Form 990-T	6	Exempt Organization Business Income Tax Re			ax Return	OMB No 1545-0687
ਜ਼ਵਾਈ 1	For ca	(and proxy tax und	ler sec	tion 6033(e))	1817	2018
December of the Toron		► Go to www.irs.gov/Form990T for i	nstruction			- • • •
Department of the Treasu Internal Revenue Service	y >	Do not enter SSN numbers on this form as it ma	y be made	e public if your organiz	ation is a 501(c)(3).	Open to Public Inspection 501(c)(3) Organizations O
Check box if address char	ned	Name of organization (Check box if name of	changed a	nd see instructions.)		Employer identification numbe (Employees' trust, see instructions)
3 Exempt under sec		AULTMAN HEALTH FOUNDAT		34-1445390		
X 501(c)/3	or	Number, street, and room or suite no. If a P.O. bo		tructions		Unrelated business activity cor
	O(e) Type	2600 SIXTH STREET SW	`	(See instructions)		
$=$ \cdot $=$	0(a)	City or town, state or province, country, and ZIP of				
529(a)		CANTON, OH 44710		,		
Book value of all asset at end of year	s	F Group exemption number (See instructions)			<u> </u>	
		G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a) t	rust Other trus
H Enter the number o	f the organiza	ition's unrelated trades or businesses		Describe	the only (or first) unre	elated
trade or business h	· —				complete Parts I-V. If	
		ce at the end of the previous sentence, complete P	arts I and	II, complete a Schedule	M for each additional	I trade or
business, then com	•			·	-	14 1 14
		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	nt-sunsia	iary controlled group?	, > 1	lyes No
		MARK D. WRIGHT		Telenho	nne number 🕨 3.3	30-363-6192
		de or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts of		T				
b Less returns and		c Balance	1c	ł		
2 Cost of goods s	old (Schedule	A, line 7)	2			
3 Gross profit. Su	btract line 2 fi	rom line 1c	3			
4a Capital gain net	income (attac	h Schedule D)	4a			
b Net gain (loss) (Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b					
c Capital loss ded			4c			
, ,	ncome (loss) from a partnership or an S corporation (attach statement) ent income (Schedule C)					
•	Rent income (Schedule C)					
_	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					
						-
1 Advertising inco	=		10			-
-	•	ıs; attach schedule)	12			
3 Total. Combine		·	13	0.		
		ot Taken Elsewhere (See instructions for				
		utions, deductions must be directly connecte	d with th	ie unrelated business	s income)	
		rectors, and trustees (Schedule K)				14
5 Salaries and wa	-				ļ-	15
6 Repairs and ma	untenance				-	16
	Bad debts Interest (attach schedule) (see instructions)					
•		ee instructions)			F	18
	Taxes and licenses Charitable contributions (See instructions for limitation rules) RECEIVED					
	•				<u> </u>	20
2 Less depreciati	epreciation (attach Form 4562) ess depreciation claimed on Schedule A and elsewhere of the lurn MAY 1 1 2020 22a 22a					
3 Depletion		NAT 1	1 2020	, 10, 1		22b
•	Contributions to deferred compensation plans					
5 Employee bene	Employee benefit programs OGDEN, UT					
6 Excess exempt	Excess exempt expenses (Schedule I)					
	,					
8 Other deductio					L	28
	Total deductions. Add lines 14 through 28					
	,					
		loss arising in tax years beginning on or after Janua	ıry 1, 201	v (see instructions)		31 (
		ncome. Subtract line 31 from line 30			l.	32 Corm 990-T (20

Form 990-		<u>34-1445390</u>	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	_33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	34 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation	Ĭ,	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 4/1	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ch schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments. A 2017 overpayment credited to 2018 50a		
b	2018 estimated tax payments 50b		
С	Tax deposited with Form 8868 50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments: Form 2439		
_		8,122.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	5 ₁ 5 ₂	8,122.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	8,122.
55		ded (→ 55	8,122.
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction)	ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1 .
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
Sign	Under penalties of ferjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL	best of my knowledge and b	elief, it is true,
Here	LACIALISA CHIEF FINANCIAL	May the IRS di	scuss this return with
11616	Signature of officer Date OFFICER		own below (see
		instructions)?	X Yes No
		eck if PTIN	
Paid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f- employed	624111
Prepa	AFER THE STATE OF		0746749
Use C	Only Firm's name CLIFTONLARSONALLEN LLP 4505 STEPHEN CIRCLE NW, STE. 200	rm's EIN ► 41-	0/40/43
	- - - - - - - - - - - - -	hone no. (330)4	197-2000
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FOOTNOTES

STATEMENT

THIS FILING AMENDS FORM 990 AND FORM 990-T FOR THE YEAR END-ED DECEMBER 31, 2018 FOR AULTMAN HEALTH FOUNDATION. THE 2017 TAX CUTS AND JOBS ACT CREATED IRC SEC. 512(A)(7) WITH AN ENACTMENT DATE OF JANUARY 1, 2018. IRC SEC. 512(A)(7) DEFINED THE CONCEPT OF 'DISALLOWED FRINGE BENEFITS' AND REQUIRED THAT THESE EXPENSES BE INCLUDED IN UNRELATED BUSINESS TAXABLE INCOME. THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 SIGNED ON DECEMBER 20, 2019 REPEALED IRC SEC.512(A)(7) RETROACTIVELY BACK TO ITS ORIG-INAL ENACTMENT; AS SUCH THIS AMENDMENT IS BEING FILED TO REMOVE THE DISALLOWED FRINGE BENEFITS WHICH ARE NO LONGER INCLUDED IN UNRELATED BUSINESS INCOME AND NO LONGER SUBJECT TO INCOME TAX. (AHF) RESPECTFULLY REQUESTS A REFUND OF ALL

FORM 990-T, PART III - REPEAL OF SECTION 512(A)(7)

FEDERAL INCOME TAX PAID ON 2018 UBTI, OR \$8,122.

- LINE 34: DISALLOWED FRINGES OF \$38,112 ELIMINATED
- LINE 36: UBTI BEFORE DEDUCTION OF \$38,112 ELIMINATED
- LINE 38: UBTI OF \$37,112 ELIMINATED

FORM 990-T, PART IV - REPEAL OF SECTION 512(A)(7)

- LINE 39: INCOME TAX OF \$7,794 ELIMINATED
- LINE 44: TOTAL INCOME TAX OF \$7,794 ELIMINATED

FORM 990-T, PART V - REPEAL OF SECTION 512(A)(7)

- LINE 46: TAX OF \$7,794 ELIMINATED
- LINE 48: TOTAL TAX OF \$7,794 ELIMINATED
- LINE 52: ESTIMATED TAX PENALTY OF \$328 ELIMINATED
- LINE 53: TAX DUE OF \$8,122 ELIMINATED
- LINE 54: OVERPAYMENT INCREASED FROM \$0 TO \$8,122
- LINE 55: REFUND OF \$8,122 REQUESTED

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX DUE FROM ORIGINAL RETURN	8,122.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	8,122.