

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

THE MISSION OF AULTMAN HEALTH FOUNDATION 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 MORE THAN 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 \$ 443,461,178	including grants of \$ 3,387,626	(Revenue \$ 542,270,292)
See Additional Data				

4b	(Code)	(Expenses \$ 86,095,376	including grants of \$ 842,000	(Revenue \$ 100,812,828)
See Additional Data				

4c	(Code)	(Expenses \$ 53,252,320	including grants of \$ 0	(Revenue \$ 55,216,980)
See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 30,754,994	including grants of \$ 178,891	(Revenue \$ 37,172,514)	

4e	Total program service expenses ▶	613,563,868		
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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	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 Yes	
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 Yes	
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 Yes	
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 914	
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	7,094	2b	Yes	
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 86		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 61		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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

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

1

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

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

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total										▶			
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c Total from continuation sheets to Part VII, Section A				
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d Total (add lines 1b and 1c)	12,419,998	3,103,839	1,339,847
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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 ▶ 273

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CANTON AULTMAN EMERGENCY PHYSICIANS INC 2600 SIXTH STREET SW CANTON, OH 44710	PHYSICIAN SERVICES	4,425,698
SQUIRE PATTON BOGGS LLP 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114	LEGAL SERVICES	2,933,333
CANTON MEDICAL EDUCATION FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710	PHYSICIAN SERVICES	2,330,482
ALLIANCE MEDICAL ASSOCIATES INC 200 E STATE STREET ALLIANCE, OH 44601	ER PHYSICIANS	2,298,432
ZIRMED 888 W MARKET STREET 400 LOUISVILLE, KY 40202	SOFTWARE SUPPORT	2,204,951

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 24

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	12,860			
	b	Membership dues . . .	1b	22,520			
	c	Fundraising events . . .	1c	381,428			
	d	Related organizations	1d	173,291			
	e	Government grants (contributions)	1e	109,350			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,761,481			
	g	Noncash contributions included in lines 1a - 1f \$ 337,848					
	h	Total. Add lines 1a-1f		4,460,930			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621110	622,298,894	622,298,894		
	b	PREMIUM REVENUE	621110	94,728,245	94,728,245		
	c	MISCELLANEOUS REVENUE	900099	8,326,693	8,326,693		
	d	PHARMACY REVENUE	446110	5,464,526	5,464,526		
	e	TUITION REVENUE	611710	4,654,256	4,654,256		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		735,472,614			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	151,575		151,575	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		3,640,488	124,362	3,516,126	
	7a	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		-775,433		-775,433	
	8a	Gross income from fundraising events (not including \$ 381,428 of contributions reported on line 1c) See Part IV, line 18					
		a		271,721			
		b	Less direct expenses	478,417			
c	Net income or (loss) from fundraising events		-206,696		-206,696		
9a	Gross income from gaming activities See Part IV, line 19						
	a		20,175				
	b	Less direct expenses	10,600				
c	Net income or (loss) from gaming activities		9,575		9,575		
10a	Gross sales of inventory, less returns and allowances						
	a		921,438				
	b	Less cost of goods sold	0				
c	Net income or (loss) from sales of inventory		921,438		921,438		
Miscellaneous Revenue		Business Code					
11a	FOOD SERVICE	722210	2,761,584		26,697	2,734,887	
b	LAB INCOME	621500	849,333		849,333		
c	MISCELLANEOUS REVENUE	900099	48,625			48,625	
d	All other revenue						
e	Total. Add lines 11a-11d		3,659,542				
12	Total revenue. See Instructions		747,334,033	735,472,614	1,000,392	6,400,097	

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.	4,330,877	4,330,877		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	77,640	77,640		
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.	12,010,250	10,115,094	1,895,156	
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.	263,049,642	216,197,001	46,852,641	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,337,767	6,927,485	1,410,282	
9 Other employee benefits.	37,640,148	30,847,226	6,792,922	
10 Payroll taxes.	18,793,817	15,452,222	3,341,595	
11 Fees for services (non-employees):				
a Management.	5,986,085	4,906,368	1,079,717	
b Legal.	3,621,448	2,969,591	651,857	
c Accounting.	144,629	118,008	26,621	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,828	4,779	1,049	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	76,101,747	62,420,178	13,681,569	
12 Advertising and promotion.	2,709,137	2,220,221	488,916	
13 Office expenses.	15,265,178	12,528,034	2,737,144	
14 Information technology.	2,181,796	1,794,742	387,054	
15 Royalties.				
16 Occupancy.	16,410,381	13,534,503	2,875,878	
17 Travel.	1,575,902	1,297,948	277,954	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	367,470	301,636	65,834	
20 Interest.	3,671,947	3,038,701	633,246	
21 Payments to affiliates.	36,144,421	29,638,425	6,505,996	
22 Depreciation, depletion, and amortization.	23,721,806	19,477,407	4,244,399	
23 Insurance.	4,151,738	3,408,630	743,108	
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	88,966,214	72,985,116	15,981,098	
b MEDICATION	78,576,919	66,726,352	11,850,567	
c BAD DEBT EXPENSE	26,739,667	21,901,872	4,837,795	
d HOSPITAL FRANCHISE FEE	8,560,239	7,015,069	1,545,170	
e All other expenses	4,110,649	3,328,743	742,419	39,487
25 Total functional expenses. Add lines 1 through 24e.	743,253,342	613,563,868	129,649,987	39,487
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		2,070,128	1	24,845
	2	Savings and temporary cash investments		12,270,490	2	25,867,500
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		61,746,091	4	81,676,815
	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	26,488
	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		904,631	7	806,304
	8	Inventories for sale or use		3,931,093	8	6,346,439
	9	Prepaid expenses and deferred charges		5,117,492	9	6,932,731
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	607,890,132		
	b	Less: accumulated depreciation	10b	356,198,167		
				221,893,609	10c	251,691,965
	11	Investments—publicly traded securities		9,980,590	11	6,534,936
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		1,865,963	13	3,809,451
	14	Intangible assets		1,691,199	14	5,224,004
15	Other assets. See Part IV, line 11		6,357,596	15	16,486,403	
16	Total assets. Add lines 1 through 15 (must equal line 34)		327,828,882	16	405,427,881	
Liabilities	17	Accounts payable and accrued expenses		51,632,267	17	60,570,736
	18	Grants payable			18	
	19	Deferred revenue		8,327,603	19	8,324,086
	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		8,440,081	23	6,569,157
	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		1,635,373	25	1,303,324
	26	Total liabilities. Add lines 17 through 25		70,035,324	26	76,767,303
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		250,672,524	27	318,082,951
	28	Temporarily restricted net assets		6,616,034	28	10,072,627
	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		257,793,558	33	328,660,578	
34	Total liabilities and net assets/fund balances		327,828,882	34	405,427,881	

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	747,334,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	743,253,342
3	Revenue less expenses Subtract line 2 from line 1	3	4,080,691
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	257,793,558
5	Net unrealized gains (losses) on investments	5	-252,602
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	67,038,931
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	328,660,578

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 (2018)

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 CARE TRANSFER - ALONG WITH AN OUTDOOR COURTYARD FEATURING A VARIETY OF SURFACES 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, CLOSED ONLY NEW YEAR'S DAY, INDEPENDENCE DAY, THANKSGIVING, AND CHRISTMAS EVE 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 ALLIANCE COMMUNITY HOSPITAL (AACH) IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL SERVING STARK AND SURROUNDING COUNTIES. AACH IS FULLY ACCREDITED BY THE HEALTHCARE FACILITIES ACCREDITATION PROGRAM, WITH 202 BEDS - INCLUDING 78 NURSING HOME/TRANSITIONAL-CARE BEDS - IN AN ATTACHED LONG-TERM CARE FACILITY. AULTMAN ALLIANCE COMMUNITY HOSPITAL PROVIDES CARE TO ALL, REGARDLESS OF ABILITY TO PAY. THE MOST SIGNIFICANT ACTIVITIES INCLUDE INPATIENT AND OUTPATIENT CARE, SURGICAL PROCEDURES, RADIOLOGY SERVICES, A SKILLED NURSING FACILITY, LAB SERVICES AND 24-HOUR EMERGENCY CARE. EACH YEAR, AACH'S INPATIENT HEALTH CARE PROGRAMS PROVIDE A SIGNIFICANT AMOUNT OF SUBSIDIZED CARE TO ITS PATIENTS. FOR OVER A CENTURY, AACH HAS BEEN DEDICATED TO PROVIDING QUALITY CARE, CLOSE TO HOME, THROUGH A WIDE ARRAY OF GENERAL AND SPECIALTY SERVICES ADMINISTERED BY MORE THAN 150 ACTIVE AND COVERING PHYSICIANS. IN ORDER TO STRENGTHEN AND EXPAND ITS LOCAL SERVICES, AACH ENTERED INTO A MEMBER SUBSTITUTION AGREEMENT TO BECOME A SUBSIDIARY OF THE AULTMAN HEALTH FOUNDATION IN 2018. AACH'S GOAL IS TO ANTICIPATE AND RESPOND TO EVERY NEED OF OUR PATIENTS WITH EXCELLENT, CUSTOMIZED, INDIVIDUAL SERVICE, CENTERED AROUND HOLISTIC, COMPASSIONATE HEALTH CARE IN A HOMELIKE, HEALING SETTING.

Form 990, Part III, Line 4c:

AULTMAN NORTH CANTON MEDICAL GROUP (ANCMG) PROVIDES MEDICAL SERVICES TO CITIZENS OF THE COMMUNITY IN AN OUTPATIENT SETTING 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, PAMPHLETS, VIDEOS AND COMPUTER RESOURCES

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

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

(Code) (Expenses \$ 5,201,238 including grants of \$ 77,640) (Revenue \$ 4,654,256)

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 MULTIPLE ACCREDITED PROGRAMS, AS/BS IN HEALTH SCIENCES, ASSOCIATES IN NURSING, AS/AAS IN RADIOGRAPHY, BACHELORS OF SOCIAL WORK AND BSN (PRE- AND POST- LICENSURE) ENROLLMENT AT AULTMAN COLLEGE OF NURSING AND HEALTH SCIENCES REMAINED STEADY WITH APPROXIMATELY 345 STUDENTS ENROLLED IN 2018 AULTMAN COLLEGE GRADUATED 91 STUDENTS IN 2018 FACULTY, STAFF AND STUDENTS DONATED MORE THAN 1,755 HOURS OF COMMUNITY SERVICE IN 2018 THROUGH THE COLLEGE'S SERVICE LEARNING PROGRAM

(Code) (Expenses \$ 657,559 including grants of \$ 101,251) (Revenue \$ 672)

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

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

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

(Code) (Expenses \$	930,970	including grants of \$	0) (Revenue \$	1,138,581
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CARING HANDS INC PROVIDES HOME CARE AIDE SERVICES FOR THE COMMUNITY THESE PROGRAMS AND THE CARE WE GIVE OUR CLIENTS IN THEIR HOMES ENABLE THEM TO MAINTAIN INDEPENDENCE ADDITIONALLY, CARING HANDS PROVIDES PERSONAL EMERGENCY RESPONSE SYSTEMS TO AID IN EMERGENT CARE PROVIDER RESPONSES TO PATIENT HOMES CARING HANDS PROVIDES SERVICES TO PATIENTS IN NEED IN THE STATE OF OHIO'S MEDICAID PASSPORT PROGRAM, DEPARTMENT OF VETERAN'S SERVICES HOME CARE PROGRAM AND LOCAL CARE GRANT PROGRAMS MANY OF THE PATIENTS SERVED BY CHI ARE MEDICAID ELIGIBLE CARING HANDS, INC PROVIDES HOMEMAKING AND PERSONAL CARE SERVICES INCLUDING DRESSING, BEDTIME CARE NEEDS, HOUSEKEEPING, LAUNDRY, RUNNING ERRANDS, MAKING MEALS, AND COMPANIONSHIP ON AN HOURLY, DAILY, OR WEEKLY BASIS AS NEEDED IN ADDITION, CARING HANDS PROVIDED EMERGENCY RESPONSE DEVICES TO PATIENTS SO THEY CAN MAINTAIN THEIR INDEPENDENCE AND REMAIN IN THEIR HOMES

(Code) (Expenses \$	23,965,227	including grants of \$	0) (Revenue \$	31,379,005
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AULTMAN ORRVILLE HOSPITAL 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 A CRITICAL ACCESS HOSPITAL ACCREDITED BY THE JOINT COMMISSION AS A NOT-FOR-PROFIT HOSPITAL, AULTMAN ORRVILLE HOSPITAL PROVIDES HIGH-QUALITY HEALTH CARE PROGRAMS AND SERVICES THAT ARE ACCESSIBLE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY AULTMAN ORRVILLE HOSPITAL FUNDS ARE GENERALLY REINVESTED IN FACILITY AND EQUIPMENT IMPROVEMENTS, ENHANCEMENTS IN PATIENT CARE, MEDICAL TRAINING, EDUCATION, PHYSICIAN RECRUITMENT AND COMMUNITY OUTREACH EACH YEAR, AULTMAN ORRVILLE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF CARE FOR PATIENTS HAVING NO GOVERNMENT OR PRIVATE HEALTH CARE INSURANCE OR LOW-INCOME PATIENTS AULTMAN ORRVILLE HOSPITAL ALSO SERVES PATIENTS COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID, AND PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE SINCE BECOMING A SUBSIDIARY OF AULTMAN HEALTH FOUNDATION, AULTMAN ORRVILLE HOSPITAL HAS MADE IMPROVEMENTS IN ITS DELIVERY OF CARE, AND THE COMMUNITY HAS GREATER ACCESS TO ADVANCED HEALTH CARE SERVICES AULTMAN ORRVILLE HOSPITAL COMBINES CLOSE TO HOME CONVENIENCE WITH CUTTING EDGE TECHNOLOGY TO OFFER AN ARRAY OF INPATIENT AND OUTPATIENT SERVICES AULTMAN ORRVILLE HOSPITAL PROVIDES CARE RANGING FROM THE FAMILY BIRTH CENTER TO SKILLED NURSING CARE ON THE INPATIENT TRANSITIONAL CARE UNIT ADDITIONAL SERVICES INCLUDE DIAGNOSTIC IMAGING SERVICES, LABORATORY AND OUTPATIENT TESTING, REHABILITATION SERVICES, SURGICAL AND ENDOSCOPIC PROCEDURES, MEDICAL AND SURGICAL CARE, AND A HIGHLY EFFECTIVE AND EFFICIENT EMERGENCY DEPARTMENT THE MISSION OF AULTMAN ORRVILLE HOSPITAL IS "TO LEAD OUR COMMUNITY TO IMPROVED HEALTH "

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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 AND CEO - AHF, DIRECTOR - AACH	5 00 50 00	X		X				0	717,657	50,471
MARK D WRIGHT CFO - AHF, SEC'Y/TREAS - TAF	4 00 51 00	X		X				0	439,693	45,251
CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AACH	50 00 5 00	X		X				517,306	0	45,950
BRIAN S BELDEN VICE CHAIR - AH, CHAIR - TAF	4 00 3 00	X		X				0	0	0
T STEPHEN GREGORY DIRECTOR - AH & ANCMG, TREAS - AOH	4 00 6 00	X		X				0	0	0
WILLIAM WALLACE MD SECRETARY & TREASURER - AH	7 00 2 00	X		X				0	0	0
PEGGY CLAYTOR DIRECTOR - AH	2 00 2 00	X						0	0	0
NATE J COOKS DIRECTOR - AH	3 00 1 00	X						0	0	0
ANTHONY DEGENHARD DO DIRECTOR - AH	5 00 2 00	X						0	0	0
MILAN R DOPIRAK MD DIRECTOR - AH	1 00 54 00	X						0	422,555	5,928

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			
ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	54 50 1 00	X						269,191	0	43,789
JOANNE KRIVETZKY MD MS DIRECTOR - AH	1 00 1 00	X		X				0	0	0
MICHAEL LEMON DIRECTOR - AH	1 00 0 00	X						0	0	0
MICHAEL LYNCH DIRECTOR - AH	2 00 53 00	X						0	464,504	46,689
HARRY C C MACNEALY DIRECTOR - AH & ACON	5 00 0 00	X						0	0	0
PAT HEDDLESTON DIRECTOR - AH	1 00 0 00	X						0	0	0
JOHN B HUMPHREY JR MD DIRECTOR - AH	4 00 5 00	X						0	0	0
LOUIS G SHAHEEN MD DIRECTOR - AH	3 00 1 00	X						0	0	0
GAIL STERLING DIRECTOR - AH & TAF	4 00 1 00	X						0	0	0
SUSAN E MERCER MD VP - MEDICAL EDUCATION - AH	55 00 0 00			X				346,336	0	30,150

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			
LORI L MERTES MD PHYSICIAN CHIEF QUALITY OFFICER - AH	54 00 1 00			X				427,012	0	27,500
STEPHANIE BOYD VP OF QUALITY	46 00 9 00			X				140,429	28,086	21,006
REBECCA J CROWL FORMER PRESIDENT - ACON	1 00 0 00	X		X				932,098	0	0
KAREN SOEHNLEN MCQUEEN CHAIR - ACON	1 00 0 00	X		X				0	0	0
ADAM LUNTZ CFO - AH, TREASURER - ACON	54 00 1 00	X		X				0	265,387	44,570
JEAN PADDOCK PRESIDENT - ACON	55 00 0 00	X		X				205,726	0	30,810
JAMES CARMAN 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

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			
SUSIE FREW DIRECTOR - ACON	1 00 0 00	X						0	0	0
COREY GRUBBS DIRECTOR - ACON	1 00 0 00	X						0	0	0
MARILYN THOMAS JONES DIRECTOR - ACON	1 00 0 00	X						0	0	0
MARY ANN KING DIRECTOR - ACON	1 00 0 00	X						0	0	0
LORI MARTINO DIRECTOR - ACON	1 00 0 00	X						0	0	0
JOHN MCGRATH DIRECTOR - ACON	1 00 0 00	X						0	0	0
DR JEFFREY MILLER DIRECTOR - ACON (THROUGH 05/2018)	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

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			
VICKY STERLING DIRECTOR - ACON	1 00 0 00	X						0	0	0
PATRICK WILLOUGHBY DIRECTOR - ACON	1 00 0 00	X						0	0	0
VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER - ACON	55 00 0 00			X				174,207	0	37,271
BROCK REIMAN VP - ACADEMIC AFFAIRS - ACON	55 00 0 00			X				106,013	0	14,947
JEANINE SHAMBAUGH VP - CHIEF INTERNAL AFFAIRS - ACON	53 00 2 00			X				146,891	0	47,101
MARK A AUBLE CHAIR - AOH	1 00 0 00	X		X				0	0	0
ANDREW NAUMOFF MD VICE CHAIR - AOH	1 00 54 00	X		X				0	250,367	37,481
DOUGLAS J SIBILA SECRETARY - AOH	2 00 4 00	X		X				0	0	0
RYAN JONES DIR-AOH CEO-AACH CHI, DIR/PRES-CHI (THRU 12/18)	50 00 5 00	X		X				270,106	0	44,780
JEFFREY MILLER MD CHAIR - AH, DIRECTOR - AOH	5 00 1 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			
DIANE JARRETT CHAIR - AOH	2 00 0 00	X						0	0	0
BECKY L JEWELL DIRECTOR - AOH, DIRECTOR - AH	2 00 1 00	X						0	0	0
ROBERT SABOTA MD DIRECTOR - AOH	1 00 1 00	X						0	0	0
ALFRED SCHLABACH DIRECTOR - AOH	1 00 0 00	X						0	0	0
JEANEEN MCDANIELS VICE CHAIR - TAF	2 00 0 00	X		X				0	0	0
VICTORIA L HAINES VP - FDTN SERVICES, DIRECTOR - TAF	50 00 5 00	X		X				235,072	0	42,409
ERIC BELDEN DIRECTOR - TAF	2 00 0 00	X						0	0	0
TIA CERNAVA DIRECTOR - TAF	3 00 52 00	X						0	101,351	22,706
LIZ EDMUNDS DIRECTOR - TAF	2 00 53 00	X						0	127,237	37,975
DAN FLOWERS 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			
EVRIM FULMER DIRECTOR - TAF	1 00 0 00	X						0	0	0
TED HERNCANE DIRECTOR - TAF	1 00 0 00	X						0	0	0
SHANNON HEXAMER DIRECTOR - TAF	1 00 0 00	X						0	0	0
DENISE HILL DIRECTOR - TAF	1 00 1 00	X						0	0	0
CHUCK HOOVER DIRECTOR - TAF	1 00 0 00	X						0	0	0
GERRI HUMPHREY DIRECTOR - TAF	1 00 0 00	X						0	0	0
BRIAN LAYMAN DIRECTOR - TAF	2 00 0 00	X						0	0	0
GEORGE W LEMON DIRECTOR - TAF, DIRECTOR - AOH	3 00 0 00	X						0	0	0
GREG LUNTZ DIRECTOR - TAF	1 00 0 00	X						0	0	0
GARY MARTIN DIRECTOR - TAF	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK G PROVO DIRECTOR - TAF	2 00 0 00	X						0	0	0
NANCY PRYCE DIRECTOR - TAF	1 00 0 00	X						0	0	0
CHARLES B SCHEURER DIRECTOR - TAF	1 00 0 00	X						0	0	0
TOM WINKHART DIRECTOR - TAF	1 00 0 00	X						0	0	0
MARCHELLE L SUPPAN DPM DIRECTOR - AOH, CEO OF AMG	55 00 0 00	X		X				272,835	0	37,675
CLIFFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	55 00 0 00	X		X				419,028	0	51,251
LEO DOYLE DIRECTOR - ANCMG	2 00 6 00	X						0	0	0
JULIA FIORENTINO MD DIRECTOR - ANCMG	55 00 0 00	X						291,026	0	29,224
MATTHEW HIESTAND MD DIRECTOR - ANCMG	55 00 0 00	X						353,371	0	51,251
RAMESH KRISHNAMURTHI DIRECTOR - ANCMG	55 00 0 00	X						202,785	0	43,020

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			
SHRUTI TREHAN MD DIRECTOR - ANCMG, DIRECTOR - TAF	55 00 0 00	X						1,021,493	0	45,251
WILLIAM FAYEN MD DIRECTOR - ANCMG	55 00 0 00	X						174,021	0	20,823
RAZA A KHAN MD DIRECTOR - ANCMG	55 00 0 00	X						912,236	0	45,920
ROBERT C MOLNAR DIR - ANCMG VP PHYS SVCS	51 00 4 00	X		X				0	250,335	44,125
DAVID LUNDGREN CHAIR - AACH	1 00 1 00	X		X				0	0	0
SCOTT INGLEDUE VICE CHAIR - AACH	1 00 1 00	X		X				0	0	0
JOE HALTER SECRETARY - AACH	1 00 0 00	X		X				0	0	0
LISA GEIGER CFO-AACHCHI DIR SEC'Y/TREAS - CHI (THRU 12/18)	50 00 5 00	X		X				151,856	0	31,012
JAQUELINE DEGARMO DIRECTOR - AACH	1 00 0 00	X						0	0	0
CARL FOSTER MD DIRECTOR - AACH MEDICAL STAFF PRES - AACH	8 00 0 00	X						15,000	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			
JOHN GROSS DIRECTOR - AACH	1 00 0 00	X						0	0	0
MICHAEL HOOVER DIRECTOR - AACH	1 00 0 00	X						0	0	0
STAN JONAS CEO-AACHCHI DIR-AACH, DIR/PRES-CHI (THRU 6/18)	25 00 3 00	X						317,422	0	3,434
DEBRA LEHRER MD DIRECTOR - AACH	47 00 8 00	X						138,634	36,667	0
RON LYONS DIRECTOR - AACH	1 00 2 00	X						0	0	0
R CLINT ZOLLINGER ESQ DIRECTOR - AACH	1 00 2 00	X						0	0	0
DALE WELLS FORMER CFO - AACH (THROUGH 1/2018)	1 00 0 00			X				234,889	0	20,857
AMY ANTONACCI VP - PATIENT CARE SERVICES - AACH	50 00 0 00			X				188,085	0	33,073
DAVID SHROADES VP - OPERATIONS - AACH	50 00 0 00			X				169,645	0	15,943
SUNITHA VEMULAPALLI MD PHYSICIAN - ANCMG	55 00 0 00					X		858,863	0	29,501

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			
DAVID V MUNGO MD PHYSICIAN - AACH	55 00 0 00					X		832,725	0	32,538
MICHAEL A NECCI MD PHYSICIAN - AACH	55 00 0 00					X		760,888	0	25,663
PRABHCHARAN GILL MD PHYSICIAN - AH	54 00 1 00					X		692,800	0	51,251
MICHAEL A KREW MD PHYSICIAN - AH	55 00 0 00					X		642,009	0	51,251

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		

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>		
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>		

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>		

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?		
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>		
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>		

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>		
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>		
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>		
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>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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, SCHEDULE A, PART I, PUBLIC CHARITY STATUS HAS BEEN COMPLETED BASED ON THE LARGEST NUMBER OF SUBORDINATES IN THE GROUP. AULTMAN HOSPITAL (34-0714538) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3). ORRVILLE HOSPITAL FOUNDATION (DBA - AULTMAN ORRVILLE HOSPITAL) (34-0733138) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3). AULTMAN ALLIANCE COMMUNITY HOSPITAL (34-0733138) IS NOT A PRIVATE FOUNDATION BECAUSE IT IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) (BOX 3). CARING HANDS, INC. (34-1505340) 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). 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 CAN TON 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		8,471
j	Total. Add lines 1c through 1i			8,471
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	TOTAL DUES OF \$102,664 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AH, OF WHICH 4 6% WERE RELATED TO LOBBYING ACTIVITIES. TOTAL DUES OF \$17,234 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AOH, OF WHICH 4 6% WERE RELATED TO LOBBYING ACTIVITIES. TOTAL DUES OF \$34,673 WERE PAID TO THE OHIO HOSPITAL ASSOCIATION BY AACH, OF WHICH 4 6% WERE RELATED TO LOBBYING ACTIVITIES. TOTAL DUES OF \$4,650 WERE PAID TO THE OHIO COUNCIL FOR HOME CARE AND HOSPICE BY AACH, OF WHICH 13% WERE RELATED TO LOBBYING ACTIVITIES. TOTAL DUES OF \$4,509 WERE PAID TO THE OHIO HEALTH CARE ASSOCIATION BY AACH, OF WHICH 16 78% WERE RELATED TO LOBBYING ACTIVITIES.

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SCHEDULE D

(Form 990)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number

32-0483994

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

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)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

Yes

No

6

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

7

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

8

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

Yes

No

9

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

Part III

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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	734,605	727,562	718,271	719,326	712,855
b Contributions			25,000		
c Net investment earnings, gains, and losses	4,643	13,033	15,263	5,815	12,313
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,650	5,990	30,972	6,870	5,842
g End of year balance	733,598	734,605	727,562	718,271	719,326

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		47,557,466		47,557,466
b Buildings		213,065,905	107,402,606	105,663,299
c Leasehold improvements		177,713	111,112	66,601
d Equipment		319,374,650	239,545,440	79,829,210
e Other		27,714,398	9,139,009	18,575,389
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				251,691,965

Schedule D (Form 990) 2018

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	584,160
ESTIMATED THIRD PARTY SETTLEMENTS	719,164
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,303,324

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)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Go to www.irs.gov/Form990EZ for the latest instructions.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

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

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		ANGEL AUCTION (event type)	CHARITY GOLF CLASSIC (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	547,644	47,766	57,739	653,149
	2 Less Contributions	315,334	24,295	41,799	381,428
	3 Gross income (line 1 minus line 2)	232,310	23,471	15,940	271,721
Direct Expenses	4 Cash prizes	0	1,390	1,000	2,390
	5 Noncash prizes	41,873	80	6,738	48,691
	6 Rent/facility costs	17,772	5,313	1,760	24,845
	7 Food and beverages	54,187	6,983	14,408	75,578
	8 Entertainment	1,168	0	7,391	8,559
	9 Other direct expenses	309,847	0	8,507	318,354
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				478,417
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-206,696

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			20,175	20,175
Direct Expenses	2 Cash prizes			1,000	1,000
	3 Noncash prizes			9,600	9,600
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				10,600
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				9,575

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization AULTMAN HEALTH FOUNDATION GROUP RETURN		Employer identification number 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	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,304,173	8,494,786	2,809,387	0 390 %
b Medicaid (from Worksheet 3, column a)			126,587,772	63,818,736	62,769,036	8 700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			137,891,945	72,313,522	65,578,423	9 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,400,451	51,108	1,349,343	0 190 %
f Health professions education (from Worksheet 5)			11,484,441	1,193,905	10,290,536	1 430 %
g Subsidized health services (from Worksheet 6)			88,407,250	129,166,217	0	0 %
h Research (from Worksheet 7)			693,812	757,727	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,419,288	99,456	4,319,832	0 600 %
j Total. Other Benefits			106,405,242	131,268,413	15,959,711	2 220 %
k Total. Add lines 7d and 7j			244,297,187	203,581,935	81,538,134	11 310 %

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			312,995		312,995	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			6,263		6,263	0 %
7 Community health improvement advocacy			784,562		784,562	0.110 %
8 Workforce development						
9 Other						
10 Total			1,103,820		1,103,820	0.150 %

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	21,356,448	
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	3,272,181	
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	110,031,383
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	106,570,053
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	3,461,330
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1. ALTMAN 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?

5

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
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? 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?	10	Yes
a	If "Yes" (list url) <u>AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-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			Yes	No
Name of hospital facility or letter of facility reporting group				
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 100 000000000000 % 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) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
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-INFORMATION/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-INFORMATION/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			
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 100 000000000000 % 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) AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) AULTMANORRVILLE ORG/PATIENT-INFORMATION/RESOURCES/BILLING			
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

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 ALLIANCE COMMUNITY 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):** _____

5

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 type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //AULTMANALLIANCE ORG/ASSETS/POSTREPORTFILES/7EB6160F80/ALLIANCE</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 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? <u>HTTPS //AULTMANALLIANCE ORG/ASSETS/POSTREPORTFILES/A55DA9B2F5/2017-</u>	10 Yes	
a If "Yes" (list url) <u>2019_CHN</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 ALLIANCE COMMUNITY 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 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
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 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) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H SUPPLEMENTAL INFORMATION			
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 checked="" type="checkbox"/> Other (describe in Section C)			

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

AULTMAN ALLIANCE COMMUNITY 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 type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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 ALLIANCE COMMUNITY 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? 8

Name and address	Type of Facility (describe)
1 1 - AULTMAN NORTH 6100 WHIPPLE AVE NW NORTH CANTON, OH 44720	IMMEDIATE CARE, DIAGNOSTICS THERAPY
2 2 - HOME MEDICAL SUPPLY EQUIPMENT 5200 TUSCARAWAS ST CANTON, OH 44708	MEDICAL SUPPLY CO
3 3 - AULTWORKS 4650 HILLS DALES RD NW CANTON, OH 44708	BWC-CERTIFIED TREATMENT FACILITY
4 4 - AULTMAN CARROLLTON 1020 TRUMP RD CARROLLTON, OH 44615	IMMEDIATE CARE, DIAGNOSTICS THERAPY AND SURGERY
5 5 - AULTMAN TUSCARAWAS AND WEIGHT MANAGEMENT 2615 TUSCARAWAS ST W CANTON, OH 44708	THERAPY CLINIC AND WEIGHT MANAGEMENT
6 6 - AULTMAN FAMILY MEDICINE CENTER 8320 WAYNESBURG DR SE WAYNESBURG, OH 44688	OUTPATIENT PHYSICIAN CLINIC
7 7 - AULTMAN LOUISVILLE 1925 WILLIAMSBURG WAY LOUISVILLE, OH 44641	THERAPY CLINIC
8 8 - ALLIANCE COMMUNITY MEDICAL FOUNDATION 200 E STATE STREET ALLIANCE, OH 44601	PHYSICIAN PRACTICES
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 58%.</p> <p>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 300% IS DISCOUNTED 65%, 301% TO 400% IS DISCOUNTED 55%, 401% AND ABOVE IS DISCOUNTED 43%.</p> <p>ACCORDING TO AULTMAN ALLIANCE COMMUNITY 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 200% IS DISCOUNTED 75% AND 201% TO 300% IS DISCOUNTED 53%.</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	AH AND AOH USE A COMBINATION OF THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H AND DIRECT COSTING METHOD OF CERTAIN PROGRAMS AACH'S COST ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS SPECIFIC TO AACH WHERE APPLICABLE, A COST TO CHARGE RATIO WAS USED AND THE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES

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 AACH'S SUBSIDIZED HEALTH SERVICES DATA ON LINE 7G DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC, THUS THERE ARE NO COSTS TO REPORT IN PART VI

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 \$ 21,356,448

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	AACH'S IN-HOUSE HOSPITALITY PROGRAM IS A 16 WEEK PROGRAM OFFERED ANNUALLY DURING THE FALL AND SPRING SCHOOL SEMESTERS IT IS GEARED TO TEACH HANDICAPPED HIGH SCHOOL STUDENTS JOB, LIFE, AND PERSONAL SKILLS STUDENTS ARE MENTORED BY AN AACH COLLEAGUE SIMILAR TO THE HOSPITALITY PROGRAM, AACH ALSO HOSTS THE STUDENTS WITH DISABILITIES PROGRAM FOR 2 LOCAL SCHOOLS WHERE SCHOOL STAFF MENTOR THEIR STUDENTS WITH SIMILAR SKILLS AACH COLLEAGUES ALSO REACH OUT TO THE COMMUNITY TO PROTECT AND IMPROVE COMMUNITY HEALTH AND SAFETY THE SUMMER TEEN PROGRAM IS AN OPPORTUNITY FOR HIGH SCHOOL STUDENTS AGES 16 TO GRADUATION TO VOLUNTEER OVER THE SUMMER MONTHS DURING THEIR SCHOOL BREAK WHILE VOLUNTEERING IN THIS PROGRAM IS NOT AN INTERNSHIP OR SHADOWING PROGRAM, IT DOES AFFORD STUDENTS THE UNIQUE OPPORTUNITY TO GAIN NON-CLINICAL EXPERIENCE IN A HOSPITAL SETTING WHILE GAINING PERSONAL SATISFACTION OF HELPING OTHERS AACH OFFERS READING PROGRAMS TO SPECIAL-NEEDS CHILDREN AND THERAPEUTIC PROGRAMS TO LOCAL NURSING HOME RESIDENTS NUMEROUS COLLEAGUES PROVIDE COMMUNITY SUPPORT IN COLLABORATIVE EVENTS INCLUDING BLOOD DRIVES COLLEAGUES ALSO VOLUNTEER NUMEROUS HOURS OR PARTICIPATE ON LOCAL HEALTH-RELATED BOARDS SUCH AS THE STARK COUNTY OPIATE TASK FORCE, THE STARK COUNTY HEALTH NEEDS ADVISORY COMMITTEE, LOCAL CHAPTER OF QUOTA INTERNATIONAL, ALLIANCE FOOD PANTRY, ALLIANCE PREGNANCY CENTER AND DOMESTIC VIOLENCE SHELTER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	<p>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 EXPLANATION OF METHODOLOGY FOR AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE - AACH BAD DEBT EXPENSE AT COST WAS CALCULATED BY MULTIPLYING BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS TIMES THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE 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 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 58% DISCOUNT AND UP TO 100% AS LONG AS THE NECESSARY FINANCIAL ASSISTANCE APPLICATION IS COMPLETE. PATIENTS MUST COOPERATE WITH THE FACILITY TO PROVIDE THE INFORMATION AND DOCUMENTATION NECESSARY TO DETERMINE ELIGIBILITY TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE THAT POTENTIALLY COULD HAVE BEEN ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY. THE ORGANIZATION LOOKED AT ALL BAD DEBT BALANCES THAT WERE SELF-PAY. FROM THIS POPULATION THE ORGANIZATION IDENTIFIED THOSE SELF-PAY BALANCES THAT DID NOT RECEIVE ANY FORM OF FAP OR HCAP DISCOUNT. BECAUSE ALL SELF-PAY PATIENTS RECEIVE AT LEAST A MINIMUM OF 58% 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 2018 AND THEN MULTIPLYING THIS AMOUNT BY THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2.</p> <p>METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE - AACHESTIMATED BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER AACHE'S CHARITY CARE POLICY WAS CALCULATED BASED ON THE ESTIMATED PERCENTAGE DETERMINED BY REVIEWING PATIENT DEMOGRAPHICS, HISTORICAL COLLECTION RATES, CURRENT ECONOMIC CONDITIONS, AND HANDS-ON EXPERIENCE FROM OUR PATIENT FINANCIAL SERVICES DEPARTMENT WHICH INCLUDES AACHE'S FINANCIAL COUNSELORS (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 10 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 SURPLUS OF \$3,633,444 ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT WERE DETERMINED USING THE MEDICARE COST-TO-CHARGE RATIO CALCULATED AS REQUIRED BY MEDICARE 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 AOH HAS A SURPLUS OF \$86,513 AACH - AACH HAS A SHORTFALL OF \$258,627 PART III LINES 5 & 6 DATA WAS DERIVED BASED ON WORKSHEET B FROM THE MEDICARE COST REPORTS EXCLUDING NET COMMUNITY BENEFIT INCLUDED ON LINE 7F AND SUBSIDIZED PROGRAMS INCLUDED ON PART I LINE 7G REIMBURSEMENT WAS LESS THAN ALLOWABLE COST CREATING A SHORTFALL IN 2018 THE SHORTFALL CALCULATED ON PART III SHOULD BE CONSIDERED COMMUNITY BENEFIT SINCE THE MEDICARE PARTICIPANTS SERVED BY AACH RECEIVED THOSE SERVICES AT A SIGNIFICANT PERSONAL DISCOUNT OR FREE OF CHARGE AND MAY NOT HAVE BEEN ABLE TO AFFORD HEALTHCARE OTHERWISE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>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 AACH'S COLLECTION PRACTICES FOR PATIENTS IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE IS BASED ON THE ACCOUNT BALANCE NET OF THE CHARITY WRITE-OFF AS LONG AS THE PATIENT MAKES A MINIMAL MONTHLY PAYMENT, THE ACCOUNT IS CONSIDERED CURRENT IF PAYMENT IS NOT RECEIVED MONTHLY, A CALL FROM OUR FINANCIAL COUNSELING ASSOCIATES IS MADE ALONG WITH SENDING OUT A MONTHLY STATEMENT IF PAYMENT IS THEN RECEIVED, THE ACCOUNT RETURNS TO "CURRENT" IF THERE ARE SIX CONSECUTIVE MONTHS WITHOUT PAYMENT, THE ACCOUNT IS TURNED OVER TO OUR COLLECTION AGENCY TO ATTEMPT TO COLLECT THE BALANCE DUE AACH DOES NOT CHARGE INTEREST ON OUTSTANDING BALANCES</p>

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 2019 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 NEEDS ASSESSMENT - AACHIN ADDITION TO OUR INDIVIDUAL CHNA, AACH HAS ALSO PLAYED AN ACTIVE ROLE IN A COUNTY-WIDE HEALTH NEEDS ASSESSMENT GROUP THAT IS EVALUATING THE HEALTH CARE NEEDS OF THE COMMUNITY FROM A LOCAL PERSPECTIVE MEMBERS OF THE GROUP INCLUDE OTHER HEALTH CARE AND HEALTH-RELATED NONPROFIT ORGANIZATIONS AND THE GROUP MEETS QUARTERLY THE 2015 STARK COUNTY NEEDS ASSESSMENT REPORT WAS FINALIZED IN 2016 AND IS AVAILABLE ON THE WEBSITE AT HTTPS //STARKCOUNTYOHIO GOV/STARKCOUNTY/MEDIA/STARKCOUNTY/STARKCOUNTMAIN/ PUBLIC% 20HEALTH/DOCUMENTS/2015STARKCHNAREPORTFINAL4-29-16-1 PDF BASED ON THE NEW STARK COUNTY CHNA, THE TOP 3 NEEDS FOR STARK COUNTY ARE 1)ACCESS TO HEALTH CARE 2) MENTAL HEALTH AND 3)OBESITY AND HEALTHY LIFESTYLE CHOICES WHICH WERE TAKEN INTO CONSIDERATION AS AACH PREPARED ITS SECOND CHNA</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION AND ELIGIBILITY 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 2018 INCLUDED FORMAL PATIENT OUTREACH STAFF TRAINING IN HCAP PROGRAM REQUIREMENTS AND CUSTOMER SERVICE SKILLS PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE - AOHTE 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 2018 INCLUDED FORMAL FINANCIAL COUNSELOR STAFF TRAINING IN HCAP/FAP PROGRAM REQUIREMENTS AND CUSTOMER SERVICE SKILLS PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE - AACHDURING THE REGISTRATION PROCESS, THE PATIENT'S INITIAL FINANCIAL RESPONSIBILITY IS DETERMINED BASED ON INSURANCE COVERAGE, DEDUCTIBLES, ETC SUPPLIED BY THE PATIENT IF IT IS DETERMINED THAT THE PATIENT WILL BE PARTIALLY OR FULLY RESPONSIBLE FOR THEIR MEDICAL CHARGES, THEN THE PATIENT WILL RECEIVE PERSONAL CREDIT COUNSELING FROM AACH CREDIT PERSONNEL, OUR FINANCIAL COUNSELING TEAM AACH FOLLOWS EMTALA STANDARDS FOR EMERGENCY ROOM AND LABOR VISITS A PATIENT BILLING BROCHURE IS AVAILABLE IN THE ADMISSIONS AND EMERGENCY ROOM AREAS TO ALL PATIENTS THE BROCHURE PROVIDES INFORMATION ON FINANCIAL ASSISTANCE ALONG WITH PHONE NUMBERS SO THAT AN INDIVIDUAL CAN SPEAK TO A MEMBER OF THE PATIENT BILLING TEAM AND/OR SET UP A PERSONAL APPOINTMENT FOR FINANCIAL COUNSELING IN ADDITION, MONTHLY BILLING STATEMENTS INCLUDE A FINANCIAL ASSISTANCE APPLICATION ON THE BACK PLUS PHONE NUMBERS FOR ASSISTANCE AACH HAS AN "EARLY-OUT" SERVICE TO HELP ALL PATIENTS WITH ASSISTANCE WE REFER PATIENTS WHO WE BELIEVE ARE ELIGIBLE FOR MEDICAID TO AN AGENCY SPECIALIZING IN MEDICAID ELIGIBILITY AND APPLICATION SO THE PATIENT RECEIVES THE FINANCIAL EXPERTISE NEEDED FOR FINANCIAL ASSISTANCE AACH POSTS THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ON THE HOSPITAL'S WEBSITE UNDER PATIENT RESOURCES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>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 650,690 THERE ARE EIGHT REGISTERED HOSPITALS IN THE FIVE COUNTY AREA THREE OF THESE ARE AULTMAN FACILITIES AULTMAN PROVIDED CARE FOR 26% OF THE TOTAL 359,729 MEDICAID CASES IN THE PRIMARY SERVICE AREA FOR 2018 OF THE 69,581 SELF-PAY CASES IN OUR PRIMARY SERVICE AREA AULTMAN PROVIDED CARE FOR 23% 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 COMMUNITY INFORMATION - AACHAULTMAN ALLIANCE COMMUNITY HOSPITAL IS LOCATED IN ALLIANCE, OHIO AND SERVES STARK, MAHONING, COLUMBIANA AND OTHER SURROUNDING COUNTIES THE GEOGRAPHIC SERVICE AREA IS MADE UP OF URBAN, SUBURBAN, AND RURAL AREAS IN 2018, OUR PATIENT CHARGES CONSISTED OF THE FOLLOWING FINANCIAL CLASSES 28% FROM INDIVIDUALS ON MEANS-TESTED GOVERNMENT PROGRAMS OR UNINSURED, 26% FROM COMMERCIAL INSURANCE, HEALTH MAINTENANCE AND PREFERRED PROVIDER ORGANIZATIONS, AND 46% FROM MEDICARE PROGRAMS PERSONS BELOW THE POVERTY LEVEL WAS 16% PER THE LATEST CENSUS DATA AVAILABLE AT WWW CENSUS GOV FOR THE SURROUNDING AREA, THE AVERAGE HOUSEHOLD SIZE WAS 2 4 AND THE MEDIAN HOUSEHOLD INCOME WAS \$45,289 PERSONS UNDER THE AGE OF 18 ACCOUNTED FOR 21% OF THE POPULATION, AND 20% OF THE POPULATION WAS 65 YEARS AND OLDER 7% OF PERSONS UNDER THE AGE OF 65 REPORT TO BE WITHOUT HEALTH INSURANCE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH - AH & AOH</p> <p>AULTMAN HOSPITAL'S BOARD OF DIRECTORS HAS 11 NON-E MPLOYED MEMBERS A TOTAL OF 16 OF THE 18 VOTING BOARD MEMBERS RESIDE IN THE CORE MARKET AR EA THE REMAINING PORTION RESIDES IN THE TERTIARY MARKET AOH'S BOARD OF DIRECTORS IS COMPO SED OF AREA RESIDENTS INCLUDING BUSINESS AND COMMUNITY LEADERS AS WELL AS PHYSICIANS THES E VOLUNTEERS WORK COUNTLESS HOURS IN THEIR OVERSIGHT ROLE THEY ARE INVOLVED IN FUNDRAISIN G, COMMUNITY NEEDS, AND GENERAL STEWARDSHIP COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE M EDICAL DEPARTMENTS AULTMAN HAS MORE THAN 700 PHYSICIANS ON ACTIVE STAFF IN MORE THAN 40 M EDICAL SPECIALTIES FROM BICYCLE SAFETY PROGRAMS TO THE ANNUAL UNITED WAY FUNDRAISING CAMP AIGN, AULTMAN'S COMMITMENT TO THE COMMUNITY EXTENDS FAR BEYOND THE WALLS OF ITS HEALTH CAR E FACILITIES EDUCATIONAL PROGRAMS INCLUDE MORE THAN 100 FREE HEALTH TALK PRESENTATIONS EA CH 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 PREMAT URE BABIES, UNDER ONE ROOF AULTMAN ALSO PROVIDES A LEVEL II TRAUMA PROGRAM, VERIFIED BY T HE AMERICAN COLLEGE OF SURGEONS' COMMITTEE ON TRAUMA, THE ONLY LEVEL II CENTER FOR ADULT A ND PEDIATRIC PATIENTS IN ITS FIVE-COUNTY SERVICE AREA IN 2018, AULTMAN HEALTH FOUNDATION A ND ITS SUBSIDIARIES CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE F OLLOWING ACTIVITIES SAFETY FIRSTTHROUGH THE SAFETY FIRST PROGRAM, AULTMAN STRIVES TO KEEP OUR COMMUNITY'S KIDS SAFE BY PREVENTING HEAD TRAUMA AND OTHER BIKE-RELATED INJURIES IN 2 018, HUNDREDS OF AULTMAN EMPLOYEES VOLUNTEERED TO TEACH NEARLY 4,700 LOCAL FIRST-GRADE STU DENTS 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 TH E 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 45,000 STUDENTS WIT H THE IMPORTANT MESSAGE OF BICYCLE SAFETY WORKING ON WELLNESS (WOW)THE WOW TEAM VISITED M ORE THAN 400 SITES IN 2018, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS WOW N URSES HAD PERSONAL INTERACTION WITH MORE THAN 17,000 COMMUNITY MEMBERS CANCER OUTREACHTHE AULTMAN CANCER PROGRAM CONTINUES TO PLACE A HIGH PRIORITY ON COMMUNITY OUTREACH IN 2018, 4 FREE CANCER SCREENING EVENTS WERE OFFERED IN CANTON, AND CARROLLTON PROVIDING 294 CANCER R SCREENINGS TO OVER 150 UNINSURED OR UNDERINSURED INDIVIDUALS THE CANCER TEAM ALSO PARTI CIPATED 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 128 6TH GRADE STUDENTS ON CANCER BASICS AND HOW LIFETIME CANCER RISK CAN BE REDUCED THROUGH HEALTHY LIFESTYLE HABITS HARVEST FOR HUNGERFOOD INSECURITY IS A CRITICAL ISSUE IN NORTHEASTERN OHIO, AND AULTMAN TEAM MEMBERS GIVE GENEROUSLY TO THE AN NUAL HARVEST FOR HUNGER CAMPAIGN IN 2018, AULTMAN EMPLOYEES PROVIDED 7,526 POUNDS OF NONP ERISHABLE FOOD DONATIONS AND \$11,900 IN MONETARY GIFTS THAT HELPED THOUSANDS OF FAMILIES A ND INDIVIDUALS IN NEED CAREERS IN HEALTH CARE SUMMER LEARNING PROGRAMAULTMAN MEDICAL EDUCA TION HOSTED THE 11TH ANNUAL CAREERS IN HEALTH CARE PROGRAM, DESIGNED FOR HIGH SCHOOL SENIO RS AND COLLEGE STUDENTS WITH INTERESTS IN HEALTH CARE CAREERS THE PROGRAM INCLUDED PRESEN TATIONS FROM DOCTORS, NURSES AND HOSPITAL ADMINISTRATORS, PROVIDING A GLIMPSE AT HOW A HOS PITAL RUNS A PATIENT CARE TEAM SKIT SHOWED THE MANY DIFFERENT HEALTH CARE CAREERS INVOLVE D IN A PATIENT'S HOSPITAL STAY THE SYMPOSIUM ALSO FEATURED A CAREER FAIR THAT ENABLE THE STUDENTS TO TALK WITH REPRESENTATIVES FROM MORE THAN A TWENTY AULTMAN AND AULTMAN COLLEGE DEPARTMENTS SUMMER JOB SHADOWING EXPERIENCES WERE ALSO AVAILABLE FOR SYMPOSIUM PARTICIPAN TS SUPPORT OF WOMEN'S SHELTERSALTMAN EMPLOYEES CONTINUE TO DONATE BASIC CLOTHING ITEMS SU CH AS BRAS TO BENEFIT LOCAL BATTERED WOMEN AND HOMELESS SHELTERS, AS WELL AS THE STARK COU NTY YWCA WALKING TO RAISE FUNDS AND IMPROVE THE COMMUNITY'S HEALTHAULTMAN HEALTH FOUNDATIO N TEAM MEMBERS AND THEIR LOVED ONES SUPPORT ANNUAL FUNDRAISING WALKS FOR ORGANIZATIONS INC LUDING THE MARCH OF DIMES AND JUVENILE DIABETES RESEARCH FOUNDATION AULTMAN NOT ONLY PART ICIPATES IN THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE AND MAKING STRIDES AGAINST BREAST CANCER WALK - ALONG WITH THE AMERICAN HEART ASSOCIATION'S HEART WALK - BUT CLINICIANS ARE ON HAND TO PROVIDE EDUCATIONAL INFORMATION ABOUT REDUCING RISKS OF CANCER AND HEART DISEA SE UNITED WAYEVERY YEAR, AULTMAN ORGANIZES A FUND</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>RAISING CAMPAIGN TO BENEFIT UNITED WAY IN 2018, AULTMAN EMPLOYEES AND PHYSICIANS GENEROUSLY DONATED \$483,724 TO FUND PROGRAMS TO BENEFIT COMMUNITY MEMBERS OF ALL AGES AND FROM ALL WALKS OF LIFE AULTMAN AMBASSADOR PROGRAM AS PART OF AULTMAN HEALTH FOUNDATION'S MISSION TO LEAD OUR COMMUNITY TO IMPROVED HEALTH, THE AULTMAN AMBASSADOR PROGRAM PARTNERS WITH AREA COLLEGES, UNIVERSITIES AND HIGH SCHOOLS TO INFLUENCE HEALTHY LIFESTYLE CHOICES IN 2018, AULTMAN AMBASSADOR PROGRAM EXPANDED A SCHOOL HEALTH INITIATIVE THROUGH A PARTNERSHIP WITH THE ALLIANCE FOR A HEALTHIER GENERATION FOR IMPLEMENTATION OF THE EVIDENCE-BASED HEALTHY SCHOOLS PROGRAM FRAMEWORK IN SIX STARK COUNTY HIGH SCHOOLS AND ONE WAYNE COUNTY HIGH SCHOOL AN AULTMAN WELLNESS COORDINATOR LEADS THE INITIATIVE AND PROVIDES CONSULTATIONS WITH HIGH SCHOOL AND UNIVERSITY TEAMS FOR TECHNICAL ASSISTANCE ON USING THE HEALTHY SCHOOLS PROGRAM FRAMEWORK, TOOLS AND RESOURCES ENROLLED STARK COUNTY HIGH SCHOOLS COMPLETE AN ASSESSMENT AND IMPLEMENT AN ACTION PLAN TO INFLUENCE A CULTURE OF HEALTH AND INSTILL HEALTHY LIFESTYLE HABITS THE AULTMAN AMBASSADOR PROGRAM EMPOWERS HIGH SCHOOL STUDENTS THROUGH AN OPPORTUNITY TO SERVE AS AN AULTMAN AMBASSADORS TO ENGAGE THEIR PEERS, FAMILIES AND COMMUNITIES IN HEALTHY LIFESTYLES HABITS ONE HUNDRED AND TWENTY-FIVE AULTMAN AMBASSADORS USE PEER-TO-PEER MENTORING TO PROMOTE NUTRITIOUS MEALS AND SNACKS, WATER HYDRATION, ACTIVE LIFESTYLE IN AND OUT OF SCHOOL, SLEEP HABITS AND STRESS MANAGEMENT THE TEAMS AT EACH ENROLLED SCHOOL COORDINATED HEALTH PROMOTION ACTIVITIES INCLUDING WALKING CHALLENGES, HYDRATION CHALLENGES, SCHOOL PERSONNEL PROFESSIONAL DEVELOPMENT WELLNESS ACTIVITIES AND A MENTAL HEALTH FOCUSED DAY AT A YEAR-END 2018 RECOGNITION CEREMONY, AULTMAN HEALTH FOUNDATION AWARDED 30 AULTMAN AMBASSADOR SCHOLARSHIPS AND SIX AMBASSADOR OF THE YEAR SCHOLARSHIPS FOR EXEMPLARY HEALTH PROMOTION ACTIVITIES ADDITIONAL COMMUNITY BENEFIT IN ADDITION TO PROVIDING CARE FOR PATIENTS WITH NO INSURANCE, AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE THROUGH ITS RESIDENT TEACHING PROGRAMS, AULTMAN DELIVERS A SIGNIFICANT LEVEL OF QUALITY OUTPATIENT AND INPATIENT HEALTH CARE TO INSURED, UNDERINSURED AND UNINSURED INDIVIDUALS IN OUR MARKET FOR MEMBERS OF THE AMISH COMMUNITY, AULTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS AND AULTMAN HOSPITAL AN AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE PLACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED (CONTINUED)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	AULTMAN'S BOARD OF DIRECTORS HAS 38 NON-EMPLOYED MEMBERS A TOTAL OF 64 OF THE 70 VOTING BOARD MEMBERS RESIDE IN THE CORE MARKET AREA THE REMAINING PORTION RESIDES IN THE TERTIARY MARKET COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE MEDICAL DEPARTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	OH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>(CONTINUED FROM PART VI, LINE 5)PROMOTION OF COMMUNITY HEALTH - AACHAACH PROMOTES THE HEALTH OF THE COMMUNITY BY GIVING BACK BOTH TIME AND DOLLARS TO CHARITABLE ORGANIZATIONS SUCH AS THE LOCAL YMCA, ALLIANCE FOR CHILDREN AND FAMILIES, THE ALLIANCE AREA DEVELOPMENT FOUNDATION, ALLIANCE FAMILY HEALTH CENTER AND OTHERS CARNATION DAYS IN THE PARK ALLOWED VOLUNTEERS TO OFFER FREE BLOOD PRESSURE SCREENINGS, AND HEALTH INFORMATION/HANDOUTS THE HOSPITAL'S HEALTH CARING RESOURCES LIBRARY OFFERS FREE BLOOD PRESSURE SCREENINGS TO THE COMMUNITY EACH WEEK AS WELL AS A REFERENCE LIBRARY FOR MEDICAL QUESTIONS A MOCK DISASTER DRILL GAVE OUR COMMUNITY EMERGENCY AND POLICE DEPARTMENTS A CHANCE TO TEST AND ENHANCE ITS RESPONSE EFFORTS SEVERAL COMMUNITY HEALTH FAIRS WERE OFFERED DURING THE YEAR BY AACH SOME OF THE PRESENTATIONS OFFERED TO THE COMMUNITY IN 2018 INCLUDED CPR CLASSES TO LOCAL COACHES, MONTHLY LUNCHEON PRESENTATIONS ON VARIOUS HEALTH TOPICS AND GENERAL HEALTH AND NUTRITION HEALTH FAIRS ARE OFFERED FREE TO THE COMMUNITY AT LOCAL FARMER'S MARKETS, YMCA'S, AND ASSISTED LIVING LOCATIONS AACH'S HEALTH COACHING PROGRAM SEEKS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS BY ADDRESSING DISPARITIES SUCH AS SOCIAL, ENVIRONMENTAL, CULTURAL AND PHYSICAL DETERMINANTS THE COACHES WORK CLOSELY WITH A TEAM OF QUALIFIED CLINICIANS FROM THE HOSPITAL AS WELL AS EACH INDIVIDUAL PATIENT'S PRIMARY CARE PHYSICIAN THEY EDUCATE PATIENTS AND FOCUS ON KEY ISSUES IMPACTING THEIR HEALTH MANY COLLEAGUES VOLUNTEERED THEIR TIME FOR OUR COMMUNITY GARDEN WHICH PROVIDED FRESH AND FREE PRODUCE TO THE COMMUNITY AACH PROMOTED COLLEAGUE SUPPORT TEAMS FOR THE AMERICAN CANCER SOCIETY, RELAY FOR LIFE, AND THE AMERICAN HEART ASSOCIATION OUR VOLUNTEER DEPARTMENT COORDINATES AACH'S PARTICIPATION IN A LOCAL HIGH SCHOOL HEALTH SCIENCES TECHNOLOGY PROGRAM, A HOSPITALITY PROGRAM WHICH OFFERS MENTORING TO HANDICAPPED HIGH SCHOOL STUDENTS, VOLUNTEER TRAINING TO LOCAL HIGH SCHOOL STUDENTS, THERAPEUTIC SERVICES TO LOCAL NURSING HOMES, AND COMMUNITY READING PROGRAMS FOR STUDENTS AND SENIOR CITIZENS IN 2018, 15 HIGH SCHOOL STUDENTS VOLUNTEERED THEIR TIME AT ACH GIVING THEM THE OPPORTUNITY TO GAIN NON-CLINICAL EXPERIENCE WITHIN A HOSPITAL SETTING AS AACH SUPPORTS ITS MISSION TO PROVIDE A SAFE, COMFORTING, HEALING ENVIRONMENT, IT ALSO IS COMMITTED TO PROMOTING COMMUNITY HEALTH HEALTH TIPS ARE POSTED ON OUR FACEBOOK PAGE THROUGHOUT THE YEAR COMMUNITY SUPPORT IS ALSO OFFERED THROUGH SUPPORT GROUPS WHICH MEET REGULARLY DURING THE YEAR IN 2018, WE ALSO OFFERED "TAKE YOUR CHILD TO WORK DAY" TO PROMOTE HEALTHCARE CAREERS WITH OUR LOCAL YOUTH THROUGHOUT THE YEAR, MANAGERS, DIRECTORS AND EXECUTIVES ARE ENCOURAGED TO SUPPORT THE COMMUNITY THROUGH PARTICIPATION IN VARIOUS CIVIC GROUPS AND ORGANIZATIONS EACH COLLEAGUE IS ENCOURAGED BY THE ORGANIZATION TO SHARE THEIR UNIQUE GIFTS WITH THE COMMUNITY IN A WAY THAT FURTHERS THE PURPOSE OF THE CHARITABLE ORGANIZATION</p>

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5		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, PAIN MANAGEMENT	A
4	AULTMAN ORRVILLE HOSPITAL 832 S MAIN STREET ORRVILLE, OH 44667 HTTP //WWW AULTMANORRVILLE ORG/ 1291	X	X			X		X			
5	AULTMAN ALLIANCE COMMUNITY HOSPITAL 200 E STATE STREET ALLIANCE, OH 44601 HTTPS //AULTMANALLIANCE ORG/ 198252	X	X		X			X		SKILLED NURSING, HOSPICE, GERIATRIC PSYCH UNIT	

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 ALLIANCE COMMUNITY HOSPITAL	PART V, SECTION B, LINE 5 AS PART OF THE ACH CHNA, THE CENTER FOR MARKETING AND OPINION RESEARCH CONDUCTED A FOCUS GROUP OF 12 AREA COMMUNITY LEADERS AND PHYSICIANS TO EXPLORE COMMUNITY HEALTH NEEDS AND OPPORTUNITIES TO BETTER MEET THOSE NEEDS IN THE FUTURE THE AGENCIES REPRESENTED IN THE GROUP INCLUDED LOCAL GOVERNMENT, AULTMAN ALLIANCE COMMUNITY HOSPITAL, ALLIANCE CITY SCHOOLS, ALLIANCE YMCA, ALLIANCE HEALTH DEPARTMENT, ALLIANCE FOR CHILDREN AND FAMILIES, ALLIANCE AREA DEVELOPMENT, ALLIANCE FOOD PANTRY AND ALLIANCE FAMILY HEALTH CENTER IN ADDITION TO OUR INDIVIDUAL CHNA, ACH HAS ALSO PLAYED AN ACTIVE ROLE IN A COUNTY-WIDE HEALTH NEEDS ASSESSMENT GROUP THAT IS EVALUATING THE HEALTH CARE NEEDS OF THE COMMUNITY FROM A LOCAL PERSPECTIVE MEMBERS OF THE GROUP INCLUDE OTHER HEALTH CARE AND HEALTH-RELATED NONPROFIT ORGANIZATIONS AND THE GROUP MEETS QUARTERLY

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 6B THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING NON-HOSPITAL FACILITIES ORRVILLE CITY HALL, WAYNE/HOLMES COUNTIES MENTAL HEALTH AND RECOVERY BOARD, ORRVILLE AREA CHAMBER OF COMMERCE, WAYNE COUNTY HEALTH DEPARTMENT, VIOLA STARTZMAN FREE CLINIC, UNIVERSITY OF AKRON WAYNE COLLEGE, ORRVILLE PUBLIC LIBRARY, WAYNE COUNTY EMERGENCY MANAGEMENT AGENCY , ORRVILLE UNITED WAY, WAYNE COUNTY SCHOOL CAREER CENTER, AULTMAN ORRVILLE HOSPITAL COORDINATOR OF AMISH SERVICES, AMISH CHURCH FOUNDATION, SMUCKER'S WELLNESS, OBSTETRICS AND GYNECOLOGY SERVICES, OHIO STATE UNIVERSITY EXTENSION WAYNE COUNTY, AND LIFECARE HOSPICE IN ADDITION, AULTMAN ORRVILLE HOSPITAL CONTRACTED WITH INCOMPLIANCE CONSULTING TO ASSIST IN CONDUCTING THEIR CHNA CHRISTINE KENNEY, DIRECTOR OF REGULATORY SERVICES WITH INCOMPLIANCE CONSULTING, IDENTIFIED SECONDARY DATA SOURCES AND FACILITATED THE COMMUNITY FORUM

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

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 ALLIANCE COMMUNITY HOSPITAL	PART V, SECTION B, LINE 11 2018 IS THE SECOND YEAR OF OUR THE IMPLEMENTATION STRATEGY AND AS STATED FOR 2017, ALL 4 NEEDS IDENTIFIED HAVE BEEN ADDRESSED THIS IMPLEMENTATION PLAN BUILDS UPON OUR PRIOR CHNA AND THE INITIAL IMPLEMENTATION PLAN PLUS ADDRESSES NEW PRIORITI ES IDENTIFIED IN THE SECOND (2016) CHNA WE HAVE MADE STRIDES IN UNDERSTANDING OUR COMMUNI TY'S HEALTH STATUS AND HAVE TAKEN ACTIONS TO LEAD OUR COMMUNITY TO IMPROVED HEALTH AS FOLL OW S THE NEED FOR MENTAL HEALTH SERVICES - AULTMAN ALLIANCE COMMUNITY HOSPITAL (AACH) MAINT AINS THE 12 BED GERIATRIC PSYCHIATRIC INPATIENT UNIT THE CLOSURE OF A SIMILAR UNIT AT AFF INITY HOSPITAL IN MARCH OF 2018 CHALLENGED THE RESOURCES AT AULTMAN ALLIANCE ADDITIONAL F TES WERE ADDED TO ASSIST IN THE VOLUME SURGE AS WELL AS EXPANSION OF KEY CLINICAL AND BEHA VIORAL INITIATIVES INCLUDING PALLIATIVE CARE SERVICES, A SENSORY SUITE, A ROBUST DEHYDRAT ION PREVENTION PROTOCOL AND ROUTINE FAMILY MEETINGS AACH EMERGENCY SERVICE PROVIDERS COM PLETED PROFESSIONAL DEVELOPMENT ACTIVITIES TO MAINTAIN COMPETENCE IN CARING FOR PATIENTS WI TH MENTAL HEALTH ISSUES EMERGENCY PROVIDERS HAVE A HEIGHTENED AWARENESS OF THE GROWING NE ED FOR MENTAL HEALTH CARE DELIVERY A NEW PROCESS ESTABLISHED IN 2017 CONTINUED IN 2018 AN D INCLUDES INITIAL PATIENT ASSESSMENT, DEVELOPMENT OF A MENTAL HEALTH CARE PLAN, COMMUNICA TION AND COLLABORATION WITH THE CARE TEAM (E G , NURSING STAFF, SPECIALISTS, AND PRIMARY C ARE PROVIDER), AND SAFE TRANSFER TO APPROPRIATE SETTING OF CARE INCLUDING REFERRALS TO THE ALLIANCE DETOX & RECOVERY UNIT, OPERATED BY COMMQUEST AND LOCATED IN THE MAIN HOSPITAL BU ILDING THE ALLIANCE COMMUNITY CARE NETWORK OF HEALTH COACHES AND CASE MANAGERS SERVE THE UNDERSERVED POPULATION OF ALLIANCE DURING THE 1,456 VISITS IN 2018, THE HEALTH COACHES AD DRESSED SOCIAL, ENVIRONMENTAL, CULTURAL AND PHYSICAL DETERMINANTS OF HEALTH DISPARITIES W ORKING CLOSELY WITH A TEAM OF QUALIFIED HOSPITAL CLINICIANS AND THE PATIENT'S PRIMARY CARE PHYSICIAN, THE HEALTH COACHES EDUCATE PATIENTS WITH A FOCUS ON MEDICATION RECONCILIATION, RESOURCES FOR MEDICATION, FOOD, TRANSPORTATION, ADEQUATE SUPPLIES BLOOD SUGAR MONITORING AND GLUCOMETERS, SCALES, HOME BLOOD PRESSURE MONITORING DEVICES, RESPIRATORY CARE EQUIPMEN T, AMBULATION EQUIPMENT (E G , WALKERS, CANES, WHEELCHAIRS), AND INFORMATION ABOUT DISEASE PROCESSES AND MANAGEMENT ACCESS TO HEALTH CARE - IN NOVEMBER 2018, AULTMAN MEDICAL GROUP LAUNCHED A NEW PATIENT APPOINTMENT LINE TO ENHANCE ACCESS TO PRIMARY CARE SERVICES THE AU LTMANNOW APP CONNECTS COMMUNITY MEMBERS FOR ONE-ON-ONE DISCUSSIONS WITH AN EXPERIENCED, BO ARD-CERTIFIED PHYSICIAN FROM HOME, WORK, OR SCHOOL 24/7/365 ABOUT NON-EMERGENCY AILMENTS L IKE SORE THROAT, COUGH, COLD, FEVER AND MORE THE SERVICE CHARGES A FLAT \$49 FEE WITH NO I NSURANCE NECESSARY ALLIANCE COMMUNITY MEDICAL FOUNDATION, A SUBSIDIARY OF AACH CONTINUED TO CONTRACT WITH MAC TRAILER MANUFACTURING, ONE OF THE CITY'S LARGEST EMPLOYERS, TO OFFER ONSITE PREVENTIVE AND TREATMEN

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 ALLIANCE COMMUNITY HOSPITAL	<p>T SERVICES TO THEIR EMPLOYEES SERVICES HAVE EXPANDED FROM PREVENTIVE AND MINOR ILLNESS TR EATMENT TO A CHRONIC DISEASE MANAGEMENT MODEL WITH 820 VISITS IN 2018 SERVICES INCLUDE BI OMETRIC SCREENING, LABORATORY TESTING, HEALTH RISK SCREENING, INFLUENZA VACCINATION, AND A N OUTPATIENT CLINIC THAT OPERATES FOR TREATMENT OF MINOR ILLNESS, NON-WORK RELATED MINOR I NJURY, HEALTH COUNSELING, AND EDUCATION IN 2016, AACH PROVIDED A MONETARY DONATION FOR ST ART-UP COSTS TO ESTABLISH ALLIANCE FAMILY HEALTH CENTER (AFHC) AS A STRATEGY TO IMPROVE AC CESS TO MEDICALLY UNDERSERVED POPULATIONS WITH A SPECIAL FOCUS ON THE HOMELESS POPULATION AACH CONTINUES TO SUPPORT AFH ESTABLISHED ITSELF AS A COMMUNITY CLINIC SITE AND RECEIVED DESIGNATION AS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE IN 2018 THEY PROVIDED CARE FOR MORE THAN 15,000 MEDICAL VISITS DURING THE YEAR AFHC HAS A MISSION TO PROVIDE HIGH QU ALITY, COMPREHENSIVE, WOMEN'S HEALTH, PRIMARY AND PREVENTIVE MEDICAL SERVICES AND EDUCATIO N IN AN ENVIRONMENT OF CARING, RESPECT AND DIGNITY SERVICES INCLUDE FAMILY PRACTICE, PREN ATAL SERVICES, INTRAPARTUM CARE, POSTPARTUM CARE, FAMILY PLANNING, WELL CHILD & PEDIATRIC CARE, SCREENINGS, CHRONIC DISEASE MANAGEMENT, DENTAL CARE (BY REFERRAL), LABORATORY, AND B EHAVIORAL HEALTH (BY REFERRAL) AFHC'S OPEN ACCESS MODEL ALLOWS FOR WALK-IN PRIMARY CARE S ERVICES ADDITIONALLY, ALLIANCE FAMILY HEALTH CENTER OFFERS EVENING HOURS TO INCREASE ACCE SSIBILITY OF SERVICES AACH STAFFS A STUDENT HEALTH CENTER LOCATED IN CLOSE PROXIMITY TO T HE UNIVERSITY OF MOUNT UNION CAMPUS THE STUDENT BODY PRIMARILY LIVES ON CAMPUS AND MANY O F THE STUDENTS DO NOT HAVE A LOCAL PRIMARY CARE PROVIDER AACH AND THE UNIVERSITY OF MOUNT UNION COLLABORATED THROUGH A CONTRACTUAL AGREEMENT TO LOCATE THE STUDENT HEALTH CENTER ON THE HOSPITAL'S CAMPUS NO APPOINTMENT IS REQUIRED FOR STUDENTS TO ACCESS SERVICES THAT IN CLUDE HEALTH PROMOTION, DISEASE PREVENTION, AND TREATMENT OF MINOR ILLNESSES AND INJURIES UNIVERSITY CAMPUS SECURITY OFFERS TRANSPORTATION TO STUDENTS IF NEEDED THE CENTER'S WALK -IN HOURS AND PHONE NUMBER ARE POSTED ON THE UNIVERSITY'S WEBSITE FOR THE STUDENTS' CONVEN IENCE AND PROVIDED OVER 2,200 VISITS DURING 2018 ESTABLISHED IN 2016, THE AULTMAN CANCER CENTER OF AULTMAN ALLIANCE COMMUNITY HOSPITAL PROVIDES ALLIANCE AND SURROUNDING COMMUNITIE S WITH ADVANCED, AWARD-WINNING ONCOLOGY AND HEMATOLOGY CARE SEAMLESS, ENHANCED SERVICES A LLOW ALLIANCE-AREA RESIDENTS TO REMAIN LOCAL FOR MUCH OF THEIR CARE INCLUDING CONSULTATION S, CANCER SCREENINGS, WOMEN'S HEALTH AND MAMMOGRAPHY, ENDOSCOPY, TREATMENT (CHEMOTHERAPY, RADIATION, AND SURGERY), AND FREE LOW-DOSE LUNG CANCER SCREENING AND THEY HAD NEARLY 3,700 VISITS DURING 2018 OBESITY AND HEALTHY LIFESTYLE CHOICES - AACH HAS A STRONG COMMUNITY P RESENCE THROUGH OUTREACH AT LOCAL EVENTS AND PARTNERSHIPS WITH LOCAL AGENCIES OUTREACH AC TIVITIES INCLUDE FREE BLOOD PRESSURE SCREENS AND FREE GLUCOSE READINGS AND HEALTH INFORMAT ION AULTMAN ALLIANCE ALSO HOS</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 ALLIANCE COMMUNITY HOSPITAL	<p>TS AN ANNUAL HEALTH FAIR OFFERING FREE SCREENINGS AND HEALTH INFORMATION ESTABLISHED AT T HE END OF 2015, THE MEDICATION, EDUCATION, DIET, SUPPORT (M E D S) CLINIC OFFERS A FULL S PECTRUM OF SERVICES FOR ADULTS WITH PREDIABETES, TYPE 1 DIABETES, TYPE 2 DIABETES, AND GES TATIONAL DIABETES THIS MULTI-DISCIPLINARY TEAM WORKS TO HELP PATIENTS WITH INSULIN MANAGE MENT, PROVIDES EXERCISE RECOMMENDATIONS, OFFERS EDUCATION CLASSES, DIETARY AND NUTRITION S UPPORT, AND ANTICOAGULATION THERAPY MEDICATIONS TO HELP PREVENT BLOOD CLOT DEVELOPMENT VI SITS INCLUDE A COMPLETE AND COMPREHENSIVE MEDICATION REVIEW AND EDUCATION INCLUDING MEETIN G WITH EACH PATIENT AND REVIEWING EACH MEDICATION, PROVIDING INSTRUCTION ON DISEASE MANAGE MENT AND CURRENT MEDICATION THERAPY AND IDENTIFYING AND RESOLVING MEDICATION RELATED ISSUE S IN CONJUNCTION WITH THE PATIENT'S PRIMARY CARE PHYSICIAN THE MEDS CLINIC SAW 182 PATIEN T WITH OVER 1,230 VISITS DURING 2018 AACH'S COMMUNITY GARDEN IS MANAGED BY A COMMITTED TE AM OF VOLUNTEERS WHO OPERATE AND MAINTAIN THE GARDEN ON THE AACH CAMPUS AND IT PRODUCED PV ER 500 POUNDS OF FRESH PRODUCE IN 2018 THE PRODUCE WAS THEN OFFERED IT TO THE MEDS CLINIC PATIENTS AND THE HOSPITAL'S NUTRITIONAL SERVICES DEPARTMENT STAFF OFFERED RECIPES ON HOW TO PREPARE NUTRITIONAL MEALS WITH THE PRODUCE HEROIN/OPIATE USE IN MID-2017, AACH PARTNER ED WITH COMMQUEST SERVICES, INC FOR AN ALLIANCE DETOX & RECOVERY UNIT TO PROVIDE MENTAL H EALTH SERVICES, SUBSTANCE USE RECOVER SERVICES, AND SOCIAL SERVICES COVERAGE IN THE MAIN H OSPITAL BUILDING FOR THE CITY OF ALLIANCE AND SURROUNDING POPULATIONS COMMQUEST DEVELOPED INPATIENT SERVICES, EXPANDED ON OUTPATIENT SERVICES, AND OFFERS EDUCATION, PREVENTION, AN D TREATMENT FOR ALCOHOL, DRUGS AND OTHER ADDICTIVE BEHAVIORS THE 16 BED INPATIENT RESIDEN TIAL TREATMENT PROGRAM WHICH ADMITTED 890 PATIENTS IN 2018, USES A COMBINATION OF MEDICATI ON, COUNSELING AND CASE MANAGEMENT SERVICES TO BEGIN THE RECOVERY PROCESS</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
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 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, 301% TO 400% IS DISCOUNTED 55%, AND 401% AND ABOVE IS DISCOUNTED 43%

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 ALLIANCE COMMUNITY HOSPITAL	PART V, SECTION B, LINE 16J ACH'S REGISTRATION PERSONNEL REFER UNINSURED AND LOW-INCOME PATIENTS TO FINANCIAL COUNSELORS TO DISCUSS OUR FAP AND OFFER ASSISTANCE IN APPLYING FOR FINANCIAL ASSISTANCE OUR PHYSICIAN PRACTICES FOLLOW THE SAME REFERRAL PROCESS IF A PATIENT IS HAVING A TEST AT THE HOSPITAL

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 ALLIANCE COMMUNITY HOSPITAL	PART V, SECTION B, LINE 20E ACH PROVIDES FINANCIAL COUNSELING SERVICES AND PARTNERS WITH A VENDOR TO ASSIST WITH MEDICAID ELIGIBILITY

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 AN OVERSAMPLE OF APPROXIMATELY 160 AFRICAN-AMERICAN RESIDENTS AND 105 CANTON RESIDEN TS WAS CONDUCTED IN ADDITION TO THE 800 INTERVIEWS IN ORDER TO ATTAIN ENOUGH CASES OF THIS POPULATION TO BE ABLE TO DRAW STATISTICALLY VALID CONCLUSIONS DATA COLLECTION BEGAN ON J ULY 5, 2018 AND ENDED ON AUGUST 7, 2018 MOST CALLING TOOK PLACE BETWEEN THE EVENING HOURS OF 5 15 P M AND 9 15 P M SOME INTERVIEWS WERE CONDUCTED DURING THE DAY AND ON SOME WEEK ENDS TO ACCOMMODATE RESPONDENT SCHEDULES THE INTERVIEWS TOOK AN AVERAGE OF 14 4 MINUTES T HE ADVISORY COMMITTEE HELD FIVE MEETINGS THROUGHOUT 2015 TO REVIEW INDICATORS, IDENTIFY SI GNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFY EXISTING HEALTH CARE FACILITIES AND R ESOURCES WHICH ARE POTENTIALLY AVAILABLE TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED DURI NG THE EARLIER MEETINGS, THE ADVISORY COMMITTEE REVIEWED PRELIMINARY RESEARCH FINDINGS, DI SCUSSED 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 T HE ASSESSMENT MODEL FOR THE CHNA THE ADVISORY COMMITTEE DISCUSSED THE TIMING FOR UPDATING THE INDICATORS REPORT AND IDENTIFIED DATA SETS TO BE USED FOR COMPLETING THE STARK COUNTY HEALTH NEEDS ASSESSMENT INDIVIDUAL HOSPITALS DISCUSSED THEIR PRIORITIES AND PROGRAMS THA T ARE ADDRESSING THOSE PRIORIT

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	IES THE LATER MEETINGS INCLUDED DISCUSSIONS OF COMMUNITY HEALTH IMPROVEMENT PLANS AND PRO GRAMS ADDRESSING COMMUNITY NEEDS ON FEB 24, 2016, DURING THE STARK COUNTY ANNUAL HEALTH I MPROVEMENT SUMMIT, THE FIVE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE DISCUSSED AND P RIORITIZED FOLLOWED BY A DISCUSSION OF EXISTING RESOURCES AND ACTIVITIES WITHIN THE COMMUN ITY ADDRESSING THOSE SIGNIFICANT HEALTH NEEDS SUMMIT PARTICIPANTS, WHICH INCLUDED MORE TH AN 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 AL L REQUIRED SOURCES FROM THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY PARTICIPAT ED 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	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

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 IMPROVE ACCESS TO CARE - DEVELOP ACCESS LINES FOR PAT IENTS TO SCHEDULE WITH A PCP ACCEPTING PATIENTS AND NEEDED HOSPITAL SERVICES - VOLUME OF S CHEDULED PCPIMPACT - TOTAL 2018 7,056 NEW PATIENT VISITS (588 PER MONTH) - ON THE NEW PAT IENT ACCESS LINE, WE WENT LIVE NOVEMBER 1ST WITH A SOFT OPENING WE'RE MANAGING CALLS AS R ECEIVED WITH EXISTING STAFF A FULL-TIME EMPLOYEE HAS BEEN APPROVED AND IS IN RECRUITMENT ACTION MEDICARE PATIENTS - TRADITIONAL MEDICARE BENEFICIARIES IDENTIFIED AS HIGH UTILIZER S REFERRED FOR THE MEDICARE SHARED SAVINGS LINKING PATIENTS TO COMMUNITY RESOURCES AND PR OVIDING EDUCATION ON CHRONIC CONDITIONS & HEALTHY LIFESTYLE RECOMMENDATIONSIMPACT - PC SE RVICES 74,186 - ANNUAL WELLNESS VISITS 5,156 - ER VISITS 8,098ACTION CARE COORDINATION - PROJECT RED, ASSIGN A PCP & SCHEDULE APPOINTMENT PRIOR TO DISCHARGE - SOCIAL WORKERS IN ED TO ENSURE HIGH RISK PATIENTS HAVE A DISCHARGE PLAN, FOLLOW UP WITH >6 ED VISITS IN 6 MONTH HS, AND FACILITATE SKILLS PLACEMENT - CONTINUE TO DEVELOP CARE COORDINATION TO FOLLOW PATI ENTS FOR 30 DAYS POST DISCHARGEIMPACT - ALL PATIENTS DISCHARGED HOME (EXCEPT PHYSICIAN PR ACTICES WHO WILL NOT ALLOW) HAVE A FOLLOW UP PCP APPOINTMENT SCHEDULED PRIOR TO DISCHARGE THIS IS PLACED ON DEPART, OR IF PATIENT HAS LEFT, OR PCP OFFICE HAS NOT CALLED BACK IN TI ME WITH APPOINTMENT, THEN A CALL IS MADE TO PATIENT AT HOME AND DOCUMENTED IN-PATIENT CALL BACK IN CERNER - ALL CARDIAC PATIENTS HAVE EITHER A PCP, HEART FAILURE CLINIC, OR CARDIA C APPOINTMENT CVC ALWAYS- OUTSIDE GROUPS PER OFFICE DISCRETION - ALL POST DISCHARGE CALLS ARE DOCUMENTED IN PATIENT CALL BACK IN CERNER - BEHAVIORAL HEALTH SOCIAL WORKERS RECEIVE DAILY LIST OF PATIENTS WHO HAVE HAD 6 VISITS OR MORE IN 6 MONTHS - SW CONTACTS PATIENT B Y PHONE OR VISIT IF IN ED TO DISCUSS AND EDUCATE ON USE APPROPRIATE USE OF ED - SW LINKS PATIENT WHEN APPROPRIATE WITH AVAILABLE COMMUNITY RESOURCES - CARE COORDINATION RESOURCE TEAM SECURES PCP WHEN INDICATED AND ABLE - TO DATE WE HAVE PLACED 33 PATIENTS INTO SNF DI RECT FROM EDACTION HEART SERVICES - PERCENTAGE OF PATIENTS WITH ACUTE MI (STEMI & NSTEMI) USING EMS TRANSPORT - CARDIAC NURSES TO EDUCATE COMMUNITY ON SIGNS/SYMPTOMS OF ACUTE MIIM PACT - 39% USING EMS TRANSPORT - 13 EVENTS - 1,465 REACHEDNEED 2 OBESITY AND LACK OF HEA LTHY LIFESTYLE CHOICESACTION CANCER PREVENTION STRATEGIES - EDUCATE THE COMMUNITY ON CANC ER PREVENTION STRATEGIES (COMMUNITY OUTREACH EVENTS) - EDUCATE 6TH GRADERS TO PREVENT LIFETIME RISK OF CANCER - PARTNER WITH MINORITY COMMUNITY TO RAISE AWARENESS OF DISPARITIES A SSOCIATED WITH LIFESTYLE CHOICESIMPACT 2018 SCREENINGS - 2018 AULTMAN CANCER SCREENING DA Y 78 PATIENTS SCREENED, 165 TOTAL SCREENINGS - 2018 PROJECT HOMELESS CONNECT 33 SCREENED - 2108 AULTMAN BREAST SCREENING EVENT 26 SCREENED - 2018 AULTMAN / PHC BREAST SCREENING EVENT 17 SCREENED - 2018 CARROLLTON SCREENING 20 PATIENTS, 74 SCREENINGS2018 EDUCATION - CRENSHAW MIDDLE SCHOOLS CANC</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	<p>ER PREVENTION EDUCATION 98 PARTICIPANTS - FIRST FRIDAY 500 PARTICIPANTS - HOF DAY WITH D AD 1,000 PARTICIPANTS - NATIONAL NIGHT OUT 150 PARTICIPANTS - GREAT AMERICAN SMOKE OUT 35 PARTICIPANTS - AM MIDDLE SCHOOL CANCER PREVENTION 30 PARTICIPANTS2018 COMMUNITY OUTREA CH EVENTS - CANTON CHARGE 50 - COLORECTAL CANCER AWARENESS 137 - CANTON SENIOR EXPO 100 - RELAY FOR LIFE 100 - SURVIVORSHIP DAY 67 - AULTMAN RETIREE LUNCHEON 100 - KISHMAN'S IGA 2 5 - CANTON FARMER'S MARKER 35 - GERVASI CRUISE-IN 50 - PROGRESS FOR A CURE 200 - MAKING S TRIDES WALK 50 - BELDEN VILLAGE - 5 ACTION HEALTH PREVENTION ACTIVITIES IN LOCAL SCHOOLS - AULTMAN AMBASSADOR PROGRAM - THE KIDS KICK THE CANIMPACT - AAP 6 STARK COUNTY HIGH SCH OOLS, 116 AMBASSADOR STUDENTS - KICK THE CAN NO EVENTS IN 2018ACTION 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 G RADERS TO PREVENT LIFETIME RISK OF CANCER - PARTNER WITH MINORITY COMMUNITY TO RAISE AWARE NESS OF DISPARITIES ASSOCIATED WITH LIFESTYLE CHOICES IMPACT - NUMBER OF CLASSES PROVIDED IN 2018 - 18 EDUCATIONAL SESSIONS - 373 FIREFIGHTERS ATTENDED EDUCATIONS SESSIONS - 320 NEEDS ASSESSMENT RESPONSES 86% RETURN RATE - DEMOGRAPHICS AVE YRS AS FIREFIGHTER 18 - AV E AGE OF FIREFIGHTER 47 - 30 FEMALES (9%) / 290 MALES (91%)ACTION TOBACCO CESSATION - HOS PITALIZED PATIENTS WILL RECEIVE INFORMATION - PROVIDE AT LEAST SIX STAFF/PRACTITIONER EDUC ATION CLASSES TO INCREASE SKILL LEVEL - INCREASE NUMBER OF CERTIFIED TOBACCO SPECIALISTS B Y 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 PHYSI CIAN REFERRAL PROCESS BY INTEGRATION INTO THE EMR - AULTMAN HOSPITAL WILL PARTICIPATE IN T HE "GREAT AMERICAN SMOKEOUT" - COMMIT RESOURCES (STAFF, TOBACCO CESSATION AIDES, AND EDUCA TION MATERIAL) FREE OF CHARGEIMPACT - ALL INPATIENTS, ED PATIENTS AND THOSE WHO COME IN F OR OUTPATIENT PROCEDURES RECEIVE INFORMATION ABOUT THE IMPORTANCE OF TOBACCO CESSATION AND RESOURCES THEY CAN USE IT IS PART OF THE ELECTRONIC DISCHARGE INSTRUCTIONS MANY ALSO RE CEIVE ADDITIONAL, MORE DETAILED INFORMATION ABOUT HOW TO QUIT WITH PATIENT HANDOUTS GIVEN BY THE STAFF - THERE WERE 2 CLASSES OFFERED TO STAFF SEVERAL WERE SCHEDULED FOR THE PSYC HIATRIC UNIT STAFF, BUT THE UNIT WAS CLOSED AND THE CLASSES CANCELLED - THIS WAS ACCOMPLI SHED ASHLEY ECKROATE FROM CARDIAC REHAB RECEIVED HER CERTIFICATION 5/2018 - FOLLOW-UP CA LLS WERE DISCONTINUED THIS YEAR HIGH USE OF RESOURCES WITH LITTLE RETURN - THERE WERE 23 GIVE IT UP TOBACCO CESSATION COURSES OFFERED IN 2018 - STANDARDIZED MATERIAL ARE AVAILABL E TO PHYSICIAN OFFICES THROUGH</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	THE AULTMAN PORTAL SOME OFFICES CAN SEND AN AUTOMATIC REFERRAL TO CARDIAC REHAB TO REFER A PATIENT TO SMOKING CESSATION - PHYSICIANS CAN PULL UP A POWERPLAN FOR SMOKING CESSATION AND AUTOMATICALLY SEND A REFERRAL FOR SMOKING CESSATION AS WELL AS ORDER FROM A MENU OF T OBACCO CESSATION AIDES WHILE THE PATIENT IS HOSPITALIZED - PARTICIPATED IN GREAT AMERICAN SMOKE OUT AT BELDEN VILLAGE MALL ON NOVEMBER 15 FROM 12-8 PM - NUMEROUS RESOURCES, SUCH AS NICOTINE GUM, SUPPLIES TO MONITOR CARBON MONOXIDE IN THOSE TRYING TO QUIT SMOKING, AND ED UCATION MATERIALS AS WELL HAS MANY STAFF HOURS FOR EDUCATION AND TOBACCO CESSATION CLASSES HAVE BEEN USED IN 2018 (CONTINUED IN SCHEDULE H, PART VI)

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 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 58%

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 58%

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 58%

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 (AULTMAN HOSPITAL)	(CONTINUED FROM SCHEDULE H, PART V, LINE 11 - AULTMAN HOSPITAL)NEED 3 IMPROVE ACCESS TO MENTAL HEALTH SERVICESACTION BEHAVIORAL NAVIGATOR IN ED - BEHAVIORAL NAVIGATOR IN ED FOR SEAMLESS LINKAGE TO COMMUNITY MENTAL HEALTH AGENCIES IMPACT - WE HAVE INCREASED OUR SOCIAL WORKER COVERAGE AND ARE ABLE TO PLACE THESE PATIENTS AS NEEDED NEED 4 REDUCE INFANT MORTALITY IN THE COMMUNITYACTION 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 THRIVE MEETINGS AND PARTICIPATE IN INITIATIVES - ON-GOING EDUCATION PROVIDED AT WOW LOCATIONS ACTION COMMUNITY INVOLVEMENT - FETAL INFANT MORTALITY REVIEW (FIMR) - OHIO COLLABORATIVE TO PREVENT INFANT MORTALITY (OCPIM) - OHIO PERINATAL QUALITY COLLABORATIVE (OPQC)IMPACT - CURRENTLY STILL INVOLVED WITH ALL AFOREMENTIONED PROGRAMSNEED 5 HEROIN / OPIATE USEACTION NARCAN KITS - PROVIDE NARCAN KITS & EDUCATION TO PATIENTS & FAMILIES THAT PRESENT TO THE ED AS AN OPIATE OVERDOSE)

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 16A-16C (AULTMAN ALLIANCE COMMUNITY HOSPITAL)	16A, FAP WEBSITE AULTMANALLIANCE ORG/PATIENTS-AND-VISITORS/INSURANCE-AND- BILLING/FINANCIAL- ASSISTANCE/16B, FAP APPLICATION WEBSITE AULTMANALLIANCE ORG/ASSETS/PDFZIPS/FINANCIAL-SERVICES/ AD0C90B462/AACH-PATIENT-HCAP-2019 PDF16C, FAP PLAIN-LANGUAGE SUMMARY AULTMANALLIANCE ORG/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 16A-16C (AULTMAN ALLIANCE COMMUNITY HOSPITAL)	16A, FAP WEBSITE AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND- BILLING/FINANCIAL-ASSISTANCE/16B, FAP APPLICATION WEBSITE AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND- BILLING/FINANCIAL-ASSISTANCE/16C, FAP PLAIN-LANGUAGE SUMMARY AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND- BILLING/FINANCIAL-ASSISTANCE/

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number

32-0483994

Part I 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 13
- 3 Enter total number of other organizations listed in the line 1 table 2

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	14	77,640			
(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	<p>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 GRANTEEES 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 AULTMAN ALLIANCE COMMUNITY HOSPITAL (AACH) ONLY PROVIDES GRANTS TO ORGANIZATIONS THAT PROVIDE SERVICES TO THE LOCAL MARKET AACH FUNDS ONLY LOCAL ORGANIZATIONS WITH A KNOWN PURPOSE AACH HAS INSIGHT INTO THE USE OF FUNDS THROUGH MEMBERS OF AACH MANAGEMENT TEAM, BOARD, EMPLOYEES AND PHYSICIANS, WORKING IN CONJUNCTION WITH OTHER COMMUNITY, NON-PROFIT ORGANIZATIONS TO RAISE FUNDS ON THEIR BEHALF AS SUCH, THESE ORGANIZATIONS SUCH AS THE LOCAL YMCA, ALLIANCE FOR CHILDREN FAMILIES, ALLIANCE AREA DEVELOPMENT FOUNDATION AND ALLIANCE FAMILY HEALTH CENTER ARE FULLY ENGAGED AND A PARTICIPANT IN THE FUNDRAISING PROCESS AACH RELIES ON THEIR PARTICIPATION AND FUNDING REPORTS TO VERIFY USE OF THE FUNDS SHOULD AACH PROVIDE GRANTS OUTSIDE THE LOCAL MARKET, WE WILL RELY ON THE POLICY OF LUMP SUM FUNDING PRECEDED BY A GRANT APPLICATION, APPROVAL FROM THE BOARD, AND THEN FOLLOWED BY A 6-MONTH AND ANNUAL EVALUATION OF THE PROJECT IF NEEDED AND/OR GRANT APPLICATION FUNDING BASED ON REIMBURSEMENT OF ACTUAL EXPENSES ALONG WITH BOARD APPROVAL IN REGARDS TO GRANT MONEY PROVIDED TO ALLIANCE FAMILY HEALTH CENTER, ACCESS TO HEALTHCARE WAS IDENTIFIED ON AACH'S COMMUNITY HEALTH NEEDS ASSESSMENT AND THIS AACH BOARD-APPROVED GRANT MONEY PROMOTES A LOCAL NON-PROFIT HEALTH CLINIC OFFERING WOMEN'S HEALTH AND FAMILY PRACTICE/WALK-IN PRIMARY CARE SERVICES TO THE COMMUNITY REGARDLESS OF ABILITY TO PAY</p>

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
MY COMMUNITY HEALTH CENTER 2600 7TH STREET SW CANTON, OH 44710	81-2171085	501(C)(3)	2,946,462				OPERATIONAL SUPPORT
ALLIANCE FAMILY HEALTH CENTER 1401 S ARCH AVENUE ALLIANCE, OH 44601	81-0789614	501(C)(3)	863,547				IMMUNIZATIONS A TUGBOAT FOR HEALTHY COMMUNITIES, 2018 LOAN FORGIVENESS TO PROVIDE FUNDS FOR WOMEN'S HEALTH AND FAMILY PRACTICE SERVICES

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		212,500				SPONSORSHIP IN SUPPORT OF THE HOF COMMUNITY
STARK DEVELOPMENT BOARD INC 400 3RD ST SE STE 310 CANTON, OH 44702	34-1476938	501(C)(3)	96,666				2018-2021 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
OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 E BROAD ST STE 1700 COLUMBUS, OH 43215	31-4441082	501(C)(3)	26,667				SCHOLARSHIP FUNDS
KENT STATE UNIVERSITY 232 SCHEARTZ CENTER PO BOX 5190 KENT, OH 44240	31-6402079	KENT STATE UNIV	20,000				NAMING AGREEMENT

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				SCHOLARSHIP FUNDS
STARK EDUCATION PARTNERSHIP 400 MARKET AVENUE NORTH SUITE B CANTON, OH 44702	34-1625250	501(C)(3)	15,000				CAMPAIGN PLEDGE

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
REPOSITORY 500 MARKET AVE S CANTON, OH 44702	31-1714372		10,000				HEROIN AWARENESS
ALLIANCE AREA DEVELOPMENT FOUNDATION 2500 W STATE STREET STE E11 ALLIANCE, OH 44601	31-1652174	501(C)(3)	8,500				2019 AAD CHARITABLE CONTRIBUTION, GENERAL SUPPORT PAYMENT AS A RESULT OF THE CHARITY GOLF OUTING HELD ON BEHALF OF THIS ENTITY

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
ALLIANCE FAMILY YMCA 205 S UNION ST ALLIANCE, OH 44601	34-0714792	501(C)(3)	8,500				GENERAL SUPPORT PAYMENT AS A RESULT OF THE CHARITY GOLF OUTING HELD ON BEHALF OF THIS ENTITY
ALLIANCE FOR CHILDREN AND FAMILIES 624 SCRANTON AVE ALLIANCE, OH 44601	34-1590276	501(C)(3)	8,500				GENERAL SUPPORT PAYMENT AS A RESULT OF THE CHARITY GOLF OUTING HELD ON BEHALF OF THIS ENTITY

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 1111 SUPERIOR AVE STE 1600 CLEVELAND, OH 44114	34-1885407	501(C)(3)	7,500				2018 TEAM NEO/CLEVELAND PLUS SUPPORT
PEGASUS FARM 7490 EDISON ST NE HARTVILLE, OH 44632	34-1472997	501(C)(3)	6,500				CREATING ACCESS TO WELLNESS

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
BEACON CHARITABLE PHARMACY 408 NINTH ST SW STE 1450 CANTON, OH 44702	20-0797475	501(C)(3)	6,000				MEDICATION ACCESS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		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
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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			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III			
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) 2018**

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.

Return Reference	Explanation
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

Return Reference	Explanation
PART I, LINES 4A-B	STAN JONAS RECEIVED SEVERANCE PAYMENTS OF \$107,648 IN 2018 AND DALE WELLS RECEIVED SEVERANCE PAYMENTS OF \$182,213 EDWARD J ROTH III, VIVIAN LEGGETT, CHRIS REMARK AND MARK WRIGHT ARE PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN REBECCA CROWL RECEIVED A DISTRIBUTION OF \$879,619 IN 2018 THERE WERE NO OTHER CONTRIBUTIONS IN 2018



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				
EDWARD J ROTH III PRESIDENT AND CEO - AHF, DIRECTOR - AACH	(i)	0	0	0	0	0	0	0
	(ii)	656,479	48,000	13,178	32,750	17,721	768,128	0
MARK D WRIGHT CFO - AHF, SEC'Y/TREAS - TAF	(i)	0	0	0	0	0	0	0
	(ii)	398,379	40,261	1,053	26,750	18,501	484,944	0
CHRISTOPHER E REMARK CEO - AH, DIRECTOR - AACH	(i)	469,244	46,814	1,248	26,750	19,200	563,256	0
	(ii)	0	0	0	0	0	0	0
MILAN R DOPIRAK MD DIRECTOR - AH	(i)	0	0	0	0	0	0	0
	(ii)	396,285	24,409	1,861	5,928	0	428,483	0
ANNE GUNTHER CNO - AH, DIRECTOR - AH & ACON	(i)	246,744	21,526	921	32,109	11,680	312,980	0
	(ii)	0	0	0	0	0	0	0
MICHAEL LYNCH DIRECTOR - AH	(i)	0	0	0	0	0	0	0
	(ii)	413,025	49,878	1,601	32,750	13,939	511,193	0
SUSAN E MERCER MD VP - MEDICAL EDUCATION - AH	(i)	312,269	21,750	12,317	19,250	10,900	376,486	0
	(ii)	0	0	0	0	0	0	0
LORI L MERTES MD PHYSICIAN CHIEF QUALITY OFFICER - AH	(i)	386,930	38,598	1,484	27,500	0	454,512	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE BOYD VP OF QUALITY	(i)	124,320	15,925	184	9,030	8,475	157,934	0
	(ii)	24,864	3,185	37	1,806	1,695	31,587	0
REBECCA J CROWL FORMER PRESIDENT - ACON	(i)	0	52,479	879,619	0	0	932,098	0
	(ii)	0	0	0	0	0	0	0
ADAM LUNTZ CFO - AH, TREASURER - ACON	(i)	0	0	0	0	0	0	0
	(ii)	246,159	18,690	538	26,069	18,501	309,957	0
JEAN PADDOCK PRESIDENT - ACON	(i)	193,737	11,889	100	19,130	11,680	236,536	0
	(ii)	0	0	0	0	0	0	0
VIVIAN LEGGETT CHIEF EXTERNAL AFFAIRS OFFICER - ACON	(i)	159,296	13,943	968	25,591	11,680	211,478	0
	(ii)	0	0	0	0	0	0	0
JEANINE SHAMBAUGH VP - CHIEF INTERNAL AFFAIRS - ACON	(i)	134,219	12,100	572	28,600	18,501	193,992	0
	(ii)	0	0	0	0	0	0	0
ANDREW NAUMOFF MD VICE CHAIR - AOH	(i)	0	0	0	0	0	0	0
	(ii)	188,725	57,960	3,682	31,942	5,539	287,848	0
RYAN JONES DIR-AOH CEO-AACH CHI, DIR/PRES-CHI (THRU 12/18)	(i)	247,906	21,706	494	26,279	18,501	314,886	0
	(ii)	0	0	0	0	0	0	0
VICTORIA L HAINES VP - FDTN SERVICES, DIRECTOR - TAF	(i)	212,223	20,795	2,054	31,088	11,321	277,481	0
	(ii)	0	0	0	0	0	0	0
LIZ EDMUNDS DIRECTOR - TAF	(i)	0	0	0	0	0	0	0
	(ii)	119,895	6,150	1,192	26,295	11,680	165,212	0
MARCHELLE L SUPPAN DPM DIRECTOR - AOH, CEO OF AMG	(i)	240,814	29,672	2,349	32,203	5,472	310,510	0
	(ii)	0	0	0	0	0	0	0
CLIFFORD G JOHNSON MD MEDICAL DIRECTOR - ANCMG	(i)	309,804	60,088	49,136	32,750	18,501	470,279	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				
JULIA FIORENTINO MD DIRECTOR - ANCMG	(i)	248,667	41,287	1,072	18,842	10,382	320,250	0
	(ii)	0	0	0	0	0	0	0
MATTHEW HIESTAND MD DIRECTOR - ANCMG	(i)	289,771	62,553	1,047	32,750	18,501	404,622	0
	(ii)	0	0	0	0	0	0	0
RAMESH KRISHNAMURTHI DIRECTOR - ANCMG	(i)	163,684	38,420	681	24,519	18,501	245,805	0
	(ii)	0	0	0	0	0	0	0
SHRUTI TREHAN MD DIRECTOR - ANCMG, DIRECTOR - TAF	(i)	853,735	161,296	6,462	26,750	18,501	1,066,744	0
	(ii)	0	0	0	0	0	0	0
WILLIAM FAYEN MD DIRECTOR - ANCMG	(i)	146,010	25,709	2,302	16,363	4,460	194,844	0
	(ii)	0	0	0	0	0	0	0
RAZA A KHAN MD DIRECTOR - ANCMG	(i)	629,905	277,767	4,564	27,500	18,420	958,156	0
	(ii)	0	0	0	0	0	0	0
ROBERT C MOLNAR DIR - ANCMG VP PHYS SVCS	(i)	0	0	0	0	0	0	0
	(ii)	232,586	17,347	402	25,624	18,501	294,460	0
LISA GEIGER CFO-AACHCHI DIR SEC'Y/TREAS - CHI (THRU 12/18)	(i)	151,856	0	0	3,862	27,150	182,868	0
	(ii)	0	0	0	0	0	0	0
STAN JONAS CEO-AACHCHI DIR-AACH, DIR/PRES-CHI (THRU 6/18)	(i)	290,926	26,496	0	3,434	0	320,856	0
	(ii)	0	0	0	0	0	0	0
DEBRA LEHRER MD DIRECTOR - AACH	(i)	138,634	0	0	0	0	138,634	0
	(ii)	36,667	0	0	0	0	36,667	0
DALE WELLS FORMER CFO - AACH (THROUGH 1/2018)	(i)	9,913	0	224,976	228	20,629	255,746	0
	(ii)	0	0	0	0	0	0	0
AMY ANTONACCI VP - PATIENT CARE SERVICES - AACH	(i)	188,085	0	0	4,806	28,267	221,158	0
	(ii)	0	0	0	0	0	0	0
DAVID SHROADES VP - OPERATIONS - AACH	(i)	169,645	0	0	4,309	11,634	185,588	0
	(ii)	0	0	0	0	0	0	0
SUNITHA VEMULAPALLI MD PHYSICIAN - ANCMG	(i)	691,269	165,769	1,825	11,000	18,501	888,364	0
	(ii)	0	0	0	0	0	0	0
DAVID V MUNGO MD PHYSICIAN - AACH	(i)	808,239	0	24,486	6,875	25,663	865,263	0
	(ii)	0	0	0	0	0	0	0
MICHAEL A NECCI MD PHYSICIAN - AACH	(i)	757,253	0	3,635	0	25,663	786,551	0
	(ii)	0	0	0	0	0	0	0
PRABHCHARAN GILL MD PHYSICIAN - AH	(i)	620,849	65,000	6,951	32,750	18,501	744,051	0
	(ii)	0	0	0	0	0	0	0
MICHAEL A KREW MD PHYSICIAN - AH	(i)	570,652	65,000	6,357	32,750	18,501	693,260	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DR MICHAEL NECCI	EMPLOYED PHYSICIAN	PHYSICIAN ADVANCE		X	75,000	26,488		No	Yes		Yes	
Total						▶ \$ 26,488						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICE'S NURSERY	BRYAN RICE, AHF BOARD MEMBER, OWNS RICE'S NURSERY	1,066,582	LANDSCAPING SERVICES FOR AULTMAN HOSPITAL		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION GROUP RETURN

Employer identification number
32-0483994

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	28	21,747	DONORS' VALUE
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		78,361	DONORS' VALUE
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles	X	12	4,674	DONOR'S VALUE
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► (TRAVEL AND ENTERTAINMENT)	X	264	132,243	DONORS' VALUE
26 Other ► (OTHER)	X	134	75,294	DONORS' VALUE
27 Other ► (JEWELRY)	X	42	25,529	DONORS' VALUE
28 Other ► ()				

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

29

0

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?

Yes

No

30a

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

No

31

Yes

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

Yes

No

32a

No

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493319105219
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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
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	<p>(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 NORTHEAST 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 2018-2019 IN OHIO BY U.S. NEWS AND WORLD REPORT, BEING NAMED ONE OF THE NATION'S 50 TOP CARDIOVASCULAR HOSPITALS BY TRUEN HEALTH ANALYTICS AND EARNING THE "MAGNET" DESIGNATION FOR NURSING EXCELLENCE THREE TIMES THE MISSION OF AULTMAN ORRVILLE HOSPITAL IS "TO LEAD OUR COMMUNITY TO IMPROVED HEALTH " AULTMAN ORRVILLE HOSPITAL HAS BEEN MEETING THE HEALTH CARE NEEDS OF EASTERN WAYNE COUNTY FOR MORE THAN SIXTY YEARS 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 AULTMAN ALLIANCE COMMUNITY HOSPITAL (AACH) HAS BEEN LEADING ALLIANCE AND ITS SURROUNDING COMMUNITIES TO IMPROVED HEALTH FOR MORE THAN A CENTURY SINCE 1901, AACH HAS BEEN DEDICATED TO PROVIDING QUALITY CARE, CLOSE TO HOME, THROUGH A WIDE ARRAY OF GENERAL AND SPECIALTY SERVICES THAT'S ALWAYS EXPANDING AND IMPROVING AND ADMINISTERED BY MORE THAN 150 ACTIVE AND COVERING PHYSICIANS IN ORDER TO STRENGTHEN THE LOCAL SERVICES, AACH ENTERED INTO A MEMBER SUBSTITUTION AGREEMENT TO BECOME A SUBSIDIARY OF THE AULTMAN HEALTH FOUNDATION IN 2018 AACH SERVICES CENTER AROUND HOLISTIC, COMPASSIONATE HEALTH CARE IN A HOMELIKE, HEALING SETTING 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, BACHELORS OF SOCIAL WORK AND BSN (PRE- AND POST-LICENSURE) THE AULTMAN FOUNDATION (TAF) WILL RAISE AND ADMINISTER FUNDS IN ORDER TO SUPPORT AND PROMOTE EDUCATION AND WELLNESS OUTREACH PROGRAMMING THAT WILL IMPROVE THE HEALTH OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE COMMUNITY THE AULTMAN FOUNDATION PARTNERS WITH OTHER NONPROFIT ORGANIZATIONS TO PROVIDE GRANTS TO HELP SUPPORT PROJECTS THAT PROMOTE WELLNESS, HEALTH EDUCATION, AND HUMAN SERVICES AULTMAN NORTH CANTON MEDICAL GROUP (ANCMG) LEADS OUR COMMUNITY TO IMPROVED HEALTH THROUGH PROVIDERS DEDICATED TO DELIVERING HIGH-QUALITY, COMPASSIONATE CARE AULTMAN NORTH CANTON MEDICAL GROUP IS A MULTISPECIALTY GROUP DEDICATED TO THE BETTERMENT OF THE HEALTH AND WELL-BEING OF PATIENTS, COMMUNITY, AND HEALTH SYSTEM CARING HANDS INC (CHI) PROVIDES BASIC, COST EFFICIENT, COMMUNITY-BASED HOME CARE AIDE SERVICES WHICH ENABLE OUR CLIENTS TO REMAIN IN THEIR HOMES TO LIVE A FULL AND SATISFYING LIFE QUALIFIED PERSONNEL ANTICIPATE AND RESPOND TO CLIENT NEEDS THROUGH EXISTING SERVICES AND THE DEVELOPMENT OF NEW PROGRAMS AND SERVICES IN AN EVER-CHANGING ENVIRONMENT PERSONAL CARE AND HOME-MAKING SERVICES, INCLUDING 24/7 CARE, ERRAND RUNNING, PRESCRIPTION PICK-UP AND MAINTAINING AN EMERGENCY RESPONSE SYSTEM ARE SOME OF THE KEY SERVICES PROVIDED CARING HANDS IS COMMITTED TO A HIGH LEVEL OF SERVICE FOR THE BETTERMENT OF THE PHYSICAL, MENTAL AND SOCIAL CONDITIONS OF THE COMMUNITY CHI ENTERED INTO A MEMBER SUBSTITUTION AGREEMENT TO BECOME A SUBSIDIARY OF THE AULTMAN HEALTH FOUNDATION IN 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE ORGANIZATION ACQUIRED ALLIANCE COMMUNITY HOSPITAL (AULTMAN ALLIANCE COMMUNITY HOSPITAL) AND CARING HANDS INC DURING 2018

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 JACQUELINE DEGARMO AND CHRIS REMARK 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), AULTMAN NORTH CANTON MEDICAL GROUP (ANCMG), AULTMAN ALLIANCE COMMUNITY HOSPITAL (AACH) AND CARING HANDS, INC (CHI) 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	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. AACH'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPOINT OR REPLACE THE DIRECTORS OF AACH'S BOARD. CHI'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPOINT OR REPLACE THE DIRECTORS OF CHI'S BOARD. THE SOLE MEMBER OF ANCMG IS AHF. AHF, AS SOLE MEMBER, HAS THE RESERVED POWER TO ELECT OR APPOINT BOARD MEMBERS.

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. AACH'S SOLE MEMBER, AHF, HAS THE RIGHT TO APPROVE THE FOLLOWING ACTION OF AACH'S BOARD:</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>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, EFFECTING A SALE, PLEDGE, HYPOTHECATION, TRANSFER, EXCHANGE OR OTHER DISPOSITION OF ASSETS HAVING A FAIR MARKET VALUE IN EXCESS OF 5% OF THE BOOK VALUE OF AACH'S ASSETS, EFFECTING PARTIAL OR TOTAL DISSOLUTION, AND INCURRING ANY DEBT OR INDEBTEDNESS 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 AACH AND GIVING THE FINAL APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGET OF AACH CHI'S SOLE MEMBER IS AHF CHI'S BOARD MUST SEEK THE PRIOR APPROVAL OF THE MEMBER TO TAKE ANY ACTION OR PRACTICE OR CAUSE AHF, AS SOLE MEMBER OF ANCMG, HAS THE RESERVED POWER TO APPROVE ANY CHANGE IN THE ORGANIZATION'S MISSION OR PURPOSE, APPROVE ANY AMENDMENT TO THE ORGANIZATION'S ARTICLES OF INCORPORATION OR APPROVE ANY AMENDMENT TO THE CODE OF REGULATIONS</p>

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 SECURE 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>THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USE THE FOLLOWING REFERENCE MATERIALS FOR THE DEVELOPMENT OF EXECUTIVE COMPENSATION OHIO HOSPITAL ASSOCIATION (OHA), MERCER INTEGRATED HEALTH NETWORK, INCLUDING SURVEY DATA FOR BOTH HOSPITALS AND HEALTH PLANS, AND SULLIVAN COTTER AND ASSOCIATES (SCA) 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 OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS THE AULTMAN HEALTH FOUNDATION HAS ENGAGED SULLIVAN COTTER AND ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTING FIRM, FOR REVIEW OF EXECUTIVE COMPENSATION PRACTICES THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USE THE FOLLOWING REFERENCE MATERIALS FOR THE DEVELOPMENT OF PHYSICIAN COMPENSATION MEDICAL GROUP MANAGEMENT ASSOCIATES (MGMA), AMERICAN MEDICAL GROUP ASSOCIATION (AMGA), HOSPITAL AND HEALTHCARE COMPENSATION SERVICE (HHCS) AND SULLIVAN COTTER AND ASSOCIATES (SCA) IN ADDITION TO SALARY SURVEYS, AULTMAN HOSPITAL ALSO RETAINS AN INDEPENDENT CONSULTING FIRM FOR PHYSICIAN COMPENSATION SERVICES ALL PHYSICIAN COMPENSATION RECOMMENDATIONS ARE SENT TO THE CEO 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 IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 62,420,178 MANAGEMENT AND GENERAL EXPENSES 13,681,569 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 76,101,747

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERFUND TRANSFERS 520,014 AULTMAN ALLIANCE COMMUNITY HOSPITAL NET ASSETS 66,648,917 CARING HANDS NET ASSETS -130,000

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) ALLIANCE COMMUNITY HOSPITAL (34-0714581) CARING HANDS, INC (34-1505340)

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, 2018 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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
(1) ALLIANCE COMMUNITY MEDICAL FOUNDATION LLC 200 E STATE STREET ALLIANCE, OH 44601 26-3646817	PHYSICIAN OFFICES	OH	10,485,956	1,365,563	ALLIANCE COMMUNITY HOSPITAL

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	
(4)ALLIANCE COMMUNITY HOSPITAL AUXILIARY 200 E STATE STREET ALLIANCE, OH 44601 34-0777659	VOLUNTEER SERVICES	OH	501(C)(3)	LINE 12C, III-FI	N/A		No
(5)AULTMAN RADIATION ONCOLOGY OF ALLIANCE COMMUNITY HOSPITAL 885 S SAWBURG AVE STE 108 ALLIANCE, OH 44601 81-4224503	MEDICAL SERVICE	OH	501(C)(3)	LINE 3	N/A		No
(6)IHN SOURCING GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-1731318	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	-90,781	2,586		No		Yes		64 770 %
(3) IHN POST - ACUTE NETWORK LLC 2821 WOODLAWN AVE NW CANTON, OH 44708 81-3136598	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	-68,575	102,887		No			No	73 400 %

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.

See Additional Data Table

(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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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
(1) ALLIANCE MEDICAL ASSOCIATES INC	P	2,215,000	COST

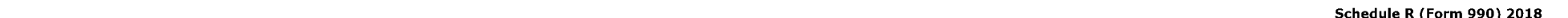
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART IV	ALLIANCE MEDICAL ASSOCIATES INC - THE 100% OWNERSHIP IN COLUMN (H) OF PART IV IS BASED ON VOTING POWER, NOT TOTAL VALUE OF ALL OUTSTANDING SHARES THUS, COLUMNS (F) AND (G) ARE 0



Additional Data

Software ID:

Software Version:

EIN: 32-0483994

Name: AULTMAN HEALTH FOUNDATION GROUP RETURN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	N/A	C					No
(1) AULTCARE CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1488123	PREF PROVIDER ORG	OH	N/A	C					No
(2) AULTCARE HOLDING COMPANY 2600 SIXTH ST SW CANTON, OH 44710 47-1165287	HOLDING COMPANY	OH	N/A	C					No
(3) NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1610344	MEDICAL EQUIPMENT RENTAL	OH	N/A	C					No
(4) OHIO SPECIALTY PHYSICIANS CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300	HEALTH SERVICES	OH	N/A	C					No
(5) OHIO HOSPITAL BASED PHYSICIANS CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647	HEALTH SERVICES	OH	N/A	C					No
(6) OHIO PHYSICIANS PROFESSIONAL CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897	HEALTH SERVICES	OH	N/A	C					No
(7) AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904	ADMIN SERVICES	OH	N/A	C					No
(8) AULTCARE HEALTH INSURING CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099	INSURANCE	OH	N/A	C					No
(9) AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818	INSURANCE	OH	N/A	C					No
(10) AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704	ADMIN SERVICE	OH	N/A	C					No
(11) AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962	HEALTH SERVICES	OH	N/A	C					No
(12) WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390	MEDICAL SUPPLIES	OH	N/A	C					No
(13) AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014	HEALTH SERVICES	OH	N/A	C					No
(14) MAINSITE SOLUTIONS LLC 2600 SIXTH ST SW CANTON, OH 44710 47-3587655	HEALTH SERVICES	OH	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) HEALTH ALLIANCE INC 200 E STATE STREET ALLIANCE, OH 44601 34-1531993	HEALTH SERVICES	OH	N/A	C					No
(1) ALLIANCE HEALTH PARTNERS 200 E STATE STREET ALLIANCE, OH 44601 34-1884059	PHO	OH	N/A	C					No
(2) ALLIANCE MEDICAL ASSOCIATES INC 200 E STATE STREET ALLIANCE, OH 44601 91-1889215	ER PHYSICIANS	OH	AACH	C			100 000 %	Yes	