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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AULTMAN HEALTH FOUNDATION

Doing business as

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

Room/suite

2600 SIXTH STREET SW

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

CANTON, OH 44710

F Name and address of principal officer

EDWARD J ROTH III

2600 SIXTH STREET SW

CANTON, OH 44710

D Employer identification number

34-1445390

E Telephone number

(330) 363-6352

G Gross receipts \$ 73,648,364

I Tax-exempt status

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

J Website: ▶ WWW.AULTMAN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile OH

Part I

Summary

Activities & Governance

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

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

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

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

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

63

49

342

40

0

37,112

Revenue

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

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

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

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

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

Prior Year

Current Year

0

44,136,705

7,847,548

1,362,022

53,346,275

703,823

1,025,804

0

25,145,688

0

24,017,116

49,866,627

3,479,648

0

23,614,716

51,831,509

4,571,967

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

End of Year

0

25,145,688

0

24,017,116

49,866,627

3,479,648

0

23,614,716

51,831,509

4,571,967

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

325,101,516

46,035,183

279,066,333

433,220,948

149,079,203

284,141,745

Part II

Signature Block

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

Sign Here

Signature of officer

2019-11-15

Date

MARK D WRIGHT CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01624111

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 4505 STEPHEN CIRCLE NW STE 200

CANTON, OH 44718

Phone no (330) 497-2000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH " AULTMAN HEALTH FOUNDATION AND ITS SUBSIDIARIES AND AULTCARE HEALTH PLANS ENABLE AULTMAN TO BE ONE OF THE LOWEST-COST HEALTH CARE PROVIDERS IN NORTHEASTERN OHIO. LOWER COSTS HELP LOCAL BUSINESSES STAY FINANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY. IN ADDITION TO PROVIDING HIGH-QUALITY, LOW-COST HEALTH CARE, AULTMAN HEALTH FOUNDATION PROVIDES HEALTH EDUCATION FOR THE COMMUNITY. FOR EXAMPLE, THE WORKING ON WELLNESS MOBILE HEALTH-FAIR UNIT PROVIDES HEALTH SCREENINGS AND WELLNESS EDUCATION FOR OUR COMMUNITY. THE WOW TEAM VISITED MORE THAN 400 SITES IN 2018, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS. WOW NURSES HAD PERSONAL INTERACTION WITH MORE THAN 17,000 COMMUNITY MEMBER.

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 \$ | 20,334,316 | including grants of \$ | 0 | (Revenue \$ | 3,658) |
|-----------|---------|--------------|------------|------------------------|---|-------------|---------|

See Additional Data

| | | | | | | | |
|-----------|---------|--------------|-----------|------------------------|---|-------------|-------------|
| 4b | (Code) | (Expenses \$ | 6,568,140 | including grants of \$ | 0 | (Revenue \$ | 7,045,429) |
|-----------|---------|--------------|-----------|------------------------|---|-------------|-------------|

See Additional Data

| | | | | | | | |
|-----------|---------|--------------|-----------|------------------------|---|-------------|----------|
| 4c | (Code) | (Expenses \$ | 4,351,050 | including grants of \$ | 0 | (Revenue \$ | 14,392) |
|-----------|---------|--------------|-----------|------------------------|---|-------------|----------|

See Additional Data

| | | | | | | |
|---------|--------------|------------|------------------------|-----------|-------------|--------------|
| (Code) | (Expenses \$ | 10,924,918 | including grants of \$ | 1,025,804 | (Revenue \$ | 40,915,784) |
|---------|--------------|------------|------------------------|-----------|-------------|--------------|

AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED AS A SUPPORT ENTITY AULTMAN HOSPITAL (AH) AND AHF'S SUBSIDIARIES. THIS STRUCTURE IS COMMON TO MANY HEALTH CARE SYSTEMS. AHF PERFORMS ACTIVITIES THAT DIRECTLY AND INDIRECTLY IMPACT AH. THERE IS A CLOSE WORKING RELATIONSHIP BETWEEN AHF AND AH AND SUBSTANTIAL RESOURCES OF AHF ARE COMMITTED TO FURTHERING THE AH MISSION.

4d Other program services (Describe in Schedule O)

| | | | | | |
|--------------|------------|------------------------|-----------|-------------|--------------|
| (Expenses \$ | 10,924,918 | including grants of \$ | 1,025,804 | (Revenue \$ | 40,915,784) |
|--------------|------------|------------------------|-----------|-------------|--------------|

| | | |
|-----------|---------------------------------------|-------------------|
| 4e | Total program service expenses | 42,178,424 |
|-----------|---------------------------------------|-------------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c Yes | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |

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> | 24a Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| 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 | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 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 Yes | |
| 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 157 | |
| 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 | 342 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | Yes | |
| b If "Yes," enter the name of the foreign country ▶ CJ , EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| | | | | 8 | | |
| 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 | Yes | |
| 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 63 | | |
| 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 49 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | 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 | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

| | | | |
|---|--|--|--|
| c Total from continuation sheets to Part VII, Section A | | | |
|---|--|--|--|

| | | | |
|--------------------------------------|-----------|-----------|-----------|
| d Total (add lines 1b and 1c) | 5,352,839 | 7,909,310 | 1,194,694 |
|--------------------------------------|-----------|-----------|-----------|

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 ▶ 41

| | | 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 |
|---|--------------------------------|---------------------|
| CERNER CORP 2800 ROCKCREEK PWKY KANSAS CITY, MO 64117 | SOFTWARE SUPPORT | 7,030,323 |
| DELL FINANCIAL SERVICES ONE DELL WAY ROUND ROCK, TX 78682 | SOFTWARE SUPPORT | 1,389,744 |
| MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | SOFTWARE SUPPORT | 1,061,590 |
| CISCO SYSTEMS INC 170 W TASMAN DRIVE SAN JOSE, CA 95134 | SOFTWARE SUPPORT | 842,068 |
| HURON CONSULTING GROUP INC 550 W VAN BUREN STREET CHICAGO, IL 60607 | MANAGEMENT CONSULTING | 140,906 |

| | |
|---|--|
| <p>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 ► 39</p> | |
|---|--|

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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

| | | | | | |
|----|--|----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 1a | Federated campaigns . . . | 1a | | | |
| b | Membership dues . . . | 1b | | | |
| c | Fundraising events . . . | 1c | | | |
| d | Related organizations | 1d | | | |
| e | Government grants (contributions) | 1e | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| g | Noncash contributions included in lines 1a - 1f \$ | | | | |
| h | Total. Add lines 1a-1f | | | | |

Program Service Revenue

| | | | | | |
|----|-----------------------------------|--------|------------|------------|--|
| | Business Code | | | | |
| 2a | HEALTH SYSTEM ADMINISTRATION | 561000 | 37,971,620 | 37,971,620 | |
| b | PATIENT SERVICE REVENUE | 624100 | 7,089,970 | 7,089,970 | |
| c | PROPERTY MANAGEMENT REVENUE | 561000 | 1,499,804 | 1,499,804 | |
| d | OTHER INCOME | 561000 | 1,417,869 | 1,417,869 | |
| e | | | | | |
| f | All other program service revenue | | | | |
| g | Total. Add lines 2a-2f | | 47,979,263 | | |

Other Revenue

| | | | | | | |
|-----------------------|--|---------------------------|------------|------------|---|------------|
| 3 | Investment income (including dividends, interest, and other similar amounts) | | -1,662,283 | | | -1,662,283 |
| 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | Royalties | | | | | |
| 6a | Gross rents | (i) Real (ii) Personal | | | | |
| b | Less rental expenses | | | | | |
| c | Rental income or (loss) | | | | | |
| d | Net rental income or (loss) | | | | | |
| 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| b | Less cost or other basis and sales expenses | | | | | |
| c | Gain or (loss) | | | | | |
| d | Net gain or (loss) | | 9,370,428 | | | 9,370,428 |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| b | Less direct expenses | | | | | |
| c | Net income or (loss) from fundraising events | | | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| b | Less direct expenses | | | | | |
| c | Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | |
| b | Less cost of goods sold | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | SUBPART F INCOME (SEE FORM 5471) | 900099 | 716,068 | | | 716,068 |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 716,068 | | | |
| 12 | Total revenue. See Instructions | | 56,403,476 | 47,979,263 | 0 | 8,424,213 |

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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 ☒

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,025,804 | 1,025,804 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 6,481,843 | 5,250,293 | 1,231,550 | |
| 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. | 16,633,069 | 13,472,786 | 3,160,283 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 843,387 | 683,143 | 160,244 | |
| 9 Other employee benefits. | 1,622,794 | 1,314,463 | 308,331 | |
| 10 Payroll taxes. | 1,609,896 | 1,304,016 | 305,880 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 54,662 | 44,276 | 10,386 | |
| b Legal. | 83,415 | 67,566 | 15,849 | |
| c Accounting. | 193,167 | 156,465 | 36,702 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 5,686 | 4,606 | 1,080 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 7,971,977 | 6,457,301 | 1,514,676 | |
| 12 Advertising and promotion. | 16,083 | 13,027 | 3,056 | |
| 13 Office expenses. | -184,370 | -149,340 | -35,030 | |
| 14 Information technology. | 10,783,274 | 8,734,452 | 2,048,822 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 1,473,419 | 1,193,469 | 279,950 | |
| 17 Travel. | 211,420 | 171,250 | 40,170 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 8,268 | 6,697 | 1,571 | |
| 20 Interest. | 71,333 | 57,780 | 13,553 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 198,398 | 160,702 | 37,696 | |
| 23 Insurance. | 245,176 | 198,593 | 46,583 | |
| 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 EDUCATION | 799,697 | 647,755 | 151,942 | |
| b MEDICAL SUPPLIES | 523,685 | 424,185 | 99,500 | |
| c MEDICATION | 426,064 | 345,112 | 80,952 | |
| d RECRUITMENT | 189,715 | 153,669 | 36,046 | |
| e All other expenses | 543,647 | 440,354 | 103,293 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 51,831,509 | 42,178,424 | 9,653,085 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 | | 1 | |
| | 2 Savings and temporary cash investments | 2,807,977 | 2 | 2,190,126 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,305,604 | 4 | 1,285,722 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 3,143,166 | 7 | 1,107,916 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,348,440 | 9 | 1,692,303 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 7,895,626 | | |
| | b Less: accumulated depreciation | 10b 4,305,681 | 4,119,540 | 10c 3,589,945 |
| | 11 Investments—publicly traded securities | 51,620,298 | 11 | 50,090,181 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 241,076,494 | 13 | 372,029,657 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 18,679,997 | 15 | 1,235,098 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 325,101,516 | 16 | 433,220,948 | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,670,547 | 17 | 9,961,737 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 635,246 | 19 | 613,891 |
| | 20 Tax-exempt bond liabilities | | 20 | 131,554,573 |
| | 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 | 26,200,615 | 23 | 6,621,745 |
| | 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 | 8,528,775 | 25 | 327,257 |
| | 26 Total liabilities. Add lines 17 through 25 | 46,035,183 | 26 | 149,079,203 |
| 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 | 279,066,333 | 27 | 284,141,745 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 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 | 279,066,333 | 33 | 284,141,745 | |
| 34 Total liabilities and net assets/fund balances | 325,101,516 | 34 | 433,220,948 | |

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 | 56,403,476 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 51,831,509 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,571,967 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 279,066,333 |
| 5 | Net unrealized gains (losses) on investments | 5 | -3,533,337 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 4,036,782 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 284,141,745 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

WITH 120 EMPLOYEES, THE AULTMAN SYSTEMS AND TECHNOLOGY DEPARTMENT PROVIDES THE TECHNICAL INFRASTRUCTURE FOR BUSINESS AND CLINICAL SYSTEMS THROUGHOUT AHF, ITS SATELLITE FACILITIES AND SUBSIDIARIES THE SYSTEMS AND TECHNOLOGY TEAM HANDLES EVERYTHING RELATED TO INFORMATION TECHNOLOGY AT AULTMAN HEALTH FOUNDATION - INCLUDING HARDWARE, SOFTWARE DATA SECURITY AND INTERNAL CUSTOMER SUPPORT

Form 990, Part III, Line 4b:

THE AULTMAN SPECIALTY HOSPITAL, LOCATED ON THE MAIN AULTMAN CAMPUS, PROVIDES LONG-TERM ACUTE CARE FOR PATIENTS WITH MEDICALLY COMPLEX CONDITIONS. PATIENTS' AVERAGE LENGTH OF STAY IS 25 DAYS, AND THEY ARE TYPICALLY TRANSFERRED FROM AULTMAN ICU OR STEP-DOWN UNITS OR OTHER LOCAL HOSPITALS. IN 2018, 186 PATIENTS WERE CARED FOR AT THE AULTMAN SPECIALTY HOSPITAL. THE FACILITY'S QUALITY PROGRAM HAS BEEN ENHANCED IN THE AREAS OF IMPROVED PREVENTION OF SKIN BREAKDOWN, VENTILATOR-ASSOCIATED PNEUMONIA, LINE SEPSIS AND CLOSTRIDIUM DIFFICILE.

Form 990, Part III, Line 4c:

THE 29-MEMBER AULTMAN HEALTH FOUNDATION HUMAN RESOURCES DEPARTMENT PROVIDES SUPPORT SERVICES RELATIVE TO EMPLOYEE BENEFITS, COMPENSATION, EDUCATION AND DEVELOPMENT, EMPLOYEE RECRUITING, NEW-HIRE ORIENTATION, DIVERSITY AND INCLUSION, AND EMPLOYEE EVENTS ACROSS AHF FACILITIES

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EDWARD J ROTH III PRESIDENT/CEO | 50 00 5 00 | X | | X | | | | 717,657 | 0 | 50,471 |
| BARBARA HAMMONTREE BENNETT PAST CHAIR - AHF | 6 00 0 00 | X | | X | | | | 0 | 0 | 0 |
| DARRYL J DILLENBACK CHAIR - AHF | 7 00 9 00 | X | | X | | | | 0 | 0 | 0 |
| EMIL ALECUSAN VICE CHAIR - AHF | 7 00 0 00 | X | | X | | | | 0 | 0 | 0 |
| BRYAN RICE 2ND VICE CHAIR/SECRETARY | 3 00 0 00 | X | | X | | | | 0 | 0 | 0 |
| CHRISTOPHER E REMARK TREASURER/CEO - AH, DIRECTOR - IHC | 4 00 51 00 | X | | | | | | 0 | 517,306 | 45,950 |
| BARBARA ABBOTT DIRECTOR - AHF | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| DAVID W BARTLEY II DIRECTOR - AHF | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN S BELDEN DIRECTOR - AHF | 3 00 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL R BISHOP DIRECTOR - AHF | 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 | | | |
| PEGGY CLAYTOR DIRECTOR - AHF | 2 00 | X | | | | | | 0 | 0 | 0 |
| NATE J COOKS DIRECTOR - AHF | 1 00 | X | | | | | | 0 | 0 | 0 |
| JACQUELINE DEGARMO DIRECTOR - ASH | 3 00 2 00 | X | | | | | | 0 | 0 | 0 |
| STEPHEN G DEUBLE DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| MILAN R DOPIRAK MD DIRECTOR - AHF | 1 00 54 00 | X | | | | | | 0 | 422,555 | 5,928 |
| LEO DOYLE DIRECTOR - AHF | 6 00 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID M FINDLEY DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| RYAN FULMER DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| T STEPHEN GREGORY DIRECTOR - AHF | 6 00 4 00 | X | | | | | | 0 | 0 | 0 |
| PATRICIA A GRISCHOW DIRECTOR - AHF | 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 | | | |
| RICK L HAINES DIRECTOR - AHF, CEO - AULTCARE | 5 00 50 00 | X | | | | | | 0 | 618,543 | 44,624 |
| JOSEPH E HALTER JR DIRECTOR - AHF | 3 00 0 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL E HANKE DIRECTOR - AHF | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| SUE HOSTETLER DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| JOHN B HUMPHREY JR MD DIRECTOR - AHF | 5 00 4 00 | X | | | | | | 0 | 0 | 0 |
| BECKY L JEWELL DIRECTOR - AHF | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| GEOFF KARCHER DIRECTOR - AHF | 3 00 0 00 | X | | | | | | 0 | 0 | 0 |
| JOANNE KRIVETZKY MD DIRECTOR - AHF, MED STAFF PRES-ELECT | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN LAYMAN DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| GENE E LITTLE DIRECTOR - AHF | 4 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 | | | |
| MICHAEL LYNCH MD DIRECTOR - AHF | 2 00 53 00 | X | | | | | | 0 | 464,504 | 46,689 |
| RON LYONS DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| LORI MARTINO DIRECTOR - AHF, AH WOMEN'S BOARD PRESIDENT | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| LORI L MERTES MD PRESIDENT OF INNOVATIONS BOARD | 1 00 54 00 | X | | | | | | 0 | 427,012 | 27,500 |
| JEFFREY MILLER MD DIRECTOR - AHF | 1 00 5 00 | X | | | | | | 0 | 0 | 0 |
| PRABHCHARAN GILL MD DIRECTOR - AHF | 1 00 54 00 | X | | | | | | 0 | 692,800 | 51,251 |
| MICHAEL RICH MD DIRECTOR - AHF | 1 00 54 00 | X | | | | | | 0 | 475,424 | 51,251 |
| JESSE ROPER DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| LOUIS G SHAHEEN MD DIRECTOR - AHF | 1 00 3 00 | X | | | | | | 0 | 0 | 0 |
| DOUGLAS J SIBILA DIRECTOR - AHF | 4 00 2 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 | | | |
| JOHN A SIRPILLA DIRECTOR - AHF | 4 00 0 00 | X | | | | | | 0 | 0 | 0 |
| TODD M SOMMER DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| RYAN STENGAR DIRECTOR - AHF | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| GAIL STERLING DIRECTOR - AHF | 1 00 4 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM WALLACE MD DIRECTOR - AHF | 2 00 7 00 | X | | | | | | 0 | 0 | 0 |
| R CLINT ZOLLINGER ESQ DIRECTOR - AHF | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| MARK D WRIGHT CFO | 50 00 5 00 | | | X | | | | 439,693 | 0 | 45,251 |
| ELIZABETH A GETZ CIO | 50 00 5 00 | | | | X | | | 326,796 | 0 | 49,394 |
| ROBERT C MOLNAR SVP, REGIONAL DEVELOPMENT | 50 00 5 00 | | | | X | | | 250,335 | 0 | 44,125 |
| MARK N ROSE SVP - LEGAL SERVICES | 50 00 5 00 | | | | X | | | 352,116 | 0 | 51,251 |

| 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 | | | |
| JASON JUSTUS VP - POMERENE FINANCE | 55 00 0 00 | | | | X | | | 211,505 | 0 | 31,581 |
| SUSAN E OLIVERA VP - HUMAN RESOURCES | 53 00 2 00 | | | | X | | | 290,765 | 0 | 51,251 |
| AKBAR SHAH MD CHAIR - ASH, PHYSICIAN | 55 00 0 00 | X | | X | | | | 0 | 1,006,846 | 50,471 |
| DANIEL RODRIGUEZ MD VICE CHAIR - ASH | 55 00 0 00 | X | | X | | | | 0 | 289,080 | 37,751 |
| DIANA BOYD SECRETARY & TREASURER - ASH | 1 00 0 00 | X | | X | | | | 0 | 0 | 0 |
| EILEEN GOOD SENIOR VP - CLINIAL ADVOCACY, DIRECTOR - ASH | 1 00 0 00 | X | | X | | | | 1,050,465 | 0 | 2,168 |
| DEANNA HATFIELD DIRECTOR - ASH | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| DENISE HILL DIRECTOR - ASH | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| ERIC JOHNSON DIRECTOR - ASH | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| GEORGE KEFALAS MD DIRECTOR - ASH | 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 | | | |
| LEWIS HUMBLE MD DIRECTOR - IHC | 1 00 54 00 | X | | | | | | 0 | 312,203 | 44,430 |
| JAMES JOHNS MD DIRECTOR - IHC | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| STEVEN KELLY MD DIRECTOR - IHC | 1 00 54 00 | X | | | | | | 0 | 989,864 | 51,170 |
| ROGER MUSA MD DIRECTOR - IHC | 1 00 54 00 | X | | | | | | 0 | 254,669 | 44,724 |
| TIMOTHY O'TOOLE MD DIRECTOR - IHC | 2 00 0 00 | X | | | | | | 0 | 0 | 0 |
| JOHN PRODAFIKAS DIRECTOR - IHC | 1 00 54 00 | X | | | | | | 0 | 881,417 | 51,250 |
| ROBERT SABOTA MD DIRECTOR - IHC | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN WESTERBECK MD DIRECTOR - IHC | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| JAMES WILSON MD DIRECTOR - IHC | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| ANDREW ZURICK MD MEDICARE BENEFICIARY - IHC | 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 | | | |
| ALLISON M OPRANDI MD CEO - IHC | 55 00 0 00 | | | | X | | | 0 | 416,658 | 41,409 |
| MATTHEW RITZERT VP - IHC | 55 00 0 00 | | | | X | | | 154,764 | 0 | 16,482 |
| KEVIN D PETE SVP | 50 00 5 00 | | | | | X | | 312,162 | 0 | 40,501 |
| RONALD RUSNAK MD DIRECTOR OF CLINICAL INFORMATICS | 55 00 0 00 | | | | | X | | 342,830 | 0 | 40,632 |
| FRANCIS SNYDER CEO - POMERENE | 55 00 0 00 | | | | | X | | 335,592 | 0 | 50,382 |
| TIMOTHY TEYNOR VP - PUBLIC POLICY | 50 00 5 00 | | | | | X | | 232,488 | 0 | 38,264 |
| TRACY SABO VP OF HUMAN RESOURCES | 55 00 0 00 | | | | | X | | 195,070 | 0 | 27,352 |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION

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

Employer identification number
34-1445390

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

The organization is not a private foundation because it is (For lines 1 through 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

1

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 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 | | |
| (A) AULTMAN HOSPITAL | 340714538 | 3 | Yes | | 10,924,918 | 0 |
| Total | 1 | | | | 10,924,918 | 0 |

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 | Yes |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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 | No |
| 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 | No |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <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 | No |
| 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 | No |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 | No |
| 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 | No |
| 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 | No |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | 9a | No |
| 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 | No |
| 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 | No |
| 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 | No |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 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, LINE 12G, COLUMN V | AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED TO HANDLE THE OVERALL MANAGEMENT FOR AULTMAN HO SPITAL (AH) AND AHF'S SUBSIDIARIES. THIS STRUCTURE IS COMMON TO MANY HEALTH CARE SYSTEMS. AHF PERFORMS ACTIVITIES THAT DIRECTLY AND INDIRECTLY IMPACT AH. THERE IS A CLOSE WORKING RELATIONSHIP BETWEEN AHF AND AH AND SUBSTANTIAL RESOURCES OF AHF ARE COMMITTED TO FURTHERING THE AH MISSION. |

| | | |
|--|---|----------------------------------|
| SCHEDULE C (Form 990 or 990-EZ) | Political Campaign and Lobbying Activities | OMB No 1545-0047 |
| | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | 2018 |
| Department of the Treasury Internal Revenue Service | ▶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. | 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 | Employer identification number 34-1445390 |
|---|---|

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (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? | Yes | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 185,791 |
| j | Total. Add lines 1c through 1i | | | 185,791 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► 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

Employer identification number
34-1445390

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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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 | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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) | | |
| 3a(ii) | | |
| 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 | | 1,877,417 | | 1,877,417 |
| b Buildings | | 3,250,535 | 2,072,844 | 1,177,691 |
| c Leasehold improvements | | | | |
| d Equipment | | 2,656,104 | 2,128,399 | 527,705 |
| e Other | | 111,570 | 104,438 | 7,132 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 3,589,945 |

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) INVESTMENT IN AFFILIATES | 330,987,534 | C |
| (2) ASSETS LIMITED AS TO USE | 41,042,123 | C |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | 372,029,657 | |

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.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS | 51,273 |
| INTERCOMPANY PAYABLES | 275,984 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 327,257 |

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 | |
| | |
| | |
| | |
| | |
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| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

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

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD 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. |

| | | |
|--|--|--|
| 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 ALTMAN HEALTH FOUNDATION | | Employer identification number 34-1445390 |

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|--|-----------|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | | |
| <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) | | | | | | |
| b Medicaid (from Worksheet 3, column a) | | | 1,030,960 | 1,015,166 | 15,794 | 0.030 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 1,030,960 | 1,015,166 | 15,794 | 0.030 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | | | | |
| k Total. Add lines 7d and 7j | | | 1,030,960 | 1,015,166 | 15,794 | 0.030 % |

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | | |
| | 94,595 | | |
| 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 | | |
| | 0 | | |
| 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 | 3,351,252 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 2,753,077 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | 598,175 |
| 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 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

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

1

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 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>SEE PART V, SECTION B, LINE 7D</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>SEE PART V, SECTION B, LINE 7D</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 SPECIALTY 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 % | | | |
| 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 PART V, PAGE 8 | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, PAGE 8 | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8 | | | |
| 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 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 SPECIALTY 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 SPECIALTY 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? _____

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 3C | AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF AULTMAN SPECIALTY HOSPITAL (ASH) ASH HAS A FINANCIAL ASSISTANCE POLICY (FAP) WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR AULTMAN HOSPITAL AND OTHER FACILITIES WITHIN AULTMAN HEALTH FOUNDATION ACCORDING TO THE POLICY ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS BASED ON THE FEDERAL POVERTY GUIDELINES (FPG) AND ARE UPDATED ANNUALLY BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES HEALTH AND HUMAN SERVICES DEPARTMENT THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS 0% - 100% OF FPG RECEIVES A 100% DISCOUNT, 101% - 150% OF FPG RECEIVES A 90% DISCOUNT, 151% - 200% OF FPG RECEIVES A 80% DISCOUNT, 201% - 300% OF FPG RECEIVES A 65% DISCOUNT, 301% AND ABOVE IS DISCOUNTED AT 58% |

990 Schedule H, Supplemental Information

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

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 \$ 94,595 |

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 III, LINE 2 | BAD DEBT EXPENSE CONSISTS OF AMOUNTS DEEMED UNCOLLECTIBLE AND REFERRED TO COLLECTION AGENCY, PER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 3 | <p>METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE PATIENTS REFERRED TO THE ASH ARE REFERRED HERE BECAUSE THEIR ILLNESSES ARE COMPLEX AND WILL REQUIRE LONG-TERM ACUTE CARE SERVICES MOST OF THE PATIENTS WITH SUCH MEDICALLY COMPLEX ILLNESSES ARE ELDERLY AND HAVE CHRONIC AS WELL AS ACUTE ILLNESS AND ARE ABLE TO QUALIFY FOR MEDICARE OR MEDICAID IF THE PATIENT MEETS THE HEALTH CRITERIA FOR ADMISSIONS INTO A LONG TERM ACUTE CARE FACILITY, ASH ACCEPTS THE PATIENT REGARDLESS OF THEIR ABILITY TO PAY PATIENTS ARE OFTEN CONSIDERED SELF-PAY PATIENTS AT THE TIME OF ADMISSION AND THEN THROUGH OUR OUTREACH PROGRAM THESE PATIENTS ARE USUALLY ABLE TO QUALIFY FOR MEDICAID OR SOME OTHER FORM OF ASSISTANCE BECAUSE OF THIS, ASH HAD NO BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE IN 2018 THE ORGANIZATION DOES HAVE A FINANCIAL ASSISTANCE POLICY WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR ANY OTHER FACILITY WITHIN THE AULTMAN HEALTH FOUNDATION</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 9B | ASH FOLLOWS THE SAME COLLECTION PROCEDURES OUTLINED IN THE PARENT COMPANY'S COLLECTION POLICY FOR THOSE PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THE ORGANIZATION REPEATEDLY OFFERS PATIENTS ACCESS TO FINANCIAL HELP DURING THEIR HOSPITAL STAY AND AFTER AS WELL AS WITH EACH BILLING NOTICE. BILLS ARE SENT TO A COLLECTION AGENCY AS A LAST RESORT AND ONLY WHEN PATIENTS HAVE THE ABILITY TO PAY SOME PORTION OF THEIR HEALTHCARE EXPENSES BUT DECLINE TO DO SO, WHEN PATIENTS DECLINE TO WORK WITH THE ORGANIZATION TO DETERMINE IF THEY QUALIFY FOR FREE OR DISCOUNTED CARE VIA FEDERAL, STATE, LOCAL OR HOSPITAL ASSISTANCE PROGRAMS, OR WHEN THE ORGANIZATION IS UNABLE TO LOCATE THE PATIENT OR PERSON RESPONSIBLE FOR THE BILL. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 2 | COMMUNITY HEALTH NEEDS ASSESSMENT AULTMAN SPECIALTY HOSPITAL (ASH) ASSESSES THE COMMUNITY'S HEALTH CARE NEEDS IN A VARIETY OF WAYS IT STUDIES PROTOCOL VOLUME AND PATIENT SATISFACTION SURVEYS IN 2016, ASH 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 THE HOSPITAL IS CURRENTLY IN THE PROCESS OF DEVELOPING ITS IMPLEMENTATION PLAN |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 3 | <p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IF ABLE, AT THE TIME OF REGISTRATION PATIENTS ARE ASKED TO FILL OUT THE HOSPITAL CARE ASSURANCE PROGRAM APPLICATION WHICH INCLUDES CONTACT INFORMATION FOR QUESTIONS AND ASSISTANCE IN COMPLETING THE FORMS SIGNS AND APPLICATIONS ARE POSTED AT ALL POINTS OF ADMISSIONS INFORMING PATIENTS OF THE FREE CARE PROGRAMS WHICH ARE AVAILABLE IN 2010, THE APPLICATION WAS ADDED TO THE INTERNET FOR EASY PATIENT ACCESS ASH STAFF ASSISTS SELF-PAY INPATIENTS WITH THE MEDICAID PROCESS AND OTHER PROGRAMS UNDER WHICH THEY ARE ELIGIBLE FOR ASSISTANCE PATIENTS WHO ARE UNABLE TO BE SCREENED DURING THEIR STAY RECEIVE FOLLOW UP ASSISTANCE WITH QUALIFYING FOR THE ASSISTANCE PROGRAM THAT MOST APPROPRIATELY FITS THEIR FINANCIAL NEEDS THE APPLICATION AND CONTACT INFORMATION FOR THE OUTREACH DEPARTMENT IS PRINTED ON THE BACK OF EVERY STATEMENT</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 4 | <p>COMMUNITY INFORMATION ASH ENCOURAGES ITS EMPLOYEES AND BOARD MEMBERS TO BE ACTIVELY INVOLVED IN THE COMMUNITY THE ORGANIZATION HAS ELEVEN BOARD MEMBERS WHO ARE ACTIVELY INVOLVED IN THE COMMUNITY TO BE REPRESENTATIVES OF THE COMMUNITY'S INTERESTS IN HEALTH CARE SERVICES THE MEDICAL STAFF IS COMPRISED OF 202 PHYSICIANS ANY PHYSICIAN IN GOOD STANDING WITHIN AULTMAN HOSPITAL'S MEDICAL STAFF AND WITH AN APPROPRIATE SPECIALTY TO CARE FOR MEDICALLY COMPLEX PATIENTS MAY APPLY FOR PRIVILEGES AT ASH ASH'S SERVICE AREA INCLUDES STARK, WAYNE, HOLMES, CARROLL AND TUSCARAWAS COUNTIES THE CORE MARKET FOR THE HOSPITAL IS STARK COUNTY THE UNITED STATES CENSUS BUREAU ESTIMATED THE 2018 POPULATION OF OUR FIVE COUNTY AREAS TO BE OVER 650,690 THE ORGANIZATION IS ONE OF ONLY 2 FACILITIES WITHIN THE 5 COUNTY AREAS WHO ARE CONSIDERED LONG-TERM ACUTE CARE FACILITIES AND WHO PROVIDE THE SPECIALIZATION NEEDED TO CARE FOR PATIENTS WITH SUCH COMPLEX MEDICAL CONDITIONS</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 5 | <p>AULTMAN SPECIALTY HOSPITAL (ASH) IS A WHOLLY OWNED SUBSIDIARY OF AULTMAN HEALTH FOUNDATION. AULTMAN HEALTH FOUNDATION SUPPORTS AND PROMOTES THE HEALTH OF ITS COMMUNITY MEMBERS IN A VARIETY OF WAYS. FROM EDUCATIONAL PROGRAMS TO HEALTH SCREENINGS, AULTMAN ACTIVELY PROMOTES HEALTH AND WELLNESS IN THE COMMUNITY. EDUCATIONAL PROGRAMS INCLUDE MORE THAN 100 FREE HEALTH TALK PRESENTATIONS EACH YEAR, FEATURING LOCAL PHYSICIANS AND HEALTH CARE PROFESSIONALS. THE AULTMAN WEBSITE HAS ADDITIONAL HEALTH CARE RESOURCES, INCLUDING A HEALTH LIBRARY, SYMPTOM CHECKER, VIDEOS AND RISK ASSESSMENTS. AULTMAN'S WORKING ON WELLNESS (WOW) MOBILE HEALTH FAIR UNIT DEBUTED IN FEBRUARY 2009. STAFFED BY MEDICAL PROFESSIONALS, THE WOW VISITS SCHOOLS, COMMUNITY CENTERS, CHURCHES, SENIOR CENTERS AND BLOCK PARTIES TO PROVIDE FREE SCREENINGS AND HEALTH EDUCATION. SCREENINGS SUCH AS BLOOD PRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS INDEX/PERCENTAGE OF BODY FAT ARE PROVIDED. IN 2018, THE WOW STAFF REACHED MORE THAN 17,000 PEOPLE. ADDITIONAL OUTREACH EFFORTS INCLUDED AULTMAN REPRESENTATIVES ATTENDING HEALTH FAIRS THROUGHOUT THE YEAR. THESE EVENTS INCLUDE SENIOR DAY AT THE PRO FOOTBALL HALL OF FAME, THE CANTON FARMERS' MARKET AND HEALTH FAIRS AT LOCAL SCHOOLS. 2018 MARKED THE ELEVENTH YEAR AULTMAN HOSTED THE CAREERS IN HEALTH CARE SUMMER PROGRAM FOR HIGH SCHOOL SENIORS AND COLLEGE STUDENTS INTERESTED IN HEALTH CARE CAREERS. SYMPOSIUM PRESENTERS INCLUDED AULTMAN DOCTORS, NURSES, STAFF AND ADMINISTRATORS WHO SHARED INSIGHT ON THE CHALLENGES AND OPPORTUNITIES OF WORKING IN HEALTH CARE. THE EVENT ALSO INCLUDED A HEALTH CARE CAREER FAIR WITH MORE THAN A DOZEN DEPARTMENTS AND SERVICES REPRESENTED. JOB SHADOWING EXPERIENCES WITH DOCTORS, NURSES AND OTHER HEALTH CARE PROFESSIONALS WERE AVAILABLE. AULTMAN'S LEVEL II NEONATAL INTENSIVE CARE UNIT, DESIGNATED BY THE OHIO DEPARTMENT OF HEALTH, IS A TRANSFER HOSPITAL FOR SMALLER FACILITIES IN COUNTIES INCLUDING TUSCARAWAS, HOLMES, COSHOCTON AND COLUMBIANA. AULTMAN PROVIDES SPECIALIZED CARE FOR MOTHERS WITH HIGH-RISK PREGNANCIES AND PREMATURE BABIES, UNDER ONE ROOF. CRITICALLY INJURED PATIENTS WHO NEED SPECIALIZED CARE ARE BROUGHT TO AULTMAN'S LEVEL II TRAUMA CENTER. AULTMAN HOSPITAL HAS THE ONLY LEVEL II TRAUMA CENTER FOR ADULT AND PEDIATRIC PATIENTS IN ITS FIVE-COUNTY SERVICE AREA. THE LEVEL II DESIGNATION FROM THE AMERICAN COLLEGE OF SURGEONS CERTIFIES AULTMAN HAS THE FACILITIES, TECHNOLOGY AND SPECIALLY TRAINED CLINICAL STAFF TO TREAT TRAUMA PATIENTS. IN 2018, AULTMAN HEALTH FOUNDATION CONTRIBUTED TO THE BETTERMENT OF THE STARK COUNTY COMMUNITY WITH THE FOLLOWING ACTIVITIES THROUGH THE SAFETY FIRST PROGRAM, AULTMAN STRIVES TO KEEP OUR COMMUNITY'S KIDS SAFE BY PREVENTING HEAD TRAUMA AND OTHER BIKE-RELATED INJURIES. IN 2018, HUNDREDS OF AULTMAN EMPLOYEES VOLUNTEERED TO TEACH MORE THAN 5,000 LOCAL FIRST-GRADE STUDENTS ABOUT BIKE SAFETY. TOPICS INCLUDED THE IMPORTANCE OF WEARING A BIKE HELMET AND OTHER SAFETY GEAR, OBEYING TRAFFIC SIGNS AND SIGNALS, AND USING HAND SIGNALS. IN ADDITION TO THE IN-CLASS EDUCATION, EACH STUDENT RECEIVED A FREE BICYCLE SAFETY BOOKLET AND BIKE HELMET. SINCE THE PROGRAM'S INCEPTION IN 2005, SAFETY FIRST HAS REACHED ABOUT 30,000 STUDENTS WITH THE IMPORTANT MESSAGE OF BICYCLE SAFETY. THE WOW TEAM VISITED MORE THAN 400 SITES IN 2018, RANGING FROM COMMUNITY EVENTS TO SENIOR CITIZEN CENTERS. WOW NURSES HAD PERSONAL INTERACTION WITH MORE THAN 17,000 COMMUNITY MEMBERS. THE AULTMAN CANCER PROGRAM CONTINUES TO PLACE A HIGH PRIORITY ON COMMUNITY OUTREACH. IN 2018, 4 FREE CANCER SCREENING EVENTS WERE OFFERED IN CANTON, CARROLLTON, AND TUSCARAWAS PROVIDING 294 CANCER SCREENINGS TO OVER 150 UNINSURED OR UNDERINSURED INDIVIDUALS. THE CANCER TEAM ALSO PARTICIPATED IN MORE THAN 20 COMMUNITY EVENTS THAT FOCUSED ON CANCER PREVENTION, EDUCATION, AND AWARENESS. THE HEALTHY U PROGRAM, A COLLABORATION BETWEEN AULTMAN CANCER CENTER AND STARK COUNTY SCHOOLS, EDUCATED 128 6TH GRADE STUDENTS ON CANCER BASICS AND HOW LIFETIME CANCER RISK CAN BE REDUCED THROUGH HEALTHY LIFESTYLE HABITS. FOOD INSECURITY IS A CRITICAL ISSUE IN NORTHEASTERN OHIO, AND AULTMAN TEAM MEMBERS GIVE GENEROUSLY TO THE ANNUAL HARVEST FOR HUNGER CAMPAIGN. IN 2018, AULTMAN EMPLOYEES PROVIDED 7,526 POUNDS OF NONPERISHABLE FOOD DONATIONS AND NEARLY \$11,900 IN MONETARY GIFTS THAT HELPED THOUSANDS OF FAMILIES AND INDIVIDUALS IN NEED. AULTMAN MEDICAL EDUCATION HOSTED THE ANNUAL CAREERS IN HEALTH CARE PROGRAM, DESIGNED FOR STUDENTS 18 AND OLDER WITH INTERESTS IN HEALTH CARE CAREERS. THE PROGRAM INCLUDED PRESENTATIONS FROM DOCTORS, NURSES AND HOSPITAL ADMINISTRATORS, PROVIDING A GLIMPSE AT HOW A HOSPITAL RUNS. THE SYMPOSIUM ALSO FEATURED A CAREER FAIR THAT ENABLED THE STUDENTS TO TALK WITH EMPLOYEES FROM MORE THAN A DOZEN AULTMAN DEPARTMENTS. SUMMER JOB SHADOWING EXPERIENCES WERE ALSO AVAILABLE FOR SYMPOSIUM PARTICIPANTS FOR WOMEN WHO CANNOT AFFORD BASIC CLOTHING ITEMS SUCH AS BRAS, EACH DAY PRESENTS EMOTIONAL AND UNCOMFORTABLE SITUATIONS. AULTMAN EMP</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 5 | <p>LOYEES CONTINUE TO DONATE TOWARDS THIS BASIC NEED, AND DONATIONS HAVE BEEN DISTRIBUTED TO LOCAL BATTERED WOMEN AND HOMELESS SHELTERS AS WELL AS THE STARK COUNTY YWCA AULTMAN HEALTH FOUNDATION TEAM MEMBERS AND THEIR LOVED ONES SUPPORT ANNUAL FUNDRAISING WALKS FOR ORGANIZATIONS INCLUDING THE MARCH OF DIMES AND JUVENILE DIABETES RESEARCH FOUNDATION. AULTMAN NOT ONLY PARTICIPATES IN THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE AND MAKING STRIDES AGAINST BREAST CANCER WALK - ALONG WITH THE AMERICAN HEART ASSOCIATION'S HEART WALK - BUT CLINICIANS ARE ON HAND TO PROVIDE EDUCATIONAL INFORMATION ABOUT REDUCING RISKS OF CANCER AND HEART DISEASE EVERY YEAR, AULTMAN ORGANIZES A FUNDRAISING 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 AS PART OF AULTMAN HEALTH FOUNDATION'S MISSION TO LEAD OUR COMMUNITY TO IMPROVED HEALTH, THE AULTMAN AMBASSADOR PROGRAM (AAP) PROVIDES AN OPPORTUNITY TO EMPOWER HIGH SCHOOL STUDENTS TO BE "AULTMAN AMBASSADORS" TO ENGAGE THEIR PEERS, FAMILIES AND COMMUNITIES IN PROMOTING HEALTHY LIFESTYLES AIMED AT REDUCING OBESITY AND INCREASING PHYSICAL ACTIVITY. THE PROGRAM IS A COLLABORATIVE EFFORT AMONG AULTMAN HEALTH FOUNDATION, AULTMAN COLLEGE, LOUISVILLE HIGH SCHOOL AND CANTON SOUTH HIGH SCHOOL. LOUISVILLE HAS PARTICIPATED IN THE PROGRAM FOR SIX YEARS, WHILE CANTON SOUTH HAS BEEN ON BOARD FOR FOUR YEARS. THE PROGRAM WILL EXPAND TO THE FOLLOWING SCHOOLS: UNIVERSITY OF MOUNT UNION, KENT STATE - STARK, WALSH UNIVERSITY, LAKE HIGH SCHOOL, ALLIANCE HIGH SCHOOL, NORTH CANTON HOOVER HIGH SCHOOL AND PERRY HIGH SCHOOL IN THE FALL OF 2018. A TOTAL OF 16 STUDENT AMBASSADORS PARTICIPATED IN THE PROGRAM FOR THE 2018-2019 SCHOOL YEAR. 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.</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 |

Additional Data

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

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? 1 | | 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 SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 HTTP //WWW.AULTMAN.ORG 1454 | X | | | | | | | | LONG-TERM ACUTE CARE | |

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

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

| Form and Line Reference | Explanation |
|----------------------------|---|
| AULTMAN SPECIALTY HOSPITAL | PART V, SECTION B, LINE 5 AULTMAN HOSPITAL, AULTMAN ALLIANCE COMMUNITY HOSPITAL AND AULTMAN SPECIALTY HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY TO CONDUCT THE STARK COUNTY COMMUNITY HEALTH ASSESSMENT (CHA), THE BASIS FOR THIS JOINT CHNA THE CHA PROCESS INCLUDED GATHERING PRIMARY AND SECONDARY DATA COLLECTION THROUGH FOUR PHASES 1) COMMUNITY SURVEY, 2) COMMUNITY HEALTH LEADER SURVEY, 3) SECONDARY DATA AND 4) COMMUNITY FOCUS GROUP THE PROCESS CULMINATED IN A HEALTH IMPROVEMENT SUMMIT, WHERE HOSPITALS AND COMMUNITY STAKEHOLDER MEMBERS OF THE STARK COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE (ADVISORY COMMITTEE) COMPLETED THE PROCESS BY IDENTIFYING AND PRIORITIZING THE SIGNIFICANT COMMUNITY HEALTH NEEDS COMMUNITY SURVEY THE FIRST PHASE CONSISTED OF A RANDOM SAMPLE TELEPHONE SURVEY OF STARK COUNTY HOUSEHOLDS TELEPHONE INTERVIEWS ENSURED ADEQUATE SAMPLE SIZE AND REPRESENTATIVENESS OF THE POPULATION THE FINAL SAMPLE SIZE OF 800 RESULTED IN AN OVERALL SAMPLING ERROR OF +/- 3 5% WITHIN A 95% CONFIDENCE LEVEL AN OVERSAMPLE OF APPROXIMATELY 160 AFRICAN-AMERICAN RESIDENTS AND 105 CANTON RESIDENTS 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 JULY 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 WEEKENDS TO ACCOMMODATE RESPONDENT SCHEDULES THE INTERVIEWS TOOK AN AVERAGE OF 14 4 MINUTES SECONDARY DATA THE SECOND PHASE CONSISTED OF REVIEWING AND ANALYZING SECONDARY DATA SOURCES TO IDENTIFY PRIORITY AREAS OF CONCERN WHEN ANALYZED ALONGSIDE SURVEY DATA CMOR GATHERED AND COMPILED HEALTH AND DEMOGRAPHIC DATA FROM VARIOUS SOURCES COMMUNITY LEADER SURVEY THE THIRD PHASE CONSISTED OF A WEB SURVEY OF COMMUNITY LEADERS WHO WERE KNOWLEDGEABLE ABOUT PUBLIC HEALTH A TOTAL OF 101 COMMUNITY LEADERS COMPLETED THE WEB SURVEY BETWEEN OCTOBER 25 AND NOVEMBER 12, 2018 SEE APPENDIX 2, ORGANIZATIONS RESPONDING TO THE INVITATION TO PARTICIPATE IN THE COMMUNITY LEADER SURVEY COMMUNITY FOCUS GROUP TO BE COMPLETED IN 2019 |
| AULTMAN SPECIALTY HOSPITAL | PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES AULTMAN HOSPITAL, AULTMAN 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 |
|----------------------------|---|
| AULTMAN SPECIALTY HOSPITAL | PART V, SECTION B, LINE 6B THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING NON-HOSPITAL FACILITIES ACCESS HEALTH STARK COUNTY, ALLIANCE CITY HEALTH DEPARTMENT, ALLIANCE FAMILY HEALTH CENTER, BEACON CHARITABLE PHARMACY, CANTON CITY PUBLIC HEALTH, COMMQUEST, MASSILLON CITY HEALTH DEPARTMENT, MY COMMUNITY HEALTH CENTER, OHIO STATE UNIVERSITY EXTENSION, PARAMOUNT ADVANTAGE, PEGASUS FARM, SISTERS OF CHARITY FOUNDATION OF CANTON, STARKFRESH, STARK COUNTY HEALTH DEPARTMENT, STARK COUNTY COMMUNITY ACTION AGENCY, STARK COUNTY FAMILY COUNCIL, STARK COUNTY JOBS AND FAMILY SERVICES, STARK COUNTY DISTRICT LIBRARY, STARK MENTAL HEALTH & ADDICTION RECOVERY, STARK PARKS, STARK COUNTY TASC, UNITED WAY OF GREATER STARK COUNTY, YMCA OF CENTRAL STARK COUNTY IN ADDITION, THE COLLABORATION CONTRACTED WITH CENTER FOR MARKETING & OPINION RESEARCH TO CONDUCT THE 2018 STARK COUNTY HEALTH NEEDS ASSESSMENT AS THEY DID FOR PREVIOUS CYCLES CMOR PROVIDES PUBLIC OPINION RESEARCH SERVICES TO COLLEGES AND UNIVERSITIES, HOSPITALS AND HEALTH CARE ORGANIZATIONS, BUSINESSES AND COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENT AGENCIES THEY HAVE EXPERTISE IN ASKING THE RIGHT QUESTIONS TO THE RIGHT PEOPLE THE RIGHT WAY USING TELEPHONE, WEB AND MAIL SURVEYS, FIELD, INTERCEPT AND KEY INFORMANT INTERVIEWS AND FOCUS GROUP ADMINISTRATION, AS WELL AS A WIDE RANGE OF CONSULTING SERVICES |
| AULTMAN SPECIALTY 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 |
|----------------------------|---|
| AULTMAN SPECIALTY HOSPITAL | <p>PART V, SECTION B, LINE 11 THE 2018 CHNA IDENTIFIED ACCESS TO HEALTH CARE, MENTAL HEALTH SERVICES (SPECIFICALLY ACCESS, YOUTH SUICIDE, AND HEROIN/OPIOID USE), INFANT MORTALITY, AND OBESITY AND HEALTHY LIFESTYLE AS THE FOUR MOST SIGNIFICANT COMMUNITY HEALTH NEEDS THE FOLLOWING IDENTIFIES THE NEED, ACTIONS TAKEN TO ADDRESS THE NEED, AND IMPACT OF THE ACTION IN ADDRESSING THE NEED</p> <p>NEED 1 ACCESS TO HIGH-QUALITY, AFFORDABLE, HOLISTIC, AND CULTURALLY RELEVANT CARE</p> <p>AULTMAN IS COMMITTED TO A VARIETY OF STRATEGIES TO ADDRESS THE NEED FOR ACCESSIBLE CARE AULTMAN ALIGNS SERVICES TO PROVIDE RESIDENTS OF STARK COUNTY, AND SURROUNDING AREAS, WITH EQUITABLE ACCESS TO HEALTHCARE SERVICES BY REDUCING BARRIERS TO CARE FOR VULNERABLE POPULATIONS AND DECREASING THE PERCENTAGE OF RESPONDENTS FROM VULNERABLE POPULATIONS WHO REPORT NOT HAVING A PRIMARY CARE PROVIDER AULTMAN SPECIALTY HOSPITAL PROVIDES LONG-TERM ACUTE CARE SERVICES TO MEDICALLY COMPLEX PATIENTS IN A SAFE AND PATIENT-CENTERED ENVIRONMENT PATIENTS CAN RECEIVE CARE IN THEIR LOCAL COMMUNITY FOR COMPLEX WOUNDS, COMPLEX RESPIRATORY DISEASES OR VENTILATOR WEANING BEYOND A SHORT-TERM ACUTE CARE HOSPITAL STAY PRIOR TO DISCHARGE, AULTMAN SPECIALTY HOSPITAL ARRANGES NECESSARY SERVICES (E G , FOLLOW-UP APPOINTMENTS, THERAPY SERVICES, HOME HEALTH CARE OR CARE AT ANOTHER NURSING FACILITY AND TRANSPORTATION SERVICES AVAILABLE AT FREE OR REDUCED COST) A FULL-TIME REGISTERED NURSE DISCHARGE PLANNER FACILITATES THE PLAN OF CARE FOR THE PATIENT UPON DISCHARGE AULTMAN SPECIALTY HOSPITAL COLLABORATES WITH AREA TRANSITIONAL CARE UNITS, SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES FOR COORDINATION OF CARE TO ASSURE APPROPRIATE HANDOFF COMMUNICATION AND SAFE PATIENT TRANSFERS TO MEET COMMUNITY HEALTH NEEDS AULTMAN SPECIALTY HOSPITAL EXPANDED THIRD-PARTY PAYER COVERAGE TO INCLUDE MANY COMMERCIAL PAYERS AS IN-NETWORK PROVIDERS TO INCREASE COMMUNITY ACCESS TO AFFORDABLE, QUALITY LONG-TERM ACUTE CARE SERVICES A HOSPITAL REPRESENTATIVE COLLABORATES WITH AREA HOSPITALS WITH OUTREACH TO INCREASE AWARENESS OF LONG-TERM ACUTE CARE SERVICES A FULL-TIME AND PART-TIME REGISTERED NURSE ADMISSIONS COORDINATOR EVALUATES ALL REFERRALS FOR ADMISSION TO AULTMAN SPECIALTY HOSPITAL TO ENSURE CARE COORDINATION</p> <p>ADDITIONAL NEEDS MENTAL HEALTH, OPIOID MISUSE AND ADDICTION, INFANT MORTALITY, AND OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES</p> <p>AULTMAN SPECIALTY HOSPITAL CHOSE NOT TO ADDRESS MENTAL HEALTH, HEROIN/OPIATE USE, INFANT MORTALITY, AND OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES</p> <p>A LONG-TERM ACUTE CARE HOSPITAL, AULTMAN SPECIALTY HOSPITAL DOES NOT POSSESS THE EXPERTISE TO ADDRESS THESE NEEDS AULTMAN SPECIALTY HOSPITAL WILL RELY ON THE EXPERTISE OF OTHER ORGANIZATIONS, INCLUDING AULTMAN HOSPITAL, TO ADDRESS THESE NEEDS</p> <p>SIGNIFICANT PROGRAMS, FACILITIES AND ORGANIZATIONS EXIST WITHIN THE COMMUNITY, AS IDENTIFIED IN THE 2016 AULTMAN CHNA REPORT, TO ADDRESS THIS NEED</p> |
| AULTMAN SPECIALTY HOSPITAL | <p>PART V, SECTION B, LINE 13H AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF AULTMAN SPECIALTY HOSPITAL (ASH) ASH HAS A FINANCIAL ASSISTANCE POLICY (FAP) WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR AULTMAN HOSPITAL AND OTHER FACILITIES WITHIN AULTMAN HEALTH FOUNDATION ACCORDING TO THE POLICY ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS BASED ON THE FEDERAL POVERTY GUIDELINES (FPG) AND ARE UPDATED ANNUALLY BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES HEALTH AND HUMAN SERVICES DEPARTMENT THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS 0% - 100% OF FPG RECEIVES A 100% DISCOUNT, 101% - 150% OF FPG RECEIVES A 90% DISCOUNT, 151% - 200% OF FPG RECEIVES A 80% DISCOUNT, 201% - 300% OF FPG RECEIVES A 65% DISCOUNT, 301% AND ABOVE IS DISCOUNTED AT 58%</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 SPECIALTY 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/ |
| PART V, SECTION B, LINE 13A | 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% - 100% OF FPG RECEIVES A 100% DISCOUNT, 101% - 150% OF FPG RECEIVES A 90% DISCOUNT, 151% - 200% OF FPG RECEIVES A 80% DISCOUNT, 201% - 300% OF FPG RECEIVES A 65% DISCOUNT, 301% AND ABOVE IS DISCOUNTED AT 58% |

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
AULTMAN HEALTH FOUNDATION

**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

Employer identification number
34-1445390

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 16

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

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) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | AULTMAN HEALTH FOUNDATION'S (AHF) COMMUNITY SUPPORT POLICY/PROCEDURE PROVIDES GUIDANCE IN RESPONSE TO COMMUNITY ORGANIZATION REQUESTS FOR SUPPORT. AHF 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. A SPONSORSHIP COMMITTEE MEETS REGULARLY TO REVIEW REQUESTS FOR SUPPORT FROM VARIOUS COMMUNITY ORGANIZATIONS. |

Additional Data

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNITED WAY OF GREATER STARK COUNTY INC 401 MARKET AVENUE N STE 300 CANTON, OH 44702 | 13-4254191 | 501(C)(3) | 245,277 | | | | 2018 CAMPAIGN/COMMUNITY INVOLVEMENT |
| THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 | 20-8090459 | 501(C)(3) | 100,000 | | | | TO SUPPORT VARIOUS ORGANIZATIONS IN THE COMMUNITY |

| 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 |
| ARTS IN STARK 1001 MARKET AVE N CANTON, OH 44702 | 34-6609771 | 501(C)(3) | 71,000 | | | | SUPPORT ARTS PROGRAMS IN STARK COUNTY SCHOOLS AND COMMUNITIES |
| CANTON REGIONAL CHAMBER OF COMMERCE 222 MARKET AVE N CANTON, OH 44702 | 34-0129930 | 501(C)(6) | 64,136 | | | | SUPPORT VARIOUS EVENTS IN THE COMMUNITY SUCH AS LIGHT UP DOWNTOWN, HOF EVENTS, LEADERSHIP STARK COUNTY |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| JACKSON TOWNSHIP BOARD OF TRUSTEES 5737 WALES AVE NW MASSILLON, OH 44646 | 34-6001495 | JACKSON TOWNSHIP | 55,752 | | | | CONTRIBUTION TOWARDS THE COST TO REPLACE 6 STRYKER AMBULANCE COTS |
| YMCA OF CENTRAL STARK 1201 30TH STREET NW CANTON, OH 44709 | 34-0714392 | 501(C)(3) | 52,000 | | | | TO SUPPORT THE YMCA CAPITAL PROJECT FOR THE CANAL FULTON YMCA, THE MEYER'S LAKE YMCA CAMPAIGN, & THE NORTH CANTON YMCA 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 |
| ACCESS HEALTH STARK COUNTY 408 NINTH STREET SW CANTON, OH 44707 | 46-2949527 | 501(C)(3) | 40,000 | | | | GRANT TO ACCESS HEALTH STARK COUNTY TO CONTINUE TO PROVIDE SERVICES FOR 2019 |
| ALLIANCE AREA DEVELOPMENT FOUNDATION 2500 W STATE STREET SUITE E11 ALLIANCE, OH 44601 | 31-1652174 | 501(C)(3) | 20,000 | | | | 2019 AAD CHARITABLE CONTRIBUTION |

| 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 |
| AMERICAN HEART ASSOCIATION 4682 DOUGLAS COURT NW CANTON, OH 44718 | 13-5613797 | 501(C)(3) | 18,000 | | | | CANTON GO RED LUNCHEON, BILL PHILLIPS MEMORIAL GOLF CLASSIC GF CANTON HW & GRFW 18 |
| J BABE STERN COMMUNITY CENTER 2628 13TH STREET SW CANTON, OH 44710 | 34-0828418 | 501(C)(3) | 15,000 | | | | BABES KIDS LEARNING TODAY CAPITAL CAMPAIGN 2018 |

| 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 |
| VOTE NO PROTECT OHIO 196 E STATE STREET SUITE 200 COLUMBUS, OH 43215 | 83-1738909 | 527 | 15,000 | | | | SUPPORT OHIO BALLOT INITIATIVE ISSUE 1 - TO REDUCE PENALTIES FOR CRIMES OF OBTAINING, POSSESSING, OR USING ILLEGAL DRUGS |
| LEADER'S EDGE 3950 STATE ROUTE 39 NW DOVER, OH 44622 | 46-2200863 | 501(C)(3) | 12,717 | | | | ANTI-VIRUS PROGRAM |

| 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 |
| KEEP KIDS SAFE 6951 MEADOWLANDS AVE NW NORTH CANTON, OH 44720 | 34-1868289 | 501(C)(3) | 12,500 | | | | SUPPORT KEEP KIDS SAFE CAMPAIGN |
| CHILD & ADOLESCENT BEHAVIORAL HEALTH 919 SECOND STREET NE CANTON, OH 44704 | 34-1191950 | 501(C)(3) | 10,000 | | | | EDUCATION AND TRAINING PURPOSES |

| 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 SUITE 1600 CLEVELAND, OH 44114 | 34-1885407 | 501(C)(3) | 10,000 | | | | SUPPORT 2018 TEAM NEO CLEVELAND PLUS |
| AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 | 34-0943665 | 501(C)(3) | 10,000 | | | | SCHOLARSHIPS |

| 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 |
| AMERICAN CANCER SOCIETY 525 NORTH BROAD STREET CANFIELD, OH 44406 | 24-0726080 | 501(C)(3) | 9,000 | | | | RELAY FOR LIFE, AND MAKING STRIDES AGAINST BREAST CANCER |
| MASSILLON CHAMBER OF COMMERCE 137 LINCOLN WAY E MASSILLON, OH 44646 | 34-0383260 | 501(C)(6) | 6,151 | | | | MEMBERSHIP INVESTMENT |

| 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 COMMUNITY HOSPITAL FOUNDATION 200 EAST STATE STREET ALLIANCE, OH 44601 | 34-1531817 | 501(C)(3) | 6,000 | | | | 2018 ANNUAL CHARITY GOLF CLASSIC |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No 1545-0047 |
| | | 2018 |
| | | |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization AULTMAN HEALTH FOUNDATION | | Employer identification number 34-1445390 |

| Part I Questions Regarding Compensation | | Yes | No |
|---|---|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 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

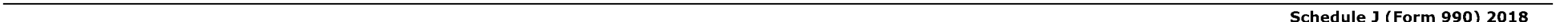
Part III **Supplemental Information**

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 | SEE SCHEDULE O FOR THE NARRATIVE RELATED TO FORM 990, PART VI, LINE 15 FOR AN EXPLANATION OF EXECUTIVE COMPENSATION REVIEW |

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4B | MARK ROSE, EILEEN GOOD, RICK HAINES, ED ROTH, CHRIS REMARK, MARK WRIGHT, FRANCIS SNYDER, AND TIM TEYNOR ARE PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN EILEEN GOOD RECEIVED A DISTRIBUTION OF \$1,050,465 IN 2018 THERE WERE NO OTHER CONTRIBUTIONS TO OR DISTRIBUTIONS FROM THE PLAN IN 2018 |



Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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/CEO | (i) | 656,479 | 48,000 | 13,178 | 32,750 | 17,721 | 768,128 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHRISTOPHER E REMARK TREASURER/CEO - AH, DIRECTOR - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 469,244 | 46,814 | 1,248 | 26,750 | 19,200 | 563,256 | 0 |
| MILAN R DOPIRAK MD DIRECTOR - AHF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 396,285 | 24,409 | 1,861 | 5,928 | 0 | 428,483 | 0 |
| RICK L HAINES DIRECTOR - AHF, CEO - AULTCARE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 465,779 | 147,490 | 5,274 | 32,750 | 11,874 | 663,167 | 0 |
| MICHAEL LYNCH MD DIRECTOR - AHF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 413,025 | 49,878 | 1,601 | 32,750 | 13,939 | 511,193 | 0 |
| LORI L MERTES MD PRESIDENT OF INNOVATIONS BOARD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 386,930 | 38,598 | 1,484 | 27,500 | 0 | 454,512 | 0 |
| PRABHCHARAN GILL MD DIRECTOR - AHF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 620,849 | 65,000 | 6,951 | 32,750 | 18,501 | 744,051 | 0 |
| MICHAEL RICH MD DIRECTOR - AHF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 226,306 | 205,196 | 43,922 | 32,750 | 18,501 | 526,675 | 0 |
| MARK D WRIGHT CFO | (i) | 398,379 | 40,261 | 1,053 | 26,750 | 18,501 | 484,944 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH A GETZ CIO | (i) | 293,608 | 32,060 | 1,128 | 30,893 | 18,501 | 376,190 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT C MOLNAR SVP, REGIONAL DEVELOPMENT | (i) | 232,586 | 17,347 | 402 | 25,624 | 18,501 | 294,460 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK N ROSE SVP - LEGAL SERVICES | (i) | 313,077 | 36,900 | 2,139 | 32,750 | 18,501 | 403,367 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JASON JUSTUS VP - POMERENE FINANCE | (i) | 191,440 | 19,600 | 465 | 13,737 | 17,844 | 243,086 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUSAN E OLIVERA VP - HUMAN RESOURCES | (i) | 265,581 | 24,170 | 1,014 | 32,750 | 18,501 | 342,016 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AKBAR SHAH MD CHAIR - ASH, PHYSICIAN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 501,886 | 406,987 | 97,973 | 32,750 | 17,721 | 1,057,317 | 0 |
| DANIEL RODRIGUEZ MD VICE CHAIR - ASH | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 260,775 | 26,500 | 1,805 | 19,250 | 18,501 | 326,831 | 0 |
| EILEEN GOOD SENIOR VP - CLINIAL ADVOCACY, DIRECTOR - ASH | (i) | 0 | 0 | 1,050,465 | 1,827 | 341 | 1,052,633 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHANIE BOYD CEO - ASH (THROUGH 2/18) | (i) | 24,864 | 3,185 | 37 | 1,806 | 1,695 | 31,587 | 0 |
| | (ii) | 124,320 | 15,925 | 184 | 9,030 | 8,475 | 157,934 | 0 |
| RYAN KUCHARICH CEO - ASH | (i) | 107,158 | 5,139 | 218 | 20,985 | 19,200 | 152,700 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEWIS HUMBLE MD DIRECTOR - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 250,761 | 60,517 | 925 | 32,750 | 11,680 | 356,633 | 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 | | | | |
| STEVEN KELLY MD DIRECTOR - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 620,510 | 268,704 | 100,650 | 32,750 | 18,420 | 1,041,034 | 0 |
| ROGER MUSA MD DIRECTOR - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 215,796 | 38,473 | 400 | 26,223 | 18,501 | 299,393 | 0 |
| JOHN PRODAFIKAS DIRECTOR - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 477,114 | 386,154 | 18,149 | 32,750 | 18,500 | 932,667 | 0 |
| ALLISON M OPRANDI MD CEO - IHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 359,886 | 54,230 | 2,542 | 32,100 | 9,309 | 458,067 | 0 |
| MATTHEW RITZERT VP - IHC | (i) | 146,150 | 8,381 | 233 | 16,482 | 0 | 171,246 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEVIN D PETE SVP | (i) | 265,275 | 45,886 | 1,001 | 22,000 | 18,501 | 352,663 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RONALD RUSNAK MD DIRECTOR OF CLINICAL INFORMATICS | (i) | 324,254 | 16,163 | 2,413 | 30,250 | 10,382 | 383,462 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FRANCIS SNYDER CEO - POMERENE | (i) | 290,830 | 41,850 | 2,912 | 31,881 | 18,501 | 385,974 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TIMOTHY TEYNOR VP - PUBLIC POLICY | (i) | 219,203 | 5,000 | 8,285 | 30,911 | 7,353 | 270,752 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRACY SABO VP OF HUMAN RESOURCES | (i) | 182,211 | 12,400 | 459 | 21,601 | 5,751 | 222,422 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► 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

Employer identification number
34-1445390

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CDM7 | 11-02-2018 | 135,145,347 | TO REFUND SERIES 2017 BONDS, REFINANCE PRIOR DEBTS AND NEW MONEY | | X | | X | | X |

| Part II | Proceeds | | | | | | | | |
|---------|--|-------------|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 135,145,347 | | | | | | | |
| 4 | Gross proceeds in reserve funds | 5,147,239 | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | 87,220,531 | | | | | | | |
| 12 | Other unspent proceeds | 42,777,577 | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | X | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

| Part III Private Business Use | | | | | | | | | |
|-------------------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 2 290 % | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 190 % | | | | | | | |
| 6 Total of lines 4 and 5 | 2 480 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | | X | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? . . . | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶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

Employer identification number
34-1445390

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--|---|----|
| | | | | Yes | No |
| (1) RICE'S NURSERY | BRYAN RICE, AHF BOARD MEMBER, OWNS RICE'S NURSERY | 258,321 | LANDSCAPING SERVICES FOR AULTMAN HEALTH FOUNDATION | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
AULTMAN HEALTH FOUNDATION

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 www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

34-1445390

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990, PART V, LINE 2B | AULTMAN HEALTH FOUNDATION'S EMPLOYEES ARE PAID BY A COMMON PAYMASTER AULTMAN HEALTH FOUNDATION IS A PARENT COMPANY WITH THE FOLLOWING SUBSIDIARIES - AULTMAN SPECIALTY HOSPITAL LLC - AULTMAN NORTH CANTON MEDICAL GROUP - MICKINLEY ASSURANCE SEGREGATED PORTFOLIO CO - AULTMAN HOSPITAL AND SUBSIDIARIES - THE AULTMAN FOUNDATION - THE ORRVILLE HOSPITAL FOUNDATION DBA AULTMAN ORRVILLE HOSPITAL - AULTCARE CORPORATION - INTEGRATED HEALTH COLLABORATIVE LLC - AULTMAN INNOVATIONS LLC - ALLIANCE COMMUNITY HOSPITAL AND SUBSIDIARIES - AULTCARE HOLDING COMPANY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 1 | THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE THAT CONSISTS OF THE CHAIR, VICE CHAIR, PRESIDENT/CEO, SECRETARY, TREASURER, PRESIDENT OF THE MEDICAL STAFF AT AULTMAN HOSPITAL, AND THE PAST CHAIR. THE EXECUTIVE COMMITTEE MEETS ONLY AS NECESSARY BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND HAS AND EXERCISES THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE ORGANIZATION, EXCEPT IN MATTERS IN WHICH THE BOARD IS REQUIRED TO ACT BY LAW, BY THE ARTICLES OF INCORPORATION, OR BY THE CODE OF REGULATIONS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 2 | GEOFF KARCHER AND BRYAN RICE ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP JOSEPH HALTER AND GEOFF KARCHER ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP GENE LITTLE AND HARRY MACNEALY ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP EDWARD ROTH AND HARRY MACNEALY ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | ONE AHF BOARD MEMBER IS APPOINTED BY ALLIANCE COMMUNITY HOSPITAL, ONE BOARD MEMBER IS APPOINTED BY AULTMAN ORRVILLE HOSPITAL IN ADDITION, THE AULTMAN HOSPITAL MEDICAL STAFF PRESIDENT, THE AULTMAN HOSPITAL MEDICAL STAFF PRESIDENT-ELECT, AND THE PHYSICIAN CHAIRMAN OF THE BOARD OF AULTCARE CORPORATION ARE EX -OFFICIO VOTING MEMBERS OF THE AHF BOARD |

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 AULT MAN HEALTH FOUNDATION'S FINANCE DEPARTMENT AHF'S FINANCE DEPARTMENT CAREFULLY REVIEWED AN D ANALYZED THE TAX RETURN THE DEPARTMENT RECONCILED THE GENERAL LEDGER AMOUNTS TO THE APP ROPRIATE SCHEDULES ON THE FORM 990 AND COMPARED THOSE AMOUNTS TO THE AUDITED FINANCIAL STA TEMENTS 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 T HE 990 WAS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH A SECURED INTERNET PORTAL PRIOR TO THE FILING DATE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | THE AULTMAN HEALTH FOUNDATION'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY AS A RESULT OF THIS POLICY, EACH YEAR BOARD MEMEBERS, OFFICERS, AND SENIOR STAFF COMPLETE A FORM DISCLOSING ANY CONFLICTS OF INTEREST THEY MAY HAVE THE COMPLIANCE OFFICE REVIEWS THESE DISCLOSURE FORMS AND INFORMS THE BOARD CHAIRMAN, AND OTHER APPROPRIATE OFFICERS, OF NOTABLE CONFLICTS, IF ANY THOSE WITH CONFLICTS ARE ASKED TO RECUSE THEMSELVES FROM DISCUSSIONS RELATING TO THE CONFLICT |

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) ADDITIONAL SOURCES OF SALARY SURVEY DATA ARE AVAILABLE FOR USE WHERE APPROPRIATE INCLUDING COMPDATASURVEYS.COM, SALARY.COM, AND CHAMPS IN THESE CASES, THE SURVEY IS REFERENCED WHERE APPLICABLE EXECUTIVE PERFORMANCE, WAGE RECOMMENDATIONS AND BONUS PAYMENTS ARE REVIEWED BY THE CEO PRIOR TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS THE CEO'S COMPENSATION IS ALSO REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS HAS ENGAGED SULLIVAN COTTER & ASSOCIATES, INC., AN INDEPENDENT COMPENSATION CONSULTING FIRM FOR REVIEW OF EXECUTIVE COMPENSATION PRACTICES 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 PHYSICIANS COMPENSATION SERVICES ALL PHYSICIAN COMPENSATION RECOMMENDATIONS ARE SENT TO THE CEO, VP OF PHYSICIAN SERVICES, COO, AND CNO FOR FINAL APPROVAL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | AULTMAN HEALTH FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| PART VI, SECTION A, LINE 1B | EDWARD ROTH III IS A PAID EMPLOYEE OF THE ORGANIZATION CHRISTOPHER REMARK, RICK HAINES, M ILAN DOPIRAK MD, MICHAEL LYNCH MD, AND MICHAEL RICH MD ARE PAID EMPLOYEES OF A RELATED ORG ANIZATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | CONSULTING FEES PROGRAM SERVICE EXPENSES 1,083,493 MANAGEMENT AND GENERAL EXPENSES 254,153 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,337,646 PURCHASED MAINTENANCE PROGRAM SERVICE EXPENSES 1,255,775 MANAGEMENT AND GENERAL EXPENSES 294,565 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,550,340 ASH PATIENT SERVICES PROGRAM SERVICE EXPENSES 1,089,298 MANAGEMENT AND GENERAL EXPENSES 255,514 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,344,812 OTHER CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 2,710,275 MANAGEMENT AND GENERAL EXPENSES 635,744 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,346,019 PROFESSIONAL FEES - PHYSICIAN PROGRAM SERVICE EXPENSES 187,234 MANAGEMENT AND GENERAL EXPENSES 43,919 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 231,153 PROFESSIONAL FEES - NONPHYSICIAN PROGRAM SERVICE EXPENSES 56,785 MANAGEMENT AND GENERAL EXPENSES 13,320 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 70,105 HOSPITAL FRANCHISE FEE PROGRAM SERVICE EXPENSES 74,441 MANAGEMENT AND GENERAL EXPENSES 17,461 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 91,902 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | INTERFUND TRANSFERS -663,945 SUBPART F INCOME -716,068 CHANGE IN VALUE OF INVESTMENT IN IHC 5,416,795 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| FEDERAL ELECTIONS | SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710 EMPLOYER IDENTIFICATION NUMBER 34-1445390 FOR THE YEAR ENDING DECEMBER 31, 2018 AULTMAN HEALTH FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG SEC 1 263(A)-1(F) |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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

Employer identification number
34-1445390

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) AULTMAN SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 13-4246188 | LONG-TERM ACUTE CARE | OH | 7,045,596 | 3,615,199 | AULTMAN HEALTH FOUNDATION |
| (2) INTEGRATED HEALTH COLLABORATIVE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4325320 | HEALTH COLLABORATIVE | OH | 633,266 | 93,502 | AULTMAN HEALTH FOUNDATION |
| (3) AULTMAN INNOVATIONS LLC 2600 SIXTH ST SW CANTON, OH 44710 81-0847842 | IP HOLDING AND MARKETING | OH | 3,080 | 1,877 | AULTMAN HEALTH FOUNDATION |
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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.

See Additional Data Table

| (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 |
| | | | | | | | |
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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 | AULTCARE INSURANCE COMPANY | EXCLUDED | -196,032 | 20,559,001 | | No | | | No | 100 000 % |
| (2) AULTMAN ONCOLOGY CENTER OF EXCELLENCE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4215510 | HEALTHCARE | OH | AULTMAN HOSPITAL | RELATED | -90,781 | 3,993 | | No | | | No | 72 900 % |
| (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 % |
| | | | | | | | | | | | | |
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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 |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

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

1b

Yes

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

1c

No

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

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

Yes

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

Yes

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

1k

Yes

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

1l

Yes

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

No

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
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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 |
|------------------|-------------|
| | |

Additional Data

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 2600 SIXTH ST SW CANTON, OH 44710 34-0714538 | HOSPITAL | OH | 501(C)(3) | LINE 3 | AULTMAN HEALTH FOUNDATION | Yes | |
| 2600 SIXTH ST SW CANTON, OH 44710 20-8090459 | FUNDRAISING | OH | 501(C)(3) | LINE 7 | AULTMAN HEALTH FOUNDATION | Yes | |
| 832 S MAIN ST ORRVILLE, OH 44667 34-0733138 | HOSPITAL | OH | 501(C)(3) | LINE 3 | AULTMAN HEALTH FOUNDATION | Yes | |
| 2600 SIXTH ST SW CANTON, OH 44710 20-1359433 | COLLEGE | OH | 501(C)(3) | LINE 2 | AULTMAN HOSPITAL | | No |
| 2600 SIXTH ST SW CANTON, OH 44710 34-1088530 | HEALTHCARE | OH | 501(C)(3) | LINE 10 | AULTMAN HEALTH FOUNDATION | Yes | |
| 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698 | MEDICAL SERVICE | OH | 501(C)(3) | LINE 3 | N/A | | No |
| 125 DARTMOUTH AVE SW CANTON, OH 44710 34-1652364 | SUPPORT ORGANIZATION | OH | 501(C)(3) | LINE 12C, III-FI | AULTMAN HOSPITAL | Yes | |
| 885 S SAWBURG AVE ALLIANCE, OH 44601 81-4224503 | MEDICAL SERVICE | OH | 501(C)(3) | LINE 3 | AULTMAN HOSPITAL | Yes | |
| 200 E STATE STREET ALLIANCE, OH 44601 34-0714581 | HOSPITAL | OH | 501(C)(3) | LINE 3 | AULTMAN HEALTH FOUNDATION | Yes | |
| 885 S SAWBURG AVE ALLIANCE, OH 44601 34-1505340 | PRIVATE DUTY NURSING | OH | 501(C)(3) | LINE 10 | ALLIANCE COMMUNITY HOSPITAL | Yes | |
| 200 E STATE STREET ALLIANCE, OH 44601 34-0777659 | SUPPORT ORGANIZATION | OH | 501(C)(3) | LINE 12C, III-FI | ALLIANCE COMMUNITY HOSPITAL | Yes | |
| 2600 SIXTH ST SW CANTON, OH 44710 45-1731318 | SUPPORT ORGANIZATION | OH | 501(C)(3) | LINE 12C, III-FI | AULTMAN HOSPITAL | Yes | |

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 | AULTMAN HEALTH FOUNDATION | C | 5,569,013 | 25,161,632 | 100 000 % | Yes | |
| (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 | AULTMAN HEALTH FOUNDATION | C | | | 100 000 % | Yes | |
| (3) NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1610344 | MEDICAL EQUIPMENT RENTAL | OH | AULTCARE HOLDING COMPANY | C | 3,884,117 | 227,087,679 | 100 000 % | Yes | |
| (4) OHIO SPECIALTY PHYSICIANS CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 2,281,064 | 279,787 | 100 000 % | Yes | |
| (5) OHIO HOSPITAL BASED PHYSICIANS CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 15,678,064 | 1,414,605 | 100 000 % | Yes | |
| (6) OHIO PHYSICIANS PROFESSIONAL CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 27,286,017 | 2,287,887 | 100 000 % | Yes | |
| (7) AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904 | ADMIN SERVICES | OH | AULTCARE HOLDING COMPANY | C | 2,308,950 | 574,123 | 100 000 % | Yes | |
| (8) AULTCARE HEALTH INSURING CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099 | INSURANCE | OH | AULTCARE HOLDING COMPANY | C | 243,651,193 | 105,811,397 | 100 000 % | Yes | |
| (9) AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818 | INSURANCE | OH | AULTCARE HOLDING COMPANY | C | 283,284,343 | 94,473,141 | 100 000 % | Yes | |
| (10) AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704 | ADMIN SERVICE | OH | AULTCARE HOLDING COMPANY | C | 2,936,968 | 487,339 | 100 000 % | Yes | |
| (11) AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 2,541,355 | 82,646 | 100 000 % | Yes | |
| (12) WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390 | MEDICAL SUPPLIES | OH | AULTCARE HOLDING COMPANY | C | 1,060,447 | 503,932 | 100 000 % | Yes | |
| (13) AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 19,071,740 | 2,936,989 | 100 000 % | Yes | |
| (14) MAINSIGHT ASO LLC 2600 SIXTH ST SW CANTON, OH 44710 47-3587655 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | | 27,262 | 100 000 % | Yes | |

| 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 2600 SIXTH ST SW CANTON, OH 44710 34-1531993 | HEALTH SERVICES | OH | AULTCARE HOLDING COMPANY | C | 1,135,880 | 323,471 | 100 000 % | Yes | |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) THE AULTMAN FOUNDATION | B | 100,000 | FMV |
| (1) AULTMAN HOSPITAL | K | 312,348 | FMV |
| (2) AULTMAN HOSPITAL | P | 1,284,198 | FMV |
| (3) AULTCARE INSURANCE COMPANY | Q | 1,260,588 | FMV |
| (4) AULTMAN HOSPITAL | Q | 36,216,005 | FMV |
| (5) ORRVILLE HOSPITAL FOUNDATION (DBA AULTMAN ORRVILLE HOSPITAL) | Q | 222,162 | FMV |
| (6) AULTCARE CORPORATION | D | 9,420,926 | FMV |
| (7) WEST TUSCARAWAS PROPERTY MANAGEMENT | G | 11,273,215 | FMV |