	DONORS' VALUE
5 Clothing and household goods	X		137,748	DONORS' VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	8	2,874	DONORS' VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRAVEL AND ENTERTAINMENT)	X	132	76,503	DONORS' VALUE
26 Other ▶ (OTHER)	X	261	46,960	DONORS' VALUE
27 Other ▶ (JEWELRY)	X	218	20,636	DONORS' VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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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

2015**Open to Public
Inspection**Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN**Employer identification number**

32-0483994

Return Reference**Explanation**FORM 990, PART VI, SECTION
A, LINE 2EDWARD J ROTH III AND HARRY C C MACNEALY HAVE A BUSINESS RELATIONSHIP RICK L HAINES AND
VICTORIA HAINES HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AULTMAN HOSPITAL (AH), THE AULTMAN FOUNDATION (TAF), AULTMAN ORRVILLE HOSPITAL (AOH) AND AULTMAN NORTH CANTON MEDICAL GROUP (ANCMG) HAVE A SINGLE MEMBER, AULTMAN HEALTH FOUNDATION (AHF) AHF HAS A RIGHT TO PARTICIPATE IN EACH ORGANIZATIONS' GOVERNANCE AND APPROVE SIGNIFICANT DECISIONS OF EACH ORGANIZATIONS' BOARD OF DIRECTORS AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES (ACON) HAS A SINGLE MEMBER, AULTMAN HOSPITAL (AH) AH HAS THE RIGHT TO PARTICIPATE IN ACON'S GOVERNANCE AND APPROVE SIGNIFICANT DECISIONS OF THE ACON'S BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>AH'S SOLE MEMBER, AHF, HAS THE RIGHT TO ELECT THE CEO OF AH, WHO SHALL BE THE PRESIDENT OF AH AND AN EX-OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS OF AH AHF ALSO ELECTS ITS OWN MEMBERS, FROM WHICH IT NOMINATES MEMBERS FOR THE AH BOARD OF DIRECTORS AH DIRECTORS SHALL BE MEMBERS OF THE AHF BOARD OF DIRECTORS AHF ALSO HAS THE POWER TO RATIFY AH'S BOARD OF DIRECTORS SELECTION OR REMOVAL OF OFFICERS</p> <p>ACON'S SOLE MEMBER, AH, HAS THE RIGHT TO ELECT, EVALUATE, REAPPOINT, AND REMOVE ALL DIRECTORS OF THE ACON BOARD INCLUDING THE FILLING OF ANY VACANCIES TAF'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPOINT ALL THE DIRECTORS OF THE TAF'S BOARD AOH'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPOINT OR REPLACE THE DIRECTORS OF AOH'S BOARD FROM A SLATE OF CANDIDATES PRESENTED BY AOH'S BOARD THE SOLE MEMBER OF ANCMG IS AHF AHF, AS SOLE MEMBER, HAS THE RESERVED POWER TO ELECT OR APPOINT BOARD MEMBERS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>AH'S SOLE MEMBER, AHF, HAS THE FOLLOWING APPROVAL RIGHTS, WHETHER RESERVED TO IT OR SUBJECT TO APPROVAL BY IT: APPROVAL OF THE ANNUAL BUDGET, BYLAWS, ARTICLES OF INCORPORATION, BORROWING, LENDING, ALL MERGERS AND ACQUISITIONS, AND EXECUTIVE COMPENSATION, ELECTION OF A CEO, WHO SERVES AS THE PRESIDENT OF AH AND AN EX-OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS OF AH, RATIFICATION OF THE ELECTION AND REMOVAL OF OFFICERS, EXCEPT FOR VICE PRESIDENTS, AND THE ELECTION OF THE AHF DIRECTORS, FROM WHICH IT NOMINATES DIRECTORS FOR AH'S BOARD.</p> <p>ACON'S SOLE MEMBER, AH, HAS THE FOLLOWING APPROVAL RIGHTS: THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF ACON, MERGERS OR AFFILIATIONS, THE FORMATION OF SUBSIDIARIES AND THE DISSOLUTION OR DIVESTITURE OF THE SAME, ANY ACTION OR FAILURE TO ACT THAT COULD ADVERSELY IMPACT THE TAX-EXEMPT STATUS OF ACON, THE DISSOLUTION OR DIVESTITURE OF THE SAME, ANY ACTION OR FAILURE TO ACT THAT COULD ADVERSELY IMPACT THE TAX-EXEMPT STATUS OF ACON, COMPLIANCE WITH FEDERAL OR STATE LAW, OR THE ABILITY OF THE MEMBER TO OBTAIN PAYMENT OF CERTAIN COSTS UNDER APPLICABLE MEDICARE REIMBURSEMENT REGULATIONS, THE BORROWING OF MONEY FOR CAPITAL PURPOSES OR FOR ANY PURPOSE NOT INVOLVING DAY-TO-DAY OPERATIONS OF ACON, THE PURCHASE, SALE, LEASE (AS LESSEE OR LESSOR) OR DISPOSITION OF REAL PROPERTY OF ACON, THE APPOINTMENT OF FISCAL AUDITORS, THE ADOPTION, ALTERING, AMENDING, OR REPEALING OF THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS, THE LIQUIDATION, DISSOLUTION, WINDING UP OR ABANDONMENT OF ACON, THE APPROVAL OF THE ACON'S STRATEGIC PLAN, UPON THE RECOMMENDATION OF THE ACON BOARD, THE REVIEW AND APPROVAL OF ALL YEARLY CAPITAL AND OPERATIONAL BUDGETS OF ACON, UPON THE RECOMMENDATION OF THE ACON BOARD, AND ANY OTHER MATTERS RESERVED FOR THE MEMBER UNDER OHIO LAW.</p> <p>TAF'S SOLE MEMBER, AHF, MUST APPROVE BY RESOLUTION OF THE AHF BOARD OR EXECUTIVE COMMITTEE OF THE BOARD, THE FOLLOWING ACTIONS OF TAF'S BOARD: ADOPTION OF THE STRATEGIC PLAN, APPROVAL OF THE ANNUAL BUDGET, AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION, INCURRENCE OF DEBT OUTSIDE OF THE FINANCIAL THRESHOLDS ESTABLISHED BY THE SOLE MEMBER, AND INDEMNIFICATION OF AN OFFICER OR DIRECTOR OF TAF.</p> <p>AOH'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPROVE THE FOLLOWING ACTION OF AOH'S BOARD: AMENDING OR RESTATING THE ARTICLES OF INCORPORATION OR THE CODE OF REGULATIONS, EFFECTING A MERGER, CONSOLIDATION, AFFILIATION OR CHANGE IN CONTROL WITH AN ENTITY NOT AFFILIATED WITH THE MEMBER, EXECUTING THE SALE, TRANSFER, EXCHANGE OR OTHER DISPOSITION OF GREATER THAN 5% OF AOH'S ASSETS, EFFECTING PARTIAL OR TOTAL DISSOLUTION, AND INCURRING ANY DEBT OR INDEBTNESS ON BEHALF OF THE HOSPITAL. ONLY THE SOLE MEMBER HAS THE AUTHORITY TO TAKE THE FOLLOWING ACTIONS: APPROVING APPOINTMENT OR TERMINATION OF THE PRESIDENT AND CEO OF AOH AND GIVING THE FINAL APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGET OF AOH.</p> <p>AHF, AS SOLE MEMBER OF ANCMG, HAS THE RESERVED POWER TO APPROVE ANY CHANGE IN THE ORGANIZATION'S MISSION OR PURPOSE, APPROVE ANY AMENDMENT TO THE ORGANIZATION'S ARTICLES OF INCORPORATION OR APPROVE ANY AMENDMENT TO THE CODE OF REGULATIONS.</p>

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. A HF'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 BOARD OF DIRECTORS HAVE A CONFLICT OF INTEREST POLICY AS A RESULT OF THIS POLICY, EACH YEAR BOARD MEMBERS, OFFICERS, AND SENIOR STAFF COMPLETE A FORM DISCLOSING ANY CONFLICTS OF INTEREST THEY MAY HAVE THE COMPLIANCE OFFICE REVIEWS THESE DISCLOSURE FORMS AND INFORMS THE BOARD CHAIRMAN, AND OTHER APPROPRIATE OFFICERS, OF NOTABLE CONFLICTS, IF ANY THOSE WITH CONFLICTS ARE ASKED TO RECUSE THEMSELVES FROM DISCUSSIONS RELATING TO THE CONFLICT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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) AND THE CHRONICLES OF HIGHER EDUCATION AND COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) ADDITIONAL SOURCES OF SALARY SURVEY DATA ARE AVAILABLE FOR USE WHERE APPROPRIATE INCLUDING COMPDATA SURVEYS 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</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AULTMAN HEALTH FOUNDATION AND SUBORDINATE ORGANIZATIONS MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTEREST RATE SWAP SETTLEMENT -34,941 INTERFUND TRANSFERS -20,252,801

Return Reference	Explanation
GROUP RETURN	THIS GROUP RETURN CONTAINS THE ACTIVITY OF ALL THE SUBORDINATE ORGANIZATIONS INCLUDED UNDER GROUP EXEMPTION NUMBER 6141 OF THE AULTMAN HEALTH FOUNDATION THIS RETURN IS MARKED INITIAL AS THIS IS THE FIRST YEAR A GROUP RETURN HAS BEEN FILED FOR THESE SUBORDINATES AS THESE ORGANIZATIONS HAVE FILED SEPARATE RETURNS IN PRIOR YEARS THESE SUBORDINATES ARE AULTMAN HOSPITAL (34-0714538) AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES (20-1359433) THE AULTMAN FOUNDATION (20-8090459) ORRVILLE HOSPITAL FOUNDATION DBA AULTMAN ORRVILLE HOSPITAL (34-0733138) AULTMAN NORTH CANTON MEDICAL GROUP (34-1088530)

Return Reference	Explanation
FEDERAL ELECTIONS	AULTMAN HEALTH FOUNDATION GROUP RETURN EMPLOYER IDENTIFICATION NUMBER 32-0483994 FOR THE YEAR ENDING DECEMBER 31, 2015 AULTMAN HEALTH FOUNDATION GROUP RETURN 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

2015

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AULTMAN HEALTH FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 34-1445390	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 11B, II	N/A		No
(2)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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST TUSCARAWAS PROPERTY (1) MANAGEMENT LLC 2600 SIXTH ST SW CANTON, OH 44710 20-0090246	PROPERTY MGMT	OH	N/A									
AULTMAN ONCOLOGY CENTER OF (2) EXCELLENCE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4215510	HEALT CARE	OH	AULTMAN HOSPITAL	RELATED	93,952	46,084		No		Yes		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	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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
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	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
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	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
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	No
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 32-0483994
Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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
(1) MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	N/A	C					No
(1) AULTCARE CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1488123	PREF PROVIDER ORG	OH	N/A	C					No
(2) AULTCARE HOLDING COMPANY 2600 SIXTH ST SW CANTON, OH 44710 47-1165287	HOLDING COMPANY	OH	N/A	C					No
(3) NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1610344	MEDICAL EQUIPMENT RENTAL	OH	N/A	C					No
OHIO SPECIALTY PHYSICIANS (4) CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300	HEALTH SERVICES	OH	N/A	C					No
OHIO HOSPITAL BASED PHYSICIANS (5) CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647	HEALTH SERVICES	OH	N/A	C					No
OHIO PHYSICIANS PROFESSIONAL (6) CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897	HEALTH SERVICES	OH	N/A	C					No
(7) AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904	ADMIN SERVICES	OH	N/A	C					No
AULTCARE HEALTH INSURING (8) CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099	INSURANCE	OH	N/A	C					No
(9) AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818	INSURANCE	OH	N/A	C					No
(10) AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704	ADMIN SERVICE	OH	N/A	C					No
(11) AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962	HEALTH SERVICES	OH	N/A	C					No
(12) WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390	MEDICAL SUPPLIES	OH	N/A	C					No
(13) AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014	HEALTH SERVICES	OH	N/A	C					No
(14) MAINSIGHT ASO LLC 2600 SIXTH ST SW CANTON, OH 44710 47-3587655	HEALTH SERVICES	OH	N/A	C					No