

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319054738

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AULTMAN HEALTH FOUNDATION GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2600 SIXTH STREET SW

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

CANTON, OH 44710

F Name and address of principal officer

EDWARD J ROTH III

2600 SIXTH STREET SW

CANTON, OH 44710

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

6141

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AULTMAN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

52

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

38

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

4,989

6 Total number of volunteers (estimate if necessary)

6

773

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

842,622

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶6,233

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2018-11-15

Date

MARK D WRIGHT CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

LISA HILLING

LISA HILLING

P01624111

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 4505 STEPHEN CIRCLE NW STE 200

Phone no (330) 497-2000

CANTON, OH 44718

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF AULTMAN HEALTH FOUNDATION AND ITS SUBSIDIARIES (COLLECTIVELY, "AULTMAN") IS TO LEAD OUR COMMUNITY TO IMPROVED HEALTH. AULTMAN HOSPITAL HAS BEEN MEETING THE HEALTH CARE NEEDS OF STARK AND SURROUNDING COUNTIES FOR 125 YEARS (CONTINUED ON SCHEDULE O)

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 \$	392,666,937	including grants of \$	1,941,583)	(Revenue \$	485,251,846)
See Additional Data							

4b	(Code)	(Expenses \$	45,905,355	including grants of \$	0)	(Revenue \$	46,182,586)
See Additional Data							























4c	(Code)	(Expenses \$	25,173,179	including grants of \$	0)	(Revenue \$	33,046,824)
See Additional Data							

See Additional Data Table













4d	Other program services (Describe in Schedule O)						
	(Expenses \$	5,489,761	including grants of \$	108,979)	(Revenue \$	4,820,675)	

4e	Total program service expenses ▶	469,235,232					
-----------	---	-------------	--	--	--	--	--

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 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
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 Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	No
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 ComplianceCheck 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	768
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	4,989
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	52	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	38	
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?	Yes	
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?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	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 ☐

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

Form **990** (2017)

[illegible]

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 ▶ 149

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SQUIRE PATTON BOGGS 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114	LEGAL SERVICES	3,847,344
CANTON AULTMAN EMERGENCY PHYSICIANS INC 2600 SIXTH ST SW CANTON, OH 44710	PHYSICIAN SERVICES	3,416,451
CANTON MEDICAL EDUCATION FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710	PHYSICIAN SERVICES	2,250,379
ZIRMED 888 W MARKET ST STE 400 LOUISVILLE, KY 40202	SOFTWARE SUPPORT	1,700,458
MILLIGAN PUSATERI CO LPA 4684 DOUGLAS CIR NW CANTON, OH 44718	LEGAL SERVICES	1,485,739

Form 990 (2017)

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	11,897			
	b	Membership dues . . .	1b	22,260			
	c	Fundraising events . . .	1c	320,495			
	d	Related organizations	1d	75,000			
	e	Government grants (contributions)	1e	393,679			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,407,293			
	g	Noncash contributions included in lines 1a-1f \$ 261,364					
	h	Total. Add lines 1a-1f		2,230,624			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621110	454,941,909	454,941,909		
	b	PREMIUM REVENUE	621110	99,143,694	99,143,694		
	c	PHARMACY REVENUE	446110	5,339,772	5,339,772		
	d	MISCELLANEOUS REVENUE	900099	5,057,927	5,057,927		
	e	TUITION REVENUE	611710	4,818,629	4,818,629		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		569,301,931			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	96,150		96,150	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
		2,573,428					
		b	Less rental expenses	0			
	c	Rental income or (loss)	2,573,428				
	d	Net rental income or (loss)		2,573,428		2,573,428	
	7a	(i) Securities	(ii) Other				
		973	12,095,580				
		b	Less cost or other basis and sales expenses	0	946,953		
	c	Gain or (loss)	973	11,148,627			
	d	Net gain or (loss)		11,149,600		11,149,600	
	8a	Gross income from fundraising events (not including \$ 320,495 of contributions reported on line 1c) See Part IV, line 18		a	259,136		
		b	Less direct expenses	b	415,947		
		c	Net income or (loss) from fundraising events		-156,811		-156,811
	9a	Gross income from gaming activities See Part IV, line 19		a	24,790		
		b	Less direct expenses	b	12,467		
c		Net income or (loss) from gaming activities		12,323		12,323	
10a	Gross sales of inventory, less returns and allowances		a	863,678			
	b	Less cost of goods sold	b	0			
	c	Net income or (loss) from sales of inventory		863,678		863,678	
Miscellaneous Revenue		Business Code					
11a	FOOD SERVICE	722210	2,885,090		2,885,090		
b	LAB INCOME	621500	842,622		842,622		
c	MISCELLANEOUS REVENUE	900099	45,025		45,025		
d	All other revenue						
e	Total. Add lines 11a-11d		3,772,737				
12	Total revenue. See Instructions		589,843,660	569,301,931	842,622	17,468,483	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,016,833	2,016,833		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	33,729	33,729		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,027,130	5,980,427	1,046,703	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	203,050,263	167,081,805	35,968,458	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,030,404	5,834,447	1,195,957	
9 Other employee benefits.	31,596,956	25,890,530	5,706,426	
10 Payroll taxes.	14,759,842	12,139,354	2,620,488	
11 Fees for services (non-employees):				
a Management.	5,604,357	4,593,338	1,011,019	
b Legal.	3,337,605	2,736,704	600,901	
c Accounting.	70,000	56,700	13,300	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	6,233			6,233
f Investment management fees.	6,006	4,925	1,081	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	49,451,786	40,536,429	8,915,357	
12 Advertising and promotion.	1,936,021	1,587,095	348,926	
13 Office expenses.	11,501,631	9,442,925	2,058,706	
14 Information technology.	1,679,859	1,383,319	296,540	
15 Royalties.				
16 Occupancy.	14,384,539	11,889,528	2,495,011	
17 Travel.	1,285,519	1,059,051	226,468	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	309,931	254,356	55,575	
20 Interest.	290,551	247,187	43,364	
21 Payments to affiliates.	34,786,165	28,524,655	6,261,510	
22 Depreciation, depletion, and amortization.	19,931,563	16,364,046	3,567,517	
23 Insurance.	4,556,640	3,740,465	816,175	
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	66,100,589	54,237,044	11,863,545	
b MEDICATION	63,207,227	53,628,247	9,578,980	
c BAD DEBT EXPENSE	13,937,986	11,409,408	2,528,578	
d HOSPITAL FRANCHISE FEE	7,284,118	5,968,953	1,315,165	
e All other expenses	3,172,754	2,593,732	579,022	
25 Total functional expenses. Add lines 1 through 24e.	568,356,237	469,235,232	99,114,772	6,233
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		351,629	1	2,070,128	
	2	Savings and temporary cash investments		4,851,093	2	12,270,490	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		52,179,544	4	61,746,091	
	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		872,290	7	904,631	
	8	Inventories for sale or use		3,285,681	8	3,931,093	
	9	Prepaid expenses and deferred charges		3,729,836	9	5,117,492	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	543,084,480			
	b	Less: accumulated depreciation	10b	321,190,871	229,122,734	10c	221,893,609
	11	Investments—publicly traded securities		9,237,276	11	9,980,590	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		1,672,541	13	1,865,963	
	14	Intangible assets		205,574	14	1,691,199	
	15	Other assets. See Part IV, line 11		6,043,097	15	6,357,596	
16	Total assets. Add lines 1 through 15 (must equal line 34)		311,551,295	16	327,828,882		
Liabilities	17	Accounts payable and accrued expenses		42,156,165	17	51,632,267	
	18	Grants payable			18		
	19	Deferred revenue		2,901,356	19	8,327,603	
	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		14,410,000	23	8,440,081	
	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		11,899,151	25	1,635,373	
	26	Total liabilities. Add lines 17 through 25		71,366,672	26	70,035,324	
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		233,808,249	27	250,672,524	
	28	Temporarily restricted net assets		5,871,374	28	6,616,034	
	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		240,184,623	33	257,793,558	
	34	Total liabilities and net assets/fund balances		311,551,295	34	327,828,882	

Part XI Reconciliation of Net AssetsCheck 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	589,843,660
2	Total expenses (must equal Part IX, column (A), line 25)	2	568,356,237
3	Revenue less expenses Subtract line 2 from line 1	3	21,487,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	240,184,623
5	Net unrealized gains (losses) on investments	5	345,575
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	-4,224,063
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	257,793,558

Part XII Financial Statements and ReportingCheck 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 (2017)

Form 990, Part III, Line 4a:

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, AH PROVIDES A SIGNIFICANT AMOUNT OF THE AREA'S TOTAL CARE FOR PATIENTS HAVING NO GOVERNMENT OR PRIVATE HEALTH CARE INSURANCE AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID AH 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 AH 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

Form 990, Part III, Line 4b:

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 FREE CURRENT HEALTH CARE INFORMATION ON AN ARRAY OF TOPICS, UTILIZING CONTINUOUSLY UPDATED MATERIALS SUCH AS BOOKS, NEWSLETTERS, PAMPHELTS, VIDEOS AND COMPUTER RESOURCES

Form 990, Part III, Line 4c:

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. AULTMAN ORRVILLE HOSPITAL IS AN ACUTE-CARE, FULL-SERVICE HOSPITAL ACCREDITED BY THE JOINT COMMISSION. AULTMAN ORRVILLE HOSPITAL CARES FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY. AULTMAN ORRVILLE HOSPITAL CONTINUOUSLY INVESTS IN FACILITIES AND TECHNOLOGY TO IMPROVE PATIENT CARE. THROUGH OUTREACH EFFORTS, INCLUDING THE WORKING ON WELLNESS MOBILE HEALTH UNIT, AULTMAN ORRVILLE HOSPITAL OFFERS HEALTH AND WELLNESS EDUCATION FOR OUR COMMUNITY. AULTMAN ORRVILLE HOSPITAL IS A LOW-COST HEALTH CARE PROVIDER IN NORTHEAST OHIO, HELPING LOCAL BUSINESSES STAY FINANCIALLY HEALTHY WHILE FOSTERING EMPLOYMENT JOBS IN OUR COMMUNITY. SINCE 1996 AULTMAN ORRVILLE HOSPITAL HAS BEEN A MEMBER OF THE INDEPENDENT HOSPITAL NETWORK (IHN), WHICH CONSISTS OF FIVE AREA HOSPITALS, SHARING A COMMON MISSION OF MAINTAINING LOCAL, NOT-FOR-PROFIT CONTROL. BUILDING ON A SIXTEEN YEAR RELATIONSHIP THROUGH THE IHN, AULTMAN ORRVILLE HOSPITAL ENTERED INTO A MEMBER SUBSTITUTION AGREEMENT TO BECOME A SUBSIDIARY OF THE AULTMAN HEALTH FOUNDATION IN 2012. THE AFFILIATION ALLOWS AULTMAN ORRVILLE HOSPITAL TO REMAIN A CLOSE-TO-HOME, CRITICAL ACCESS HOSPITAL WHILE IMPROVING ACCESS TO ADVANCED HEALTH CARE SERVICES.

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

(Code) (Expenses \$ 467,858 including grants of \$ 75,250) (Revenue \$ 2,046)

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

(Code) (Expenses \$ 5,021,903 including grants of \$ 33,729) (Revenue \$ 4,818,629)

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 AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES REMAINED STEADY WITH APPROXIMATELY 394 STUDENTS ENROLLED IN 2017 AULTMAN COLLEGE GRADUATED 96 STUDENTS IN 2017 FACULTY, STAFF AND STUDENTS DONATED MORE THAN 1,884 HOURS OF COMMUNITY SERVICE IN 2017 THROUGH THE COLLEGE'S SERVICE LEARNING PROGRAM

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	681,924	45,100
MARK D WRIGHT CFO - AHF, SECRETARY & TREASURER - TAF	5 00 50 00	X		X				0	424,542	43,120
CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AH & ANCMG	50 00 5 00	X		X				506,042	0	42,328
JEANINE SHAMBAUGH VP - CHIEF INTERNAL AFFAIRS - ACON	53 00 2 00			X				144,125	0	44,280
JEAN PADDOCK CHIEF ACADEMIC OFFICER - ACON	55 00 0 00			X				153,785	0	24,163
VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER - ACON	55 00 0 00			X				171,348	0	33,716
JEFFREY MILLER MD CHAIR - AH, DIRECTOR - AOH	6 00 3 00	X		X				0	0	0
BRIAN S BELDEN VICE CHAIR - AH, CHAIR - TAF	4 00 3 00	X		X				0	0	0
WILLIAM WALLACE MD SECRETARY & TREASURER - AH	4 00 1 00	X		X				0	0	0
T STEPHEN GREGORY DIRECTOR - AH & ANCMG, TREAS - AOH	3 00 6 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			
PEGGY CLAYTOR DIRECTOR - AH	1 00	X						0	0	0
NATE J COOKS DIRECTOR - AH	3 00	X						0	0	0
ANTHONY DEGENHARD DIRECTOR - AH	1 00 5 00	X						0	0	0
MILAN R DOPIRAK MD DIRECTOR - AH	1 00 54 00	X						0	460,686	40,680
MICHAEL LEMON DIRECTOR - AH	1 00 1 00	X						0	0	0
ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	55 00 0 00	X		X				265,014	0	41,941
JOHN B HUMPHREY JR MD DIRECTOR - AH	6 00 5 00	X						0	0	0
MICHAEL LYNCH DIRECTOR - AH	2 00 53 00	X						0	446,604	44,588
HARRY C C MACNEALY DIRECTOR - AH & ACON	5 00 5 00	X						0	0	0
LOUIS G SHAHEEN MD 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			
GAIL STERLING DIRECTOR - AH & TAF	4 00 1 00	X						0	0	0
JOHN MCGRATH CHAIR - ACON	1 00 1 00	X		X				0	0	0
KAREN SOEHNLEN MCQUEEN VICE CHAIR - ACON	1 00 1 00	X		X				0	0	0
REBECCA J CROWL PRESIDENT - ACON	54 00 1 00	X		X				237,996	0	46,295
ADAM LUNTZ CFO - AH, TREASURER - ACON	55 00 0 00	X		X				0	240,335	39,381
MARTIN BOWE DIRECTOR - ACON	1 00 0 00	X						0	0	0
GREG COLANER DIRECTOR - ACON	1 00 0 00	X						0	0	0
PATRICIA H DRAVES PHD DIRECTOR - ACON	1 00 0 00	X						0	0	0
BARBARA FORDYCE DIRECTOR - ACON	1 00 0 00	X						0	0	0
SUSIE FREW 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			
COREY GRUBBS DIRECTOR - ACON	1 00 0 00	X						0	0	0
MARY ANN KING DIRECTOR - ACON	1 00 0 00	X						0	0	0
STEPHEN PASSERINI DIRECTOR - ACON	1 00 0 00	X						0	0	0
RAFAEL RODRIGUEZ DIRECTOR - ACON	1 00 0 00	X						0	0	0
WILLIAM SCHAUER DIRECTOR - ACON	1 00 0 00	X						0	0	0
MARILYN THOMAS JONES DIRECTOR - ACON	1 00 0 00	X						0	0	0
PATRICK WILLOUGHBY DIRECTOR - ACON	1 00 0 00	X						0	0	0
VICKY STERLING DIRECTOR - ACON	1 00 2 00	X						0	0	0
GEORGE W LEMON DIRECTOR - TAF, DIRECTOR - AOH	3 00 2 00	X						0	0	0
BRIAN LAYMAN DIRECTOR - TAF	2 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			
DOUGLAS J SIBILA SECRETARY - AOH	2 00 6 00	X		X				0	0	0
ROBERT SABOTA DIRECTOR - AOH	1 00 0 00	X						0	0	0
RYAN JONES DIRECTOR - AOH, CEO - AOH	55 00 0 00	X		X				197,598	0	30,651
DIANE JARRETT DIRECTOR - AOH	1 00 0 00	X						0	0	0
BECKY L JEWELL DIRECTOR - AOH	1 00 1 00	X						0	0	0
MARCHELLE L SUPPAN DPM CEO, DIRECTOR - AOH, VP ANCMG	55 00 0 00	X		X				253,148	0	35,226
CLIFFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	55 00 0 00	X		X				433,962	0	48,420
ROBERT C MOLNAR DIRECTOR - ANCMG & AOH, VP PHYS SVCS	5 00 50 00	X		X				0	237,696	41,048
LEO DOYLE DIRECTOR - ANCMG	2 00 8 00	X						0	0	0
JULIA FIORENTINO MD DIRECTOR - ANCMG	55 00 0 00	X						295,083	0	20,617

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			
MATTHEW HIESTAND MD DIRECTOR - ANCMG	55 00 0 00	X						364,310	0	42,420
RAMESH KRISHNAMURTHI DIRECTOR - ANCMG	55 00 0 00	X						230,663	0	36,505
SHRUTI TREHAN MD DIRECTOR - ANCMG, DIRECTOR - TAF	55 00 0 00	X						1,097,742	0	42,420
SUSAN E MERCER MD VP - MEDICAL EDUCATION - AH	55 00 0 00				X			344,499	0	27,649
LORI L MERTES MD PHYSICIAN, CHIEF QUALITY OFFICER - AH	55 00 0 00				X			405,183	0	29,815
WILLIAM FAYEN MD DIRECTOR - ANCMG	55 00 0 00				X			210,142	0	20,356
RAZA A KHAN MD DIRECTOR - ANCMG	55 00 0 00				X			842,175	0	37,623
PRABHCHARAN GILL MD PHYSICIAN - AH	55 00 0 00					X		697,947	0	47,640
MICHAEL A KREW MD PHYSICIAN - AH	55 00 0 00					X		647,941	0	48,420
STEVEN M WEAVER MD PHYSICIAN - ANCMG	55 00 0 00					X		649,049	0	35,747

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			
SUNITHA VEMULAPALLI MD PHYSICIAN - ANCMG	55 00 0 00					X		771,112	0	23,646
JAMES SCHMOTZER MD PHYSICIAN - ANCMG	55 00 0 00					X		674,087	0	18,705

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

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 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, PUBLIC CHARITY STATUS	<p>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)(II) (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 10).</p>

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

2017

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,398
j	Total. Add lines 1c through 1i			4,398
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	TOTAL DUES OF \$112,343 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AH, OF WHICH 3 4% WERE RELATED TO LOBBYING ACTIVITIES. TOTAL DUES OF \$17,012 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AOH, OF WHICH 3 4% WERE RELATED TO LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	727,562	718,271	719,326	712,855	722,979
b Contributions		25,000			
c Net investment earnings, gains, and losses	13,033	15,263	5,815	12,313	-4,282
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,990	30,972	6,870	5,842	5,842
g End of year balance	734,605	727,562	718,271	719,326	712,855

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,936,309		33,936,309
b Buildings		177,848,389	80,808,838	97,039,551
c Leasehold improvements		162,315	93,700	68,615
d Equipment		309,296,295	231,476,502	77,819,793
e Other		21,841,172	8,811,831	13,029,341
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				221,893,609

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	3,329
ESTIMATED THIRD PARTY SETTLEMENTS	1,632,044
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,635,373

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE CHAPLAINCY PROGRAM

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION, THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.</p>

SCHEDULE E (Form 990 or 990-EZ)	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
		2017
	Department of the Treasury 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?	1	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?	2	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	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
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	4d	Yes
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	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	6b	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	7	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, THE 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

2017

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 (event type)	FASHION SHOW (event type)	(total number)	Total events (add col (a) through col (c))
	1 Gross receipts	546,274	33,357		579,631
	2 Less Contributions	298,923	21,572		320,495
	3 Gross income (line 1 minus line 2)	247,351	11,785		259,136
Direct Expenses	4 Cash prizes	0	1,000		1,000
	5 Noncash prizes	5,522	5,000		10,522
	6 Rent/facility costs	16,665	475		17,140
	7 Food and beverages	48,096	4,308		52,404
	8 Entertainment	22,608	2,580		25,188
	9 Other direct expenses	294,801	14,892		309,693
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				415,947
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-156,811

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			24,790	24,790
Direct Expenses	2 Cash prizes			1,000	1,000
	3 Noncash prizes			11,467	11,467
	4 Rent/facility costs			0	
	5 Other direct expenses			0	
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				12,467
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				12,323

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain _____

THE ORGANIZATION DOES NOT CONDUCT THE TYPE OF GAMING ACTIVITIES THAT REQUIRE A LICENSE

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 0 %
b An outside facility	13b 100 000 %

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

Name ► MARK D WRIGHT

Address ► 2600 SIXTH STREET SW
CANTON, OH 44710

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 ► LISA ZELLERS

Gaming manager compensation ► \$ 0

Description of services provided ► OVERSIGHT OF RAFFLES ASSOCIATED WITH FUNDRAISING EVENTS

☐ 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 provide any additional information (see instructions).

Return Reference

Explanation

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

2017

Open to Public Inspection

Name of the organization

Employer identification number

AULTMAN HEALTH FOUNDATION GROUP RETURN

32-0483994

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	Yes	
1b	If "Yes," was it a written policy?	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 checked="" 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care		No
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			7,835,183	7,699,465	135,718	0 020 %
b Medicaid (from Worksheet 3, column a)			92,867,879	43,737,659	49,130,220	8 860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			100,703,062	51,437,124	49,265,938	8 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			976,542	52,094	924,448	0 170 %
f Health professions education (from Worksheet 5)			9,903,143	67,611	9,835,532	1 770 %
g Subsidized health services (from Worksheet 6)			110,310,180	99,722,263	10,587,917	1 910 %
h Research (from Worksheet 7)			1,044,866	1,142,434	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			285,385		285,385	0 050 %
j Total. Other Benefits			122,520,116	100,984,402	21,633,282	3 900 %
k Total. Add lines 7d and 7j			223,223,178	152,421,526	70,899,220	12 780 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			141,064		141,064	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			896,342		896,342	0.160 %
8 Workforce development						
9 Other						
10 Total			1,037,406		1,037,406	0.190 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	6,378,350	
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	1,816,654	
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	95,009,470
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	96,589,856
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,580,386
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
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)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" 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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-	10 Yes	
a If "Yes" (list url) <u>ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANCIAL-ASSI</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANCIAL-ASSI</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/FINANCIAL-ASSI</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" 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)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
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)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>AULTMANORRVILLE ORG/AULTMAN-HOSPITAL-INFO/ABOUT-US/COMMUNITY-HEALTH-</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" 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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>AULTMANORRVILLE ORG/AULTMAN-HOSPITAL-INFO/ABOUT-US/COMMUNITY-HEALTH-</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" 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)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

AULTMAN ORRVILLE HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? **11**

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	<p>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 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 57%. ACCORDING TO AULTMAN ORRVILLE 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%, AND 251% TO 300% IS 55%, 301% TO 350% IS DISCOUNTED 45%, 351% TO 400% IS DISCOUNTED TO 42%, AND ABOVE IS DISCOUNTED 10%.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	AULTMAN HEALTH FOUNDATION, THE PARENT COMPANY, PUBLISHES ANNUALLY ITS ANNUAL REPORT WHICH INCLUDES ALL RELATED ORGANIZATIONS' PROGRAMS AND SERVICES DESIGNED TO LEAD THE COMMUNITY TO IMPROVED HEALTH AND PROMOTE HEALTHY LIFESTYLES THIS REPORT IS AVAILABLE ON AULTMAN'S WEBSITE (SEE AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/ANNUAL-REPORT/)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USES A COMBINATION OF THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H AND DIRECT COSTING METHOD OF CERTAIN PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	AULTMAN HOSPITAL PROVIDES EDUCATION TO THE COMMUNITY THROUGH 1) HEALTH TALKS BY QUALIFIED PHYSICIANS AND PROFESSIONALS, 2) SUPPORT GROUPS FOR DIABETICS, 3) CLINICAL EXPERIENCES FOR RADIOLOGIC TECHNOLOGY, NURSING AND PHYSICAL THERAPY STUDENTS, 4) SMOKING CESSATION CLASSES, 5) COUNTY HEALTH FAIR, 6) BUSINESS SHOWCASES, AND 7) ELEMENTARY STUDENT BICYCLE SAFETY THROUGH THE AULTMAN SAFETY FIRST PROGRAM ORRVILLE HOSPITAL FOUNDATION, DBA AULTMAN ORRVILLE HOSPITAL (AOH) PROVIDES EDUCATION TO THE COMMUNITY THROUGH 1) HEALTH TALKS BY QUALIFIED PHYSICIANS AND PROFESSIONALS, 2) SUPPORT GROUPS FOR DIABETICS, 3) CLINICAL EXPERIENCES FOR RADIOLOGIC TECHNOLOGY, NURSING AND PHYSICAL THERAPY STUDENTS, 4) SMOKING CESSATION CLASSES, 5) COUNTY HEALTH FAIR, 6) BUSINESS SHOWCASES, AND 7) ELEMENTARY STUDENT BICYCLE SAFETY THROUGH THE AULTMAN SAFETY FIRST PROGRAM AOH ASSISTED AREA EMS UNITS BY STOCKING SUPPLIES AND MEDICATIONS TO THE UNITS AT NO CHARGE

990 Schedule H, Supplemental Information

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 \$ 13,937,986

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	EXPLANATION OF METHODOLOGY FOR AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE - AH & AOH 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 ORGANIZATION 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE - AH & AOH ACCORDING TO AULTMAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE (1) 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 54% 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 ORGANIZATIONS 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 54% 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 2017 AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 (1) 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SEE THE "RECEIVABLES AND PROVISION FOR BAD DEBTS" PARAGRAPHS IN NOTE 1 ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	AH - THE HOSPITAL HAS A SHORTFALL OF 1,580,386 WITH ITS MEDICARE PATIENTS 100% OF THE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT EXPENSE, SINCE IT IS RELATED TO CARE FOR ELDERLY PATIENTS WHO MIGHT OTHERWISE STRUGGLE TO AFFORD CARE 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 ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT WERE DETERMINED USING THE MEDICARE COST-TO-CHARGE RATIO CALCULATED AS REQUIRED BY MEDICARE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT - AHULTMAN 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 IN 2016, 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 1,276 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 NEEDS ASSESSMENT - AOHEVERY THREE YEARS, THE ORGANIZATION IS REQUIRED TO PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT AULTMAN ORRVILLE HOSPITAL CONDUCTED ITS MOST RECENT SURVEY AND ASSESSMENT DURING 2016 AND HAVE POSTED BOTH THE REPORT AND IMPLEMENTATION STRATEGY TO THE AOH 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION AND ELIGIBIITY FOR ASSISTANCE - AHTHE 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> <p>PATIENT EDUCATION AND ELIGIBIITY FOR ASSISTANCE - AOHTHE 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 AND FAP 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 2016, THE APPLICATION WAS ADDED TO THE INTERNET FOR EASY PATIENT ACCESS AULTMAN ORRVILLE HOSPITAL FINANCIAL COUNSELORS ASSIST 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 2016 INCLUDED FORMAL FINANCIAL COUNSELOR STAFF TRAINING IN HCAP/FAP PROGRAM REQUIREMENTS AND CUSTOMER SERVICE SKILLS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION - AHULTMAN'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 2017 POPULATION OF OUR FIVE COUNTY AREAS TO BE 652,219 THERE ARE NINE REGISTERED HOSPITALS IN THE FIVE COUNTY AREA TWO OF THESE ARE AULTMAN FACILITIES AULTMAN PROVIDED CARE FOR 24% OF THE TOTAL 377,503 MEDICAID CASES IN THE PRIMARY SERVICE AREA FOR 2017 OF THE 62,112 SELF-PAY CASES IN OUR PRIMARY SERVICE AREA AULTMAN PROVIDED CARE FOR 22% COMMUNITY INFORMATION - AOH THE 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 & AOH AULTMAN'S BOARD OF DIRECTORS HAS 11 NON-EMPLOYED MEMBERS A TOTAL OF 16 OF THE 18 VOTING BOARD MEMBERS RESIDE IN THE CORE MARKET AREA THE REMAINING PORTION RESIDES IN THE TERTIARY MARKET AOH'S 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 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 700 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 AULTMAN WEBSITE HAS ADDITIONAL HEALTH CARE RESOURCES, INCLUDING HEALTH LIBRARY, SYMPTOM CHECKER, VIDEOS AND RISK ASSESSMENTS 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 2017, AULTMAN HEALTH FOUNDATION CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE FOLLOWING ACTIVITIES SAFETY FIRST THROUGH THE SAFETY FIRST PROGRAM, AULTMAN STRIVES TO KEEP OUR COMMUNITY'S KIDS SAFE BY PREVENTING HEAD TRAUMA AND OTHER BIKE-RELATED INJURIES IN 2017, HUNDREDS OF AULTMAN EMPLOYEES VOLUNTEERED TO TEACH NEARLY 4,300 LOCAL FIRST-GRADE STUDENTS ABOUT BIKE SAFETY TOPICS INCLUDED THE IMPORTANCE OF WEARING A BIKE HELMET AND OTHER SAFETY GEAR, OBEYING TRAFFIC SIGNS AND SIGNALS, AND USING HAND SIGNALS IN ADDITION TO THE IN-CLASS EDUCATION, EACH STUDENT RECEIVED A FREE BICYCLE SAFETY BOOKLET AND BIKE HELMET SINCE THE PROGRAM'S INCEPTION IN 2005, SAFETY FIRST HAS REACHED ABOUT 35,000 STUDENTS WITH THE IMPORTANT MESSAGE OF BICYCLE SAFETY WORKING ON WELLNESS (WOW) THE WOW TEAM VISITED MORE THAN 400 SITES IN 2017, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS WOW NURSES HAD PERSONAL INTERACTION WITH MORE THAN 15,000 COMMUNITY MEMBERS CANCER OUTREACH THE AULTMAN CANCER PROGRAM CONTINUES TO PLACE A HIGH PRIORITY ON COMMUNITY OUTREACH IN 2017, 5 FREE CANCER SCREENING EVENTS WERE OFFERED IN CANTON, CARROLLTON, AND TUSCARAWAS PROVIDING 361 CANCER SCREENINGS TO OVER 200 UNINSURED OR UNDERINSURED INDIVIDUALS THE CANCER TEAM ALSO PARTICIPATED IN MORE THAN 20 COMMUNITY EVENTS THAT FOCUSED ON CANCER PREVENTION, EDUCATION, AND AWARENESS THE HEALTHY U PROGRAM, A COLLABORATION BETWEEN AULTMAN CANCER CENTER AND STARK COUNTY SCHOOLS, EDUCATED 200 6TH GRADE STUDENTS ON CANCER BASICS AND HOW LIFETIME CANCER RISK CAN BE REDUCED THROUGH HEALTHY LIFESTYLE HABITS A NEW PARTNERSHIP WITH STARK COUNTY FIREFIGHTERS WAS ESTABLISHED TO EDUCATE THE FIREFIGHTERS IN OUR COMMUNITY ON THEIR INCREASED RISK FOR CANCER AND HOW TO LOWER THOSE RISKS IN 2017, 18 EDUCATIONAL SESSIONS WERE HELD 373 FIREFIGHTERS ATTENDED THE EDUCATIONAL SESSIONS WE WOULD LIKE TO EXPLORE FURTHER OPPORTUNITIES TO EDUCATE HEALTH CARE PROVIDERS ON THE INCREASED RISK OF FIREFIGHTERS AND GIVING THEM CURRENT GUIDELINES THAT MAY HELP INSURE THAT ADEQUATE SCREENING IS DONE THROUGH LONG-TERM CAREGIVERS OVER THE FIREFIGHTERS LIFETIME HARVEST FOR HUNGERFOOD INSECURITY IS A CRITICAL ISSUE IN NORTHEASTERN OHIO, AND AULTMAN TEAM MEMBERS GIVE GENEROUSLY TO THE ANNUAL HARVEST FOR HUNGER CAMPAIGN IN 2017, AULTMAN EMPLOYEES PROVIDED 6,483 POUNDS OF NONPERISHABLE FOOD DONATIONS AND \$11,000 IN MONETARY GIFTS THAT HELPED THOUSANDS OF FAMILIES AND INDIVIDUALS IN NEED CAREERS IN HEALTH CARE SUMMER LEARNING PROGRAM AULTMAN MEDICAL EDUCATION HOSTED THE NINTH 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 BOTH EMPLOYEES AND THE COMMUNITY TO JOIN IN A COMMUNITY WALK AT THE CANTON GARDEN CENTER AT STADIUM PARK IN CANTON AULTMAN HEALTH FOUNDATION AND MERCY MEDICAL CENTER COLLABORATED TO MAKE THE NATIONAL WALKING DAY EVENT BIGGER AND BETTER THAN BEFORE! THE EVENT INCLUDED EDUCATION BY THE WORKING ON WELLNESS (WOW) TEAM, AULTMAN</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>HEART CENTER, HAPPY TAILS PROGRAM, GENERATIONS, AULTCARE AND OTHERS DRS DAVID MALLAMACI AND DALSON SEIBERT JOINED WITH DR DAVID GORMAN OF MERCY TO LEAD AN HOUR-LONG WALK THROUGH THE PARK THAT EVENING, AS WELL BREAST OASISFOR WOMEN WHO CANNOT AFFORD BASIC CLOTHING IT EMS SUCH AS BRAS, EACH DAY PRESENTS EMOTIONAL AND UNCOMFORTABLE SITUATIONS THE BREAST OAS IS IS UNDER NEW LEADERSHIP WHILE AULTMAN EMPLOYEES CONTINUE TO DONATE TOWARDS THIS BASIC NEED, AND DONATIONS HAVE BEEN DISTRIBUTED TO LOCAL BATTERED WOMEN AND HOMELESS SHELTERS AS WELL AS THE STARK COUNTY YWCA WALKING TO RAISE FUNDS AND IMPROVE THE COMMUNITY'S HEALTHAU LTMAN 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 AMERICAN HEART ASSOCIATION'S HEART WAL K - BUT CLINICIANS ARE ON HAND TO PROVIDE EDUCATIONAL INFORMATION ABOUT REDUCING RISKS OF CANCER AND HEART DISEASE UNITED WAYEVERY YEAR, AULTMAN ORGANIZES A FUNDRAISING CAMPAIGN T O BENEFIT UNITED WAY IN 2016, AULTMAN EMPLOYEES AND PHYSICIANS GENEROUSLY DONATED \$250,55 2 TO FUND PROGRAMS TO BENEFIT COMMUNITY MEMBERS OF ALL AGES AND FROM ALL WALKS OF LIFE AUL TMAN AMBASSADOR PROGRAMS PART OF AULTMAN HEALTH FOUNDATION'S MISSION TO LEAD OUR COMMUNIT Y TO IMPROVED HEALTH, THE AULTMAN AMBASSADOR PROGRAM (AAP) PROVIDES AN OPPORTUNITY TO EMPO WER HIGH SCHOOL STUDENTS TO BE "AULTMAN AMBASSADORS" TO ENGAGE THEIR PEERS, FAMILIES AND C OMMUNITIES IN PROMOTING HEALTHY LIFESTYLES AIMED AT REDUCING OBESITY AND INCREASING PHYSIC AL ACTIVITY THE PROGRAM IS A COLLABORATIVE EFFORT AMONG AULTMAN HEALTH FOUNDATION, AULTMA N COLLEGE, LOUISVILLE HIGH SCHOOL AND CANTON SOUTH HIGH SCHOOL LOUISVILLE HAS PARTICIPATE D IN THE PROGRAM FOR SIX YEARS, WHILE CANTON SOUTH HAS BEEN ON BOARD FOR FOUR YEARS A TOT AL OF 20 STUDENT AMBASSADORS PARTICIPATED IN THE PROGRAM FOR THE 2017-2018 SCHOOL YEAR IN THE FALL OF 2018 THE PROGRAM WILL EXPAND TO THE FOLLOWING SCHOOLS UNIVERSITY OF MOUNT UN ION, KENT STATE - STARK, WALSH UNIVERSITY, LAKE HIGH SCHOOL, ALLIANCE HIGH SCHOOL, NORTH C ANTON HOOVER HIGH SCHOOL AND PERRY HIGH SCHOOL ADDITIONAL COMMUNITY BENEFITIN ADDITION TO PROVIDING CARE FOR PATIENTS WITH NO INSURANCE, AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE THROUGH ITS RESIDENT TEACHING PROGRAMS, AULTMAN D ELIVERS A SIGNIFICANT LEVEL OF QUALITY OUTPATIENT AND INPATIENT HEALTH CARE TO INSURED, UN DERINSURED AND UNINSURED INDIVIDUALS IN OUR MARKET FOR MEMBERS OF THE AMISH COMMUNITY, AU LTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS AND AULTMAN HOSPITAL A N AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE PLACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED</p>

Schedule H (Form 990) 2017

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		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 1270	X								SKILLED NURSING, REHAB, 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, SURGERY	A
4	AULTMAN ORRVILLE HOSPITAL 832 S MAIN STREET ORRVILLE, OH 44667 HTTP //WWW.AULTMANORRVILLE.ORG/ 1291	X	X			X		X			

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

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

Form and Line Reference	Explanation
AULTMAN ORRVILLE HOSPITAL	PART V, SECTION B, LINE 5 IN CONDUCTING THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), AULTMAN ORRVILLE HOSPITAL TOOK INTO ACCOUNT THE BROAD INTERESTS OF OUR COMMUNITY BY SOLICITING INPUT FROM LOCAL NOT-FOR-PROFIT AND COMMUNITY MEMBERS AULTMAN ORRVILLE HOSPITAL CONTRACTED WITH THE QUALITY MANAGEMENT CONSULTING GROUP (QMCG) TO ASSIST IN CONDUCTING THEIR CHNA QMCG, IDENTIFIED DATA SOURCES AND INDICATORS WHICH REFLECT A HEALTHCARE ISSUE THAT IS PERTINENT TO THE COMMUNITY AND CAME FROM SOURCES THAT ARE RELIABLE AND ARE LIKELY TO BE AVAILABLE IN THE FUTURE THE WAYNE COUNTY CHNA ADVISORY COMMITTEE, A MULTI-STAKEHOLDER COLLABORATIVE, HELD A COMMUNITY FORUM ON JUNE 20, 2016 TO REVIEW PRIMARY AND SECONDARY DATA FOR THE COMMUNITY, IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS OF THE WAYNE COUNTY COMMUNITY AND TO IDENTIFY EXISTING RESOURCES POTENTIALLY AVAILABLE TO ADDRESS THOSE SIGNIFICANT HEALTH NEEDS IDENTIFIED THE ADVISORY COMMITTEE REVIEWED INDICATORS WHICH REFLECT A HEALTHCARE ISSUE THAT IS PERTINENT TO THE COMMUNITY AND THAT CAME FROM SOURCES THAT ARE RELIABLE AND ARE LIKELY TO BE AVAILABLE IN THE FUTURE AULTMAN ORRVILLE HOSPITAL CONTRACTED WITH THE QUALITY MANAGEMENT CONSULTING GROUP TO ASSIST IN CONDUCTING THEIR CHNA CHRISTINE KENNEY, DIRECTOR OF REGULATORY SERVICES WITH QMCG, IDENTIFIED PRIMARY AND SECONDARY DATA SOURCES AND FACILITATED THE COMMUNITY FORUM PARTICIPANTS PRIORITIZED THE SIGNIFICANT HEALTH NEEDS USING 2 PRIORITY LEVELS LEVEL I PRIORITY NEEDS WERE THE TOP PRIORITY WITH RESPECT TO THEIR IMPACT ON THE COMMUNITY AND LEVEL II PRIORITY NEEDS WERE SECONDARY, ALTHOUGH ALL SIGNIFICANT HEALTH NEEDS WERE CONSIDERED TO BE IMPORTANT TO THE COMMUNITY IT WAS DETERMINED THE TOP LEVEL 1 PRIORITY NEEDS WERE ACCESS TO HEALTH CARE PROVIDERS AND SERVICES, CHILDREN'S ISSUES, AND SUBSTANCE ABUSE THE TOP LEVEL 2 PRIORITY NEEDS WERE OBESITY/OVERWEIGHT AND HEALTHY LIFE STYLE CHOICES, AND MENTAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
AULTMAN ORRVILLE HOSPITAL	PART V, SECTION B, LINE 7D THE CHNA AND CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING URL AULTMANORRVILLE ORG/AULTMAN-HOSPITAL-INFORMATION/ ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

Form and Line Reference	Explanation
AULTMAN ORRVILLE HOSPITAL	<p>PART V, SECTION B, LINE 11 AULTMAN ORRVILLE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT BY LEVEL I PRIORITY NEEDS 1) ADDRESSING THE NEEDS FOR ACCESS TO HEALTH CARE PROVIDERS AND SERVICES, INCLUDING PRESCRIPTION DRUGS, EARLY INTERVENTION, URGENT CARE, REFERRALS AND TRANSPORTATION - ADDED 5 ADDITIONAL PROVIDERS THROUGH OUR RURAL HEALTH CLINIC (RHC) - ADDITIONAL SPECIALISTS ADDED SUCH AS OB PROVIDER-CERTIFIED NURSE MIDWIFE AND CARDIOLOGIST WITH STRESS TEST OFFERED 5 DAYS A WEEK - TELEMEDICINE AGREEMENT TO OFFER ACCESS TO A NEUROLOGIST IN OUR ED FOR PATIENTS WITH STROKE SYMPTOMS - CONTRACTUAL AGREEMENTS HAVE BEEN OBTAINED TO PROVIDE AFFORDABLE PRESCRIPTION COVERAGE WITH SOME RETAIL PHARMACIES - CONTRACT WITH HOLMES TRANSPORTATION SUPPORT LLC TO PROVIDE TRANSPORTATION TO AOH CAMPUS WITHIN 25 MILE RADIUS2) ADDRESSING CHILDREN RELATED ISSUES - TELEHEALTH PROGRAM UTILIZING RURAL HEALTH CLINIC PROVIDERS TO BE INITIATED IN THE RITTMAN, ORRVILLE, AND WAYNE DALE SCHOOLS SCHOOL YEAR 2018-2019 - REPRESENTATION AND VOTING MEMBER OF THE WAYNE COUNTY FAMILY AND CHILDREN'S FIRST COUNCIL (WCFCFC) - CHAIR OF THE PLANNING SUB-COMMITTEE FOR WCFCFC - MEMBER OF THE WAYNE COUNTY NUTRITION AND FITNESS COALITION - WORKING WITH AULTMAN HEALTH FOUNDATION, AOH, AND RITTMAN SCHOOLS IN DEVELOPMENT OF WELLNESS AMBASSADOR PROGRAM TO IMPROVE THE HEALTH AND WELL-BEING OF ADOLESCENTS BY IMPLEMENTING ONGOING HEALTH PROMOTION AND PEER TO PEER MESSAGING 3) ADDRESSING SUBSTANCE ABUSE, PARTICULARLY OPIATE ABUSE AND PAIN MANAGEMENT - COLLABORATIVE PARTNERING WITH ONE EIGHTY AND THE TURNING POINT COALITION ON SUBSTANCE ABUSE PREVENTION - MEMBERS OF THE WAYNE COUNTY AND STARK COUNTY'S OPIATE TASK FORCE - PAIN MANAGEMENT PHYSICIAN PROVIDERS ON STAFF AND PAIN MANAGEMENT PROCEDURES PERFORMED AT THE HOSPITALLEVEL II PRIORITY NEEDS 1) ADDRESSING OBESITY/OVERWEIGHT AND HEALTHY LIFE STYLE CHOICES, INCLUDING ISSUES WITH HIGH CHOLESTEROL, NUTRITION, AND FOOD ACCESS - PROGRAMS OFFERED GROWING HEALTHY HABITS LOSE-A-TON , WIN-A-TON COMMUNITY WEIGHT LOSS CHALLENGE, #ORRVILLEWALKS COMMUNITY WALKING PROGRAM, ORRVILLE WALKS FUN/RUN 5K, MIND FULL EATING SPEAKERS SERIES, SPONSORSHIP OF THE GREAT ADVENTURE RACE, THE ZEPHYRS FIRE CRACKER 5K, AND CASEY'S CHALLENGE 5K (ADAPTIVE SPORTS PROGRAM OF OHIO, ASPO) - WORKED COLLABORATIVELY WITH CFAES OSU EXTENSION WAYNE COUNTY, TO CREATE "CELEBRATE YOUR PLATE" PROGRAM EDUCATE THE PUBLIC IN HEALTHY, AFFORDABLE MEAL PREPARATION AND PROVIDE A HEALTHY MEAL TWICE A MONTH - AULTMAN ORRVILLE WEIGHT LOSS AND SPORTS AND WELLNESS PROGRAMS - WORKING ON WELLNESS (WOW) FUNCTIONS (BP, BMI, BODY FAT) FARMERS MARKET IN ORRVILLE, AMISH HEALTH FAIRS, WAYNE COUNTY FAIR, ORRVILLE WALKS, CONCERTS IN THE PARK (ORRVILLE), FRIENDSHIP MEALS - COMMUNITY HEALTH TALKS AT LEAST TWICE A MONTH, PROMOTING HEALTHY LIFE STYLE CHANGES - EDUCATE THROUGH COMMUNITY EVENTS "MY PLATE" PROPER PORTIONS SIZES AND FOOD CHOICES 2) ADDRESSING</p>

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

Form and Line Reference	Explanation
AULTMAN ORRVILLE HOSPITAL	MENTAL HEALTH - COUNSELING SERVICES AVAILABLE TO AOH EMPLOYEES THROUGH OUR EMPLOYEE ASSIS TANCE PROGRAM - WORK WITH OUR COMMUNITY PARTNERS ON SUICIDE PREVENTION WAYNE COUNTY MENTA L HEALTH AND RECOVERY BOARD, UNITED WAY, THE COUNSELING CENTER OF WAYNE AND HOLMES COUNTIE S - DEPRESSION SCREENING IS DONE ON ALL PTS AND REFERRALS TO CRISIS CENTER ARE COMPLETED PRIOR TO DISCHARGE - EDUCATION AND SCREENING FOR POST-PARTUM DEPRESSION COMPLETED ON ALL MOTHERS IN OUR OB DEPARTMENT

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

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

Form and Line Reference	Explanation
AULTMAN ORRVILLE HOSPITAL	PART V, SECTION B, LINE 13H ACCORDING TO AULTMAN ORRVILLE 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 80%, 151% TO 200% IS DISCOUNTED 75%, 201% TO 250% IS DISCOUNTED 65%, AND 251% TO 300% IS 55%, 301% TO 350% IS DISCOUNTED 45%, 351% TO 400% IS DISCOUNTED TO 35%, AND ABOVE IS DISCOUNTED 10%

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 AULTMAN HOSPITAL, - FACILITY 2 AULTMAN WOODLAWN, - FACILITY 3 AULTMAN WEST

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 5	IN CONDUCTING ITS MOST RECENT CHNA AULTMAN HOSPITAL USED THE STARK COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY COMMITTEE THE CHNA ADVISORY COMMITTEE IS MADE UP OF A V ARIETY OF HEALTH AND SOCIAL SERVICES AGENCIES AND VOLUNTEERS IN THE COMMUNITY THE FOLLOWI NG AGENCIES HAVE BEEN INVOLVED IN THE COMMITTEE STARK COUNTY HEALTH DEPARTMENT, CANTON CI TY HEALTH DEPARTMENT, ALLIANCE COMMUNITY HOSPITAL, PEGASUS FARM, PRESCRIPTION ASSISTANCE N ETWORK, MERCY MEDICAL CENTER, SISTERS OF CHARITY FOUNDATION OF CANTON, AUSTIN BAILEY HEALT H AND WELLNESS FOUNDATION, MENTAL HEALTH AND RECOVERY SERVICES BOARD OF STARK COUNTY, COMM UNITY ADVOCATES, STARK COUNTY FAMILY COUNCIL, HEALTH FOUNDATION OF GREATER MASSILLON, ACCE SS HEALTH STARK COUNTY, STARK COUNTY MEDICAL SOCIETY, UNITED WAY OF GREATER STARK COUNTY, THE AULTMAN HEALTH FOUNDATION, STARK PARKS/LIVE WELL STARK COUNTY, STARK COUNTY COMMUNITY ACTION AGENCY, ALLIANCE CITY HEALTH DEPARTMENT, MASSILLON CITY HEALTH DEPARTMENT, AND THE OHIO STATE UNIVERSITY EXTENSION OFFICE PERSONS REPRESENTING THE BROAD INTERESTS OF THE CO MMUNITY, INCLUDING THOSE WITH KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, PARTICIPATED IN THE CHNA PROCESS THROUGH THE COMMUNITY SURVEY AND COMMUNITY LEADER WEB SURVEY, AS MEMBERS OF THE ADVISORY COMMITTEE AND AS SUMMIT PARTICIPANTS THE COMMUNITY SURVEY INCLUDED A RAND OM SAMPLE TELEPHONE SURVEY OF STARK COUNTY HOUSEHOLDS THAT INCLUDED A REPRESENTATIVE SAMPL E OF STARK COUNTY RESIDENTS AS WELL AS AN OVERSAMPLE OF AFRICAN-AMERICAN AND CANTON HOUSEH OLDS TELEPHONE INTERVIEWS WERE UTILIZED TO ENSURE REPRESENTATIVENESS OF THE POPULATION T HE FINAL SAMPLE CONSISTED OF 800 RESPONDENTS DATA COLLECTION FROM TELEPHONE INTERVIEWS BE GAN ON JUNE 1 AND ENDED ON JULY 10, 2015 THE OVERSAMPLE OF AFRICAN-AMERICAN AND CANTON HO USEHOLDS BEGAN JULY 13 AND ENDED AUG 25, 2015 THE COMMUNITY LEADER SURVEY WAS A WEB- BASE D SURVEY WITH 72 SURVEYS COMPLETED FROM A TOTAL OF 476 INVITEES WITH VALID EMAIL ADDRESSES INVITATIONS WERE SENT ON SEPT 30, 2015 AND TWO REMINDER INVITATIONS WERE SENT ON OCT 20 AND OCT 28, 2015 THE ADVISORY COMMITTEE GUIDED THE DEVELOPMENT OF THE SURVEY AND APPRO VED THE HEALTH INFORMATION PROVIDED THE ADVISORY COMMITTEE HELD FIVE MEETINGS THROUGHOUT 2 015 TO REVIEW INDICATORS, IDENTIFY SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFY EXISTING HEALTH CARE FACILITIES AND RESOURCES WHICH ARE POTENTIALLY AVAILABLE TO ADDRESS T HE SIGNIFICANT NEEDS IDENTIFIED DURING THE EARLIER MEETINGS, THE ADVISORY COMMITTEE REVIE WED PRELIMINARY RESEARCH FINDINGS, DISCUSSED CONTENT FOR THE COMMUNITY LEADER WEB SURVEY, AND DISCUSSED THE NEED FOR ADDITIONAL DATA FOR THE ASSESSMENT, INCLUDING DATA ON CULTURAL COMPETENCY, GAPS IN SERVICE AND YOUTH THE ADVISORY COMMITTEE AGREED TO USE THE COMMUNITY HEALTH IMPROVEMENT CYCLE PROCESS AS THE ASSESSMENT MODEL FOR THE CHNA THE ADVISORY COMMIT TEE DISCUSSED THE TIMING FOR UPDATING THE INDICATORS REPORT AND IDENTIFIED DATA SETS TO BE USED FOR COMPLETING THE STARK

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 5	COUNTY HEALTH NEEDS ASSESSMENT INDIVIDUAL HOSPITALS DISCUSSED THEIR PRIORITIES AND PROGRAMS THAT ARE ADDRESSING THOSE PRIORITIES THE LATER MEETINGS INCLUDED DISCUSSIONS OF COMMUNITY HEALTH IMPROVEMENT PLANS AND PROGRAMS ADDRESSING COMMUNITY NEEDS ON FEB 24, 2016, DURING THE STARK COUNTY ANNUAL HEALTH IMPROVEMENT SUMMIT, THE FIVE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE DISCUSSED AND PRIORITIZED FOLLOWED BY A DISCUSSION OF EXISTING RESOURCES AND ACTIVITIES WITHIN THE COMMUNITY ADDRESSING THOSE SIGNIFICANT HEALTH NEEDS SUMMIT PARTICIPANTS, WHICH INCLUDED MORE THAN 50 HEALTH AND SOCIAL SERVICES AGENCIES AND VOLUNTEERS IN THE COMMUNITY, IDENTIFIED THE TOP THREE NEEDS AS THOSE NEEDS TO BE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN ALL REQUIRED SOURCES FROM THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY PARTICIPATED IN THE CHNA PROCESS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 6A	THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES AULTMAN SPECIALTY HOSPITAL, AFFINITY MEDICAL CENTER, ALLIANCE COMMUNITY HOSPITAL, AND MERCY MEDICAL CENTER

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 6B	<p>THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING NON-HOSPITAL FACILITIES ACCESS HEALTH STARK COUNTY, ALLIANCE COMMUNITY GARDEN COMMITTEE, ALLIANCE CITY HEALTH DEPARTMENT, THE AULTMAN HEALTH FOUNDATION, AULTMAN MEDICAL GROUP, AUSTIN BAILEY HEALTH AND WELLNESS FOUNDATION, BUCKEYE HEALTH PLAN, CANTON CITY HEALTH DEPARTMENT, CANTON REGIONAL AREA HEALTH EDUCATION CENTER, CARROLL COUNTY GENERAL HEALTH DISTRICT, CIRV - COMMUNITY INITIATIVE TO REDUCE VIOLENCE, COMING TOGETHER STARK COUNTY, COMMUNITY ADVOCATES, CREATING HEALTHY COMMUNITIES, DELI OHIO LLC, GENTLEBROOK, GREYLEDGE CONSULTING, HEALTH FOUNDATION OF GREATER MASSILLON, HEALTH POLICY INSTITUTE OF OHIO, ICAN, LATINO BUSINESS LEAGUE, LIFECARE FAMILY HEALTH & DENTAL CENTER, LIGHTHOUSE VISIONS, INC , MASSILLON CITY HEALTH DEPARTMENT, MENTAL HEALTH AND RECOVERY SERVICES BOARD OF STARK COUNTY, MOLINA HEALTHCARE OF OHIO, NORTH CANTON MEDICAL FOUNDATION, NORTH CANTON YMCA, NORTHEAST OHIO MEDICAL UNIVERSITY, THE OHIO STATE UNIVERSITY EXTENSION OFFICE, PATHWAY CARING FOR CHILDREN, PRESCRIPTION ASSISTANCE NETWORK, SCOTT'S TRAINING CENTER, STARK COMMUNITY FOUNDATION, STARK COUNTY COMMUNITY ACTION AGENCY, STARK COUNTY EDUCATIONAL SERVICES CENTER, STARK COUNTY FAMILY COUNCIL, STARK COUNTY HEALTH DEPARTMENT, STARK COUNTY JOB AND FAMILY SERVICE, CHILDREN SERVICES DIVISION, STARK COUNTY MEDICAL SOCIETY, STARK COUNTY URBAN MINORITY ALCOHOLISM DRUG ABUSE OUTREACH PROGRAM, STARK FRESH, STARK METROPOLITAN HOUSING AUTHORITY, STARK PARKS/LIVE WELL STARK COUNTY, SUMMA HEALTH, PEGASUS FARM, SISTERS OF CHARITY FOUNDATION OF CANTON, THRIVE - TOWARD HEALTH RESILIENCY FOR INFANT VITALITY & EQUITY, UNITED HEALTHCARE COMMUNITY PLAN, UNITED WAY OF GREATER STARK COUNTY, WALSH UNIVERSITY, AND YWCA CANTON IN ADDITION, THE COLLABORATION CONTRACTED WITH CENTER FOR MARKETING & OPINION RESEARCH, LLC TO CONDUCT THE STARK COUNTY HEALTH NEEDS ASSESSMENT AND PREPARE THE 2015 STARK COUNTY HEALTH NEEDS ASSESSMENT THE CENTER FOR MARKETING & OPINION RESEARCH PROVIDES PUBLIC OPINION RESEARCH SERVICES TO COLLEGES AND UNIVERSITIES, HOSPITALS AND HEALTH CARE ORGANIZATIONS, BUSINESSES, AND COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENT AGENCIES SERVICES INCLUDE TELEPHONE, WEB AND MAIL SURVEYS, FIELD, INTERCEPT AND KEY INFORMANT INTERVIEWS, FOCUS GROUP ADMINISTRATION, AS WELL AS A WIDE RANGE OF CONSULTING SERVICES</p>

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 7D	THE CHNA AND CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 11	<p>NEED 1 ACCESS TO HEALTH CAREACTION DEVELOPMENT OF ACCESS LINES - DEVELOP ACCESS LINES FO R PATIENTS TO SCHEDULE WITH A PCP ACCEPTING PATIENTS & NEEDED HOSPITAL SERVICES - VOLUME O F SCHEDULED PCIMPACT - IN THE PLANNING STAGES, EXPECTED TO BE IMPLEMENTED BY Q4 2017 UPD ATE TO FOLLOW IN 2018 - 2,311 NEW PATIENT VISITS IN THE FIRST 6 MONTHS - 3,569 NEW PATIENT VISITS IN THE SECOND HALF OF 2017 - TOTAL 2017 5,880 NEW PATIENT VISITSACTION DEVELOPMENT T OF FQHC - DEVELOPMENT OF FQHC - VOLUME SERVED - EXTENDING HOURS OF OPERATION - INCREASE NUMBER OF PROVIDERS THROUGH COLLABORATION WITH THE RESIDENCY PROGRAM AND/OR USE OF APRNSIM PACT - APPLICATION APPROVED - SITE VISIT SCHEDULEDACTION MEDICARE PATIENTS - TRADITIONAL MEDICARE BENEFICIARIES IDENTIFIED AS HIGH UTILIZERS REFERRED FOR THE MEDICARE SHARED SAVI NGS LINKING PATIENTS TO COMMUNITY RESOURCES / PROVIDING EDUCATION ON CHRONIC CONDITIONS & HEALTHY LIFESTYLE RECOMMENDATIONSIMPACT - PC SERVICES 60,934 (THROUGH OCT 2017) - ANNUAL WELLNESS VISITS 4,615 (THROUGH OCT 2017) - ER VISITS 6,428 (THROUGH OCT 2017) ACTION CAR E COORDINATION - SOCIAL WORKERS IN ED TO ENSURE HIGH RISK PATIENTS HAVE A DISCHARGE PLAN, FOLLOW UP WITH >6 ED VISITS IN 6 MONTHS, AND FACILITATE SKILLS PLACEMENT - CONTINUE TO DEV ELOP CARE COORDINATION TO FOLLOW PATIENTS FOR 30 DAYS POST DISCHARGEIMPACT - WE ATTEMPT T O SECURE A PCP FOLLOW UP APPOINTMENT FOR ALL PATIENTS SOME PRACTICES MAKE THEIR OWN SO WE DOCUMENT ON DEPART THAT INFORMATION WE ATTEMPT TO SECURE A PCP IF PATIENTS DO NOT HAVE O NE WE ALSO SECURE ALL CARDIAC APPOINTMENTS AND OTHER SPECIALTIES AS INDICATED - SOCIAL W ORKER PRESENCE IN THE ED HAS INCREASED TO 7 DAYS A WEEK, 15-16 HOURS A DAY - ATTEMPTS TO CALL >6 VISITS, BUT CONTACT NOT ALWAYS SUCCESSFUL - WE ATTEMPT TO SECURE A PCP FOLLOW UP APPOINTMENT FOR ALL PATIENTS SOME PRACTICES MAKE THEIR OWN SO WE DOCUMENT ON DEPART THAT INFORMATION WE ATTEMPT TO SECURE A PCP IF PATIENTS DO NOT HAVE ONE WE ALSO SECURE ALL CA RDIAC APPOINTMENTS AND OTHER SPECIALTIES AS INDICATED - ER PLACEMENTS THROUGH AUGUST 201 7 28 PATIENTS HAVE BEEN PLACED DIRECTLY FROM THE ED ONLY 1 WAS READMITTED AND IT WAS UNRE LATED 6 WOULD HAVE BEEN READMISSIONS - WILL BE ABLE TO TRACK VOLUMES ONCE CERNER MANAGEME NT IS IMPLEMENTED - WE ATTEMPT TO SECURE A PCP FOLLOW UP APPOINTMENT FOR ALL PATIENTS SO ME PRACTICES MAKE THEIR OWN SO WE DOCUMENT ON DEPART THAT INFORMATION WE ATTEMPT TO SECUR E A PCP IF PATIENTS DO NOT HAVE ONE WE ALSO SECURE ALL CARDIAC APPOINTMENTS AND OTHER SPE CIALTIES AS INDICATED ACTION HEART SERVICES - PERCENTAGE OF PATIENTS WITH ACUTE MI (STEM I & NSTEMI) USING EMS TRANSPORT - CARDIAC NURSES TO EDUCATE COMMUNITY ON SIGNS/SYMPTOMS OF ACUTE MIIMPACT - 36% - 1ST HALF OF 2017 - 55% - 2ND HALF OF 2017 - 2017 ACUTE MI % OF PA TIENTS PRESENTING TO ER EMS 37%, SELF 63% - 434 PEOPLE IN THE COMMUNITYNEED 2 OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICESACTION CANCER PREVENTION STRATEGIES - RAISE AWARENES S BY EDUCATING THE COMMUNITY O</p>

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 11	N CANCER PREVENTION STRATEGIES AT COMMUNITY OUTREACH EVENTS - EDUCATING 6TH GRADE STUDENTS ON PREVENTION - PARTNERING WITH MINORITY COMMUNITY TO RAISE DISPARITIES WITH LIFESTYLE CHOICESIMPACT - EDUCATED ONE MIDDLE SCHOOL SO FAR - ANOTHER EVENT PLANNED FOR THE FALL ACTION HEALTH PREVENTION ACTIVITIES IN LOCAL SCHOOLS - AULTMAN AMBASSADOR PROGRAM - THE KIDS KICK THE CANIMPACT - LHS 2016 2017 = 15, 2017 2018 = 10 - CSHS 2016-2017 = 9 , 2017 2018 = 10 - KICK THE CAN 2 CLASSES IN MARCH 36 STUDENTSO FALL 2017 - 2 SCHOOLS, 85 STUDENTS MONTHLYACTION AULTMAN'S HEART AND CANCER PROGRAMS - WORK WITH LOCAL FIREFIGHTERS TO PROVIDE UP TO 20 EDUCATIONAL SESSIONS (OVER 3 YEARS) ON CARDIAC AND CANCER RISK ASSESSMENTS, STRATEGIES AND SCREENINGS - EDUCATE THE COMMUNITY ON CANCER PREVENTION STRATEGIES (COMMUNITY OUTREACH EVENTS) - EDUCATE 6TH GRADERS TO PREVENT LIFETIME RISK OF CANCER - PARTNER WITH MINORITY COMMUNITY TO RAISE AWARENESS OF DISPARITIES ASSOCIATED WITH LIFESTYLE CHOICESIMPACT - NUMBER OF CLASSES PROVIDED THROUGH JUNE 2017 - 18 EDUCATIONAL SESSIONS - 373 FIREFIGHTERS ATTENDED EDUCATIONS SESSIONS - 320 NEEDS ASSESSMENT RESPONSES 86% RETURN RATE - DEMO GRAPHICS AVERAGE YEARS AS FIREFIGHTER 18 - AVERAGE AGE OF FIREFIGHTER 47 - 30 FEMALES (9%) / 290 MALES (91%) - 5 EVENTS 205 PARTICIPANTSACTION TOBACCO CESSATION - HOSPITALIZED PATIENTS WILL RECEIVE INFORMATION - PROVIDE AT LEAST SIX STAFF/PRACTITIONER EDUCATION CLASSES TO INCREASE SKILL LEVEL - INCREASE NUMBER OF CERTIFIED TOBACCO SPECIALISTS BY AT LEAST ONE MEMBER - FOLLOW UP CALLS TO D/C PATIENTS WITH RECENT HISTORY OF TOBACCO USE - OFFER "GIVE IT UP" CESSATION CLASSES AT LEAST 15-25 COURSES (6 SESSIONS EACH) YEARLY - WORK WITH PHYSICIAN OFFICES TO PROVIDE STANDARDIZED EDUCATION MATERIALS - STREAMLINE PHYSICIAN REFERRAL PROCESS BY INTEGRATION INTO THE EMR - AULTMAN HOSPITAL WILL PARTICIPATE IN THE "GREAT AMERICAN SMOKEOUT" - COMMIT RESOURCES (STAFF, TOBACCO CESSATION AIDES, AND EDUCATION MATERIAL) FREE OF CHARGEIMPACT - ALL INPATIENTS SCREENED BY NURSING FOR TOBACCO USE & RESPIRATORY THERAPY NOTIFIED VIA CERNER TO OFFER TOBACCO CESSATION COUNSELING - JAN-JUNE 2017 SCREENED 11,488, COUNSELED 56 - 2 TOBACCO COUNSELING CLASSES OFFERED TO CLINICAL STAFF IN FEB 2017 I AM WORKING WITH THE DIRECTOR OF RESPIRATORY TO REQUIRE TOBACCO COUNSELING EDUCATION AS PART OF THEIR 2017 COMPETENCY PLAN WE MEET NEXT WEEK TO FINALIZE THE EDUCATION ABOUT COUNSELING TECHNIQUES - 2 NEW CERTIFIED TREATMENT SPECIALIST, BOTH WORKING IN AULTCARE - EDUCATION - FOLLOW UP CALLED TO RECENT SMOKERS HAS BEEN ELIMINATED DUE TO HIGH VOLUMES IN CARDIAC REHAB, FELT AS THOUGH RETURN ON INVESTMENT FOR CALLS WAS MINIMAL IF NOT NONEXISTENT - YES - ONGOING PROGRAM & A NEW COURSE BEGINS EVERY 2 WEEKS - COMPLETED - MET WITH 36 PHYSICIAN OFFICE MANAGERS TO DEMONSTRATE A SYSTEM WHERE THEY CAN ACCESS TOBACCO CESSATION INFORMATION FOR THEIR PATIENTS FROM A NEWLY DESIGNED RESOURCE ON THE EMPLOYEE PORTAL THIS WILL ASSIST IN HAVING THE INFORMATION

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 11	DIRECTLY AVAILABLE FOR THEM - ONE CHART INITIATIVE THROUGH CERNER/AULTMAN WILL PROVIDE IN TEGRATED INFORMATION OF SMOKING HISTORY TO BOTH HOSPITAL AND PHYSICIAN OFFICE INFORMATION ABOUT REFERRING PATIENTS TO AULTMAN TOBACCO CESSATION IS AVAILABLE TO ALL EMPLOYED PHYSIC IAN OFFICES - PARTICIPATED IN 2016 (116 VISITS) & 2017 (100 VISITS), AULTMAN ORRVILLE ALS O PARTICIPATED - STAFF AND RESOURCES INTEGRATED INTO THE OPERATING BUDGET (95138 FOR SUPPL IES, 10145 FOR STAFF TIME) - WE CONTINUE TO OFFER NICOTINE REPLACEMENT THERAPY AND A NEW T OBACCO CESSATION WORKBOOK AT ALL TOBACCO CESSATION CLASSES ALL CLASSES ARE FREE AND STAFF ED BY PAID TOBACCO TREATMENT SPECIALISTSNEED 3 NEED FOR ADDITIONAL MENTAL HEALTH SERVICES ACTION MENTAL HEALTH REFERRALS - VOLUME OF MENTAL HEALTH REFERRALS FOR INTERVENTION AND T REATMENTIMPACT - LICENSED SOCIAL WORKER HIRED - REFERRAL MODULE PURCHASEDACTION BEHAVIOR AL NAVIGATOR IN ED - BEHAVIORAL NAVIGATOR IN ED FOR SEAMLESS LINKAGE TO COMMUNITY MENTAL H HEALTH AGENCIES IMPACT - 10 20 17- WORKING WITH STARKMHAR & CRISIS TO PROVIDE FUNDING /SUP PORT FOR BEHAVIORAL HEALTH NAVIGATOR POSITION EMPLOYEE WILL BE A CRISIS EMPLOYEE & AULTMA N WILL SUPPORT 50% OF SALARY NEED 4 REDUCE INFANT MORTAILITY IN THE COMMUNITYACTION CENT ERING PROGRAM - CENTERING PROGRAM (NUMBER OF TIMES OFFERED & NUMBER OF PARTICIPANTS) - PRE -TERM SCREENING OFFEREDIMPACT - IN PROGRESS - THRIVEACTION THRIVE - ACTIVE PARTICIPATION IN THRIVE (TOWARD HEALTH RESILIENCY FOR INFANT VITALITY & EQUITY) INITIATIVES - PROVIDE EDUCATION ON SAFE SLEEP, BIRTH SPACING, BREASTFEEDING & ACCESS TO CAREIMPACT - ATTEND THR IVE MEETINGS AND PARTICIPATE IN INITIATIVES - ON-GOING EDUCATION PROVIDED AT WOW LOCATION S ACTION COMMUNITY INVOLVEMENT - FETAL INFANT MORTALITY REVIEW (FIMR) - COLLABORATIVE IMP ROVEMENT & INNOVATION NETWORK TO REDUCE INFANT MORTALITY (COIN) - OHIO COLLABORATIVE TO PR EVENT INFANT MORTALITY (OCPIM) - OHIO PERINATAL QUALITY COLLABORATIVE (OPQC)IMPACT - CURR ENTLY STILL INVOLVED IN EXCEPT COIN NEED 5 HEROIN / OPIATE USEACTION NARCAN KITS - PROVI DE NARCAN KITS & EDUCATION TO PATIENTS & FAMILIES THAT PRESENT TO THE ED AS AN OPIATE OVER DOSE)IMPACT - 2017 - 15 KITS GIVEN OUT

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 13H	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 FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 57%.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- AULTMAN HOSPITAL PART V, SECTION B, LINE 16J	THE FINANCIAL ASSISTANCE INFORMATION CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/ FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AULTMAN WOODLAWN PART V, SECTION B, LINE 5	SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AULTMAN WOODLAWN PART V, SECTION B, LINE 6A	SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AULTMAN WOODLAWN PART V, SECTION B, LINE 13H	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 FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 57%

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- AULTMAN WOODLAWN PART V, SECTION B, LINE 16J	THE FINANCIAL ASSISTANCE INFORMATION CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/ FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- AULTMAN WEST PART V, SECTION B, LINE 5	SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- AULTMAN WEST PART V, SECTION B, LINE 6A	SEE GROUP A - FACILITY 1 -- AULTMAN HOSPITAL DISCLOSURE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- AULTMAN WEST PART V, SECTION B, LINE 13H	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 FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 57%

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- AULTMAN WEST PART V, SECTION B, LINE 16J	THE FINANCIAL ASSISTANCE INFORMATION CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/ FINANCIAL-ASSISTANCE/

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

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

Form and Line Reference	Explanation
PART V, LINE 13A	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 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 57%

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

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

Form and Line Reference	Explanation
PART V, LINE 11	(CONTINUED FROM PART V, LINE 11) NEED 3 NEED FOR ADDITIONAL MENTAL HEALTH SERVICES ACTION MENTAL HEALTH REFERRALS - VOLUME OF MENTAL HEALTH REFERRALS FOR INTERVENTION AND TREATMENT IMPACT - LICENSED SOCIAL WORKER HIRED - REFERRAL MODULE PURCHASED ACTION BEHAVIORAL NAVIGATOR IN ED - BEHAVIORAL NAVIGATOR IN ED FOR SEAMLESS LINKAGE TO COMMUNITY MENTAL HEALTH AGENCIES IMPACT - WORKING WITH STARK MHAR & CRISIS TO PROVIDE FUNDING /SUPPORT FOR BEHAVIORAL HEALTH NAVIGATOR POSITION EMPLOYEE WILL BE A CRISIS EMPLOYEE & AULTMAN WILL SUPPORT 50% OF SALARY NEED 4 REDUCE INFANT MORTALITY IN THE COMMUNITY ACTION CENTERING PROGRAM - CENTERING PROGRAM - PRE-TERM SCREENING OFFERED IMPACT - IN PROGRESS - THRIVE ACTION THRIVE - ACTIVE PARTICIPATION IN THRIVE (TOWARD HEALTH RESILIENCY FOR INFANT VITALITY & EQUITY) INITIATIVES - PROVIDE EDUCATION ON SAFE SLEEP, BIRTH SPACING, BREASTFEEDING & ACCESS TO CARE IMPACT - ATTEND THRIVE MEETINGS AND PARTICIPATE IN INITIATIVES - ON-GOING EDUCATION PROVIDED AT WOW LOCATIONS ACTION COMMUNITY INVOLVEMENT - FETAL INFANT MORTALITY REVIEW (FIMR) - COLLABORATIVE IMPROVEMENT & INNOVATION NETWORK TO REDUCE INFANT MORTALITY (COIN) - OHIO COLLABORATIVE TO PREVENT INFANT MORTALITY (OCPIM) - OHIO PERINATAL QUALITY COLLABORATIVE (OPQC) IMPACT - CURRENTLY STILL INVOLVED IN EXCEPT COIN NEED 5 HEROIN / OPIATE USE ACTION NARCAN KITS - PROVIDE NARCAN KITS & EDUCATION TO PATIENTS & FAMILIES THAT PRESENT TO THE ED AS AN OPIATE OVERDOSE) IMPACT - 2017 - 15 KITS GIVEN OUT

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 CCANTON, 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 CARROLLTON 1020 TRUMP RD CARROLLTON, OH 44615	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
6 7 - AULTMAN TUSCARAWAS AND WEIGHT MANAGEMENT 2615 TUSCARAWAS ST W CANTON, OH 44708	THERAPY CLINIC AND WEIGHT MANAGEMENT
7 8 - AULTMAN FAMILY MEDICINE CENTER 4319 HILLS DALES RD NW CANTON, OH 44708	OUTPATIENT PHYSICIAN CLINIC
8 9 - AULTMAN FAMILY MEDICINE CENTER 8320 WAYNESBURG DR SE WAYNESBURG, OH 44688	OUTPATIENT PHYSICIAN CLINIC
9 10 - AULTMAN FAMILY MEDICINE CENTER 2600 7TH STREET SW CANTON, OH 44710	OUTPATIENT PHYSICIAN CLINIC
10 11 - AULTMAN LOUISVILLE 1925 WILLIAMSBURG WAY LOUISVILLE, OH 44641	THERAPY CLINIC

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
32-0483994

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 6

Part III **Grants 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) AULTMAN HEALTH FOUNDATION SCHOLARSHIP	10	33,729			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	AULTMAN HOSPITAL - THE AULTMAN HOSPITAL COMMUNITY SUPPORT POLICY/PROCEDURE PROVIDES GUIDANCE IN RESPONSE TO COMMUNITY ORGANIZATION REQUESTS FOR SUPPORT AULTMAN HOSPITAL DEEMS IT BENEFICIAL AND NECESSARY TO BE A GOOD CORPORATE CITIZEN AND WILL CONSIDER SUPPORT OF COMMUNITY ENDEAVORS AND PROJECTS THAT WILL IMPROVE THE LIVES AND LIVELIHOOD OF THE COMMUNITY IT SERVES 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 ONSITE 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
HOF VILLAGE IRG REALTY ADVISORS LLC 4020 KINROSS LAKES PKWY 200 RICHFIELD, OH 44286	47-4957748		175,000				SPONSORSHIP IN SUPPORT OF THE HOF COMMUNITY
THE EYE CLINIC INC 3545 LINCOLN WAY E STE A MASSILLON, OH 44646	47-4957748		52,865				BENJAMIN RECRUIT 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 STREET SW CANTON, OH 44707	46-2949527	501(C) (3)	40,000				SUPPORT OF ACCESS HEALTH STARK COUNTY
BRIGHT NEW LEADERS FOR OHIO SCHOOLS 41 S HIGH ST STE 2240 COLUMBUS, OH 43215	46-5074939	501(C) (3)	30,000				SUPPORT OF BRIGHT NEW LEADERS FOR OHIO SCHOOLS

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
CENTRAL CATHOLIC HIGH SCHOOL 4824 TUSCARAWAS ST W CANTON, OH 44708	34-0714566	501(C) (3)	26,000				SCOREBOARD SPONSORSHIP
ARTS IN STARK 1001 MARKET AVE N CANTON, OH 44702	34-6609771	501(C) (3)	25,000				SUPPORT OF THE 2017 ANNUAL ARTS CAMPAIGN

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
MY COMMUNITY HEALTH CENTER PO BOX 80690 CANTON, OH 44708	81-2171085	501(C) (3)	23,470				GRANT AGREEMENT
KENT STATE UNIVERSITY 232 SCHEARTZ CENTER PO BOX 5190 KENT, OH 44240	31-6402079	KENT STATE UNIV	20,000				PLEDGE FOR THE SCIENCE AND NURSING BUILDING

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
OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 E BROAD ST STE 1700 COLUMBUS, OH 43215	31-4441082	501(C) (3)	20,000				SCHOLARSHIP FUNDS
PROSTAWARE INC 28 BALL MILL PL SANDY SPRINGS, GA 30350	27-0599329	501(C) (3)	20,000				PRESENTING SPONSOR AT THE BLUE TIES PROSTATE CANCER AWARENESS DINNER

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
WALSH UNIVERSITY 2020 EAST MAPLE NORTH CANTON, OH 44720	34-0868798	501(C) (3)	20,000				GRANT FOR CONSTRUCTION AND EQUIPEMENT FOR LAUNCH OF OCCUPATIONAL THERAPY LEARNING SPACE
REPOSITORY 500 MARKET AVE S CANTON, OH 44702	31-1714372		10,000				HEROIN AWARENESS

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 COUNTY CONVENTION AND VISITORS BUREAU 222 MARKET AVE N CANTON, OH 44702	47-4985751	501(C) (6)	10,000				COMMUNITY PARTNERSHIP
CANTON REGIONAL CHAMBER OF COMMERCE 222 MARKET AVE N CANTON, OH 44702	34-0129930	501(C) (6)	8,500				HOF ENSHRINEMENT FESTIVAL GRANT PARADE FLOAT

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
TEAM NEO FOUNDATION 737 BOLIVAR RD CLEVELAND, OH 44115	34-1885407	501(C) (3)	7,500				2017 TEAM NEO/CLEVELAND PLUS SUPPORT
HORIZONS OF TUSCARAWAS AND CARROLL COUNTIES 220 W 4TH ST DOVER, OH 44622	34-1195515	501(C) (3)	6,000				RURAL PUBLIC TRANSPORTATION VEHICLE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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 style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>	4a	No
<div style="margin-left: 20px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? </div>	4b Yes	
<div style="margin-left: 20px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	5a	No
<div style="margin-left: 20px;"> b Any related organization? </div> 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: <div style="margin-left: 20px;"> a The organization? </div>	6a	No
<div style="margin-left: 20px;"> b Any related organization? </div> 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 nonfixed 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	

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.

See Additional Data Table**Schedule J (Form 990) 2017**

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	AULTMAN HEALTH FOUNDATION, A RELATED ORGANIZATION, DETERMINES THE HEALTH SYSTEM'S CEO'S COMPENSATION. THE FOLLOWING WERE USED BY AULTMAN HEALTH FOUNDATION IN DETERMINING THE CEO'S COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	MARK ROSE, VICKI HAINES, ED ROTH, CHRIS REMARK, MARK WRIGHT, VI LEGGETT, AND BECKY CROWL ARE PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN. THERE WERE NO CONTRIBUTIONS TO OR DISTRIBUTIONS FROM THE PLAN IN 2017.

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)	610,934	61,005	9,985	28,780	16,320	727,024	0
1MARK D WRIGHT CFO - AHF, SECRETARY & TREASURER - T	(i)	0	0	0	0	0	0	0
	(ii)	386,801	36,723	1,018	26,100	17,020	467,662	0
2CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AH & ANCMG	(i)	454,873	49,972	1,197	25,308	17,020	548,370	0
	(ii)	0	0	0	0	0	0	0
3JEANINE SHAMBAUGH VP - CHIEF INTERNAL AFFAIRS - ACON	(i)	131,874	11,790	461	27,960	16,320	188,405	0
	(ii)	0	0	0	0	0	0	0
4JEAN PADDOCK CHIEF ACADEMIC OFFICER - ACON	(i)	141,385	12,300	100	13,703	10,460	177,948	0
	(ii)	0	0	0	0	0	0	0
5VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER - ACO	(i)	156,601	13,801	946	23,256	10,460	205,064	0
	(ii)	0	0	0	0	0	0	0
6MILAN R DOPIRAK MD DIRECTOR - AH	(i)	0	0	0	0	0	0	0
	(ii)	297,425	147,815	15,446	32,100	8,580	501,366	0
7ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	(i)	243,835	20,274	905	31,481	10,460	306,955	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL LYNCH DIRECTOR - AH	(i)	0	0	0	0	0	0	0
	(ii)	409,441	35,562	1,601	32,100	12,488	491,192	0
9REBECCA J CROWL PRESIDENT - ACON	(i)	206,633	29,250	2,113	29,975	16,320	284,291	0
	(ii)	0	0	0	0	0	0	0
10ADAM LUNTZ CFO - AH, TREASURER - ACON	(i)	0	0	0	0	0	0	0
	(ii)	223,267	16,686	382	23,384	15,997	279,716	0
11VICTORIA L HAINES VP-FDTN SERVICES, DIRECTOR - TAF	(i)	206,672	20,785	1,969	30,414	10,049	269,889	0
	(ii)	0	0	0	0	0	0	0
12ANDREW NAUMOFF MD VICE CHAIR - AOH	(i)	0	0	0	0	0	0	0
	(ii)	187,730	76,334	3,682	31,993	4,622	304,361	0
13RYAN JONES DIRECTOR - AOH, CEO - AOH	(i)	186,109	11,022	467	14,331	16,320	228,249	0
	(ii)	0	0	0	0	0	0	0
14MARCHELLE L SUPPAN DPM CEO, DIRECTOR - AOH, VP ANCMG	(i)	226,106	25,000	2,042	31,151	4,075	288,374	0
	(ii)	0	0	0	0	0	0	0
15CLIFFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	(i)	299,806	68,192	65,964	32,100	16,320	482,382	0
	(ii)	0	0	0	0	0	0	0
16ROBERT C MOLNAR DIRECTOR - ANCMG & AOH, VP PHYS SVCS	(i)	0	0	0	0	0	0	0
	(ii)	222,989	14,325	382	24,728	16,320	278,744	0
17JULIA FIORENTINO MD DIRECTOR - ANCMG	(i)	219,712	71,290	4,081	13,322	7,295	315,700	0
	(ii)	0	0	0	0	0	0	0
18MATTHEW HIESTAND MD DIRECTOR - ANCMG	(i)	278,209	82,086	4,015	26,100	16,320	406,730	0
	(ii)	0	0	0	0	0	0	0
19RAMESH KRISHNAMURTHI DIRECTOR - ANCMG	(i)	175,464	46,603	8,596	24,894	11,611	267,168	0
	(ii)	0	0	0	0	0	0	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				
21 SHRUTI TREHAN MD DIRECTOR - ANCMG, DIRECTOR - TAF	(i)	991,281	103,852	2,609	26,100	16,320	1,140,162	0
	(ii)	0	0	0	0	0	0	0
1 SUSAN E MERCER MD VP - MEDICAL EDUCATION - AH	(i)	310,526	21,888	12,085	17,969	9,680	372,148	0
	(ii)	0	0	0	0	0	0	0
2 LORI L MERTES MD PHYSICIAN, CHIEF QUALITY OFFICER - A	(i)	372,091	31,692	1,400	29,815	0	434,998	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM FAYEN MD DIRECTOR - ANCMG	(i)	159,573	44,723	5,846	16,360	3,996	230,498	0
	(ii)	0	0	0	0	0	0	0
4 RAZA A KHAN MD DIRECTOR - ANCMG	(i)	732,189	104,655	5,331	21,383	16,240	879,798	0
	(ii)	0	0	0	0	0	0	0
5 PRABHCHARAN GILL MD PHYSICIAN - AH	(i)	600,996	90,000	6,951	32,100	15,540	745,587	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL A KREW MD PHYSICIAN - AH	(i)	551,584	88,462	7,895	32,100	16,320	696,361	0
	(ii)	0	0	0	0	0	0	0
7 STEVEN M WEAVER MD PHYSICIAN - ANCMG	(i)	513,055	129,045	6,949	20,207	15,540	684,796	0
	(ii)	0	0	0	0	0	0	0
8 SUNITHA VEMULAPALLI MD PHYSICIAN - ANCMG	(i)	682,790	86,499	1,823	9,837	13,809	794,758	0
	(ii)	0	0	0	0	0	0	0
9 JAMES SCHMOTZER MD PHYSICIAN - ANCMG	(i)	658,045	11,299	4,743	12,533	6,172	692,792	0
	(ii)	0	0	0	0	0	0	0

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part ITypes 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	20	4,873	DONORS' VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		74,976	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				
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	153	86,852	DONORS' VALUE
26 Other ► (OTHER)	X	116	53,264	DONORS' VALUE
27 Other ► (JEWELRY)	X	44	30,012	DONORS' VALUE
28 Other ► (COLLECTIBLES)	X	42	11,387	DONORS' VALUE

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

290

	Yes	No
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?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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

SCHEDULE O (Form 990 or 990-EZ)	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 2017 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	(CONTINUED FROM FORM 990, PAGE 2) 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 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 2017-2018 IN OHIO BY U S NEWS AND WORLD REPORT, BEING NAMED CANTON'S "MOST PREFERRED HOSPITAL" BY NATIONAL RESEARCH CORPORATION AND EARNING THE "MAGNET" DESIGNATION FOR NURSING EXCELLENCE AULTMAN ORRVILLE HOSPITAL (AOH) HAS BEEN MEETING THE HEALTH CARE NEEDS OF EASTERN WAYNE COUNTY FOR MORE THAN SIXTY YEARS SINCE 1996, AOH HAS BEEN A MEMBER OF THE INDEPENDENT HOSPITAL NETWORK (IHN), WHICH CONSISTS OF FIVE AREA HOSPITALS SHARING A COMMON MISSION OF MAINTAINING LOCAL, NOT-FOR-PROFIT CONTROL BUILDING ON A SIXTEEN YEAR RELATIONSHIP THROUGH THE IHN, AOH ENTERED INTO A MEMBER SUBSTITUTION AGREEMENT TO BECOME A SUBSIDIARY OF THE AULTMAN HEALTH FOUNDATION IN 2012 THE AFFILIATION ALLOWS AOH TO REMAIN A CLOSE-TO-HOME, COMMUNITY HOSPITAL WHILE IMPROVING ACCESS TO ADVANCED HEALTH CARE SERVICES 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, ACON OFFERS MULTIPLE ACCREDITED PROGRAMS, AS/BS IN HEALTH SCIENCES, AS IN NURSING, AS/AAS IN RADIOGRAPHY AND BSN (PRE- AND POST-LICENSURE)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	EDWARD J ROTH III AND HARRY C C MACNEALY HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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' GOVERANCE 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

990 Schedule O, Supplemental Information

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 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>

990 Schedule O, Supplemental Information

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. 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. 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. 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. AHF, AS SOLE MEMBER OF ANCMG, HAS THE RESERVED POWER TO APPROVE ANY CHANGE IN THE ORGANIZATION. </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	NIZATION'S MISSION OR PURPOSE, APPROVE ANY AMENDMENT TO THE ORGANIZATION'S ARTICLES OF INCORPORATION OR APPROVE ANY AMENDMENT TO THE CODE OF REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN INDEPENDENT CPA FIRM BASED ON INFORMATION PROVIDED BY AULTMAN HEALTH FOUNDATION'S FINANCE DEPARTMENT AHF'S FINANCE DEPARTMENT CAREFULLY REVIEWED AND ANALYZED THE TAX RETURN THE DEPARTMENT RECONCILED THE GENERAL LEDGER AMOUNTS TO THE APPROPRIATE SCHEDULES ON THE FORM 990 AND COMPARED THOSE AMOUNTS TO THE AUDITED FINANCIAL STATEMENTS IN ADDITION, THE FINANCE DEPARTMENT DID A COMPARATIVE ANALYSIS TO THE PRIOR YEAR RETURN THE ANALYSIS AND RECONCILIATION SCHEDULES ALONG WITH A COMPLETE COPY OF THE 990 WERE PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL A COMPLETE COPY OF THE 990 WAS THEN MADE AVAILABLE TO THE BOARDS OF DIRECTORS THROUGH A SECURED INTERNET PORTAL PRIOR TO THE FILING DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARDS 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 OFFICER 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AULTMAN HOSPITAL (AH) AND AULTMAN ORRVILLE HOSPITAL (AOH) USE THE FOLLOWING REFERENCE MATERIALS FOR THE DEVELOPMENT OF EXECUTIVE COMPENSATION OHIO HOSPITAL ASSOCIATION (OHA), MERCER INTEGRATED HEALTH NETWORK, INCLUDING SURVEY DATA FOR BOTH HOSPITALS AND HEALTH PLANS, AND SULLIVAN COTTER AND ASSOCIATES (SCA) THE AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES (ACON) USES THE FOLLOWING ACADEMICALLY BASED REFERENCE MATERIALS FOR THE DEVELOPMENT OF EXECUTIVE COMPENSATION 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 COMPDATASURVEYS COM, SALARY COM, AND CHAMPS IN THESE CASES, THE SURVEY IS REFERENCED WHERE APPLICABLE EXECUTIVE PERFORMANCE, WAGE RECOMMENDATIONS AND BONUS PAYMENTS ARE REVIEWED BY THE CEO PRIOR TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS THE CEO'S COMPENSATION IS ALSO REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS HAS ENGAGED SULLIVAN COTTER & ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTING FIRM FOR REVIEW OF EXECUTIVE COMPENSATION PRACTICES AH AND AOH 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 COTTER AND ASSOCIATES (SCA) IN ADDITION TO SALARY SURVEYS, AH AND AOH RETAIN 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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTEREST RATE SWAP SETTLEMENT -19,510 INTERFUND TRANSFERS -4,204,553

990 Schedule O, Supplemental Information

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 THESE SUBORDINATES ARE AS FOLLOWS 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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FEDERAL ELECTIONS	AULTMAN HEALTH FOUNDATION GROUP RETURN EMPLOYER IDENTIFICATION NUMBER 32-0483994 FOR THE YEAR ENDING DECEMBER 31, 2017 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

2017

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 12B, 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
(3)DARTMOUTH CHILD CARE CENTER CONTRACTING SERVICES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1652364	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 12C, III-FI	AULTMAN HOSPITAL	Yes	

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	
(1) WEST TUSCARAWAS PROPERTY MANAGEMENT LLC 2600 SIXTH ST SW CANTON, OH 44710 20-0090246	PROPERTY MGMT	OH	N/A									
(2) AULTMAN ONCOLOGY CENTER OF EXCELLENCE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4215510	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	156,431	31,829		No		Yes		64 770 %
(3) IHN POST - ACUTE NETWORK LLC 2821 WOODLAWN AVE NW CANTON, OH 44708 81-3136598	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	-51,616	91,968		No			No	65 800 %

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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)

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
MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	N/A	C					No
AULTCARE CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1488123	PREF PROVIDER ORG	OH	N/A	C					No
AULTCARE HOLDING COMPANY 2600 SIXTH ST SW CANTON, OH 44710 47-1165287	HOLDING COMPANY	OH	N/A	C					No
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 CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300	HEALTH SERVICES	OH	N/A	C					No
OHIO HOSPITAL BASED PHYSICIANS CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647	HEALTH SERVICES	OH	N/A	C					No
OHIO PHYSICIANS PROFESSIONAL CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897	HEALTH SERVICES	OH	N/A	C					No
AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904	ADMIN SERVICES	OH	N/A	C					No
AULTCARE HEALTH INSURING CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099	INSURANCE	OH	N/A	C					No
AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818	INSURANCE	OH	N/A	C					No
AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704	ADMIN SERVICE	OH	N/A	C					No
AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962	HEALTH SERVICES	OH	N/A	C					No
WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390	MEDICAL SUPPLIES	OH	N/A	C					No
AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014	HEALTH SERVICES	OH	N/A	C					No
MAINSITE SOLUTIONS LLC 2600 SIXTH ST SW CANTON, OH 44710 47-3587655	HEALTH SERVICES	OH	N/A	C					No