

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☒ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	08/01/1967	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET, SW CANTON, OH 44710-1702	2b Employer Identification Number (EIN) 34-1445390	2c Sponsor's telephone number 330-438-7415	2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/17/2011	SUSAN OLIVERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AULTMAN HEALTH FOUNDATION HUMAN RESOURCES BENEFITS 2600 SIXTH STREET, SW CANTON, OH 44710-1702	3b Administrator's EIN 34-1445390 3c Administrator's telephone number 330-438-7415
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 4250
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 4482
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 118
d Subtotal. Add lines 6a , 6b , and 6c	6d 4600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f 4600
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1759
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2L 2G 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>6</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR12516	1	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
337	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST
STE 150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
337			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	106842

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier VALIC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	07570	6	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	370697
5 Current value of plan's interest under this contract in separate accounts at year end	5	33592

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	108352
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c Additions: (1) Contributions deposited during the year	7c(1)	2835	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	7864	
(4) Transferred from separate account	7c(4)	251660	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	262359
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d Total of balance and additions (add b and c(6)).	7d	370711
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	14	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	14
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f Balance at the end of the current year (subtract e(5) from d)	7f	370697
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION		
D Employer Identification Number (EIN) 34-1445390		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0817860	4	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
26	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM H HAAK 3575 FOREST LAKE DRIVE S 180 UNIONTOWN, OH 44685

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	65321
5 Current value of plan's interest under this contract in separate accounts at year end	5	62392

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT

b Balance at the end of the previous year	7b	60264
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c Additions: (1) Contributions deposited during the year	7c(1)	2594	
	7c(2)		
	7c(3)	2462	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	5056
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d Total of balance and additions (add b and c(6)).	7d	65320
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	65320
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY ILIAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC3811	4	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
329	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY SMITH BARNEY LLC
HARBORSIDE FINANCIAL CENTER
PLAZA II 7TH FLOOR
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
140			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HARRELL THOMAS
CORPORATE PLAZA I STE 100
6450 ROCKSIDE WOODS BLVD S
INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163			4

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2009
v.092308.1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WUNDERLICH SECURITIES INC

6000 POPLAR AVE STE 150
MEMPHIS, TN 38119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	12320
5 Current value of plan's interest under this contract in separate accounts at year end	5	55752

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	233001
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c Additions: (1) Contributions deposited during the year	7c(1)	18527	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	3507	
(4) Transferred from separate account	7c(4)	79234	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	101268
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d Total of balance and additions (add b and c(6)).	7d	334269
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	296584	
(2) Administration charge made by carrier	7e(2)	80	
(3) Transferred to separate account	7e(3)	25285	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	321949
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f Balance at the end of the current year (subtract e(5) from d)	7f	12320
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY ILIAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC3487	175	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7672	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HARRELL THOMAS CORPORATE PLAZA I STE 100 6450 ROCKSIDE WOODS BLVD S INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7110			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WUNDERLICH SECURITIES INC 6000 POPLAR AVE STE 150 MEMPHIS, TN 38119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
281			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CROUCHER ROSS

CORPORATE PLAZA I STE 100
6450 ROCKSIDE WOODS BLVD S
INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
133			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BROWNING JOYCE

CORPORATE PLAZA I STE 100
6450 ROCKSIDE WOODS BLVD S
INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
119			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JACOBS DANIEL

CORPORATE PLAZA I STE 100
6450 ROCKSIDE WOODS BLVD S
INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KANIECKI ANTHONY

8681 DUNBAR LN
BRECKSVILLE, OH 44141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CAPITAL SECURITIES OF AMERICA, INC.

150 GRAND TRUNK AVE SW
HARTVILLE, OH 44632

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY SMITH BARNEY LLC

HARBORSIDE FINANCIAL CENTER
PLAZA II 7TH FLOOR
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2289543
5 Current value of plan's interest under this contract in separate accounts at year end	5	3324270

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	2157152
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c Additions: (1) Contributions deposited during the year	7c(1)	274761
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	22193
(4) Transferred from separate account	7c(4)	322610
(5) Other (specify below)	7c(5)	122500

▶ CAN CONSIST OF: LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENT(S), COLLATERAL INTEREST EARNED, TRANSFERS FROM

(6) Total additions	7c(6)	742064
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d Total of balance and additions (add b and c(6))	7d	2899216
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	169681
(2) Administration charge made by carrier	7e(2)	3500
(3) Transferred to separate account	7e(3)	361858
(4) Other (specify below)	7e(4)	74634

▶ CAN CONSIST OF: LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENT(S), TRANSFERRED ASSETS FROM ONE ING CONTRAC

(5) Total deductions	7e(5)	609673
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f Balance at the end of the current year (subtract e(5) from d)	7f	2289543
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METLIFE INSURANCE COMPANY OF CT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	000195	159	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
12615	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STATEN/GERALD L 4244 MT PLEASANT ST NW STE 200 NORTH CANTON, OH 44720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12354			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BRUIN/MICHAEL W 3988 MILES AVE NW CANTON, OH 44718

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
252			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FRAMER/LEE W

4244 MT PLEASANT ST NW
NORTH CANTON, OH 44720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2338349

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS INSTITUTIONAL	P O BOX 770002 CINCINNATI, OH 45277-0027
04-0264778	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ING LIFE INSURANCE AND ANNUITY COMP	P O BOX 990067 HARTFORD, CT 06199-0104
71-0294708	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP INC

P O BOX 2600
VALLEY FORGE, PA 19482

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	RECORDKEEPER	17681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

METLIFE INSURANCE COMPANY OF CONNEC

P O BOX 9146
DES MOINES, IA 50306-0295

06-0566090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 65	RECORDKEEPER	10900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 AULTMAN HEALTH FOUNDATION	D Employer Identification Number (EIN) 34-1445390	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	871522	535619
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	4759165	5921197
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	24835035	35274103
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6857571	7025844
(15) Other	1c(15)	518695	636368

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	43402	46515
f Total assets (add all amounts in lines 1a through 1e)	1f	37885390	49439646

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	37885390	49439646
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	4300002	
(C) Others (including rollovers)	2a(1)(C)	59923	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4359925

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11606	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	248	
(F) Other	2b(1)(F)	244601	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		256455

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1187649	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1187649

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7951255
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13755284

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2168353	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2168353
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	32675	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32675
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2201028

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11554256
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BRUNER & COX LLP

(2) EIN: 34-0641962

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AULTMAN HEALTH FOUNDATION</u>	D Employer Identification Number (EIN) <u>34-1445390</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0566090</u> <u>04-2647786</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Modified Cash Basis Financial
Statements and Supplemental Schedule**

**Aultman Health Foundation and
Tax-Exempt Affiliates Section 403(b) Plan**

December 31, 2009



BRUNER-COX LLP

Business Consultants & Certified Public Accountants

CONTENTS

INDEPENDENT ACCOUNTANTS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits on a Modified Cash Basis	3
Statement of Changes in Net Assets Available for Benefits on a Modified Cash Basis	4
Notes to Modified Cash Basis Financial Statements	5
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (modified cash basis)	15

INDEPENDENT ACCOUNTANTS' REPORT

Pension Committee of Aultman Health Foundation
Aultman Health Foundation and Tax-Exempt Affiliates
Section 403(b) Plan
Canton, Ohio

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of Aultman Health Foundation and Tax-Exempt Affiliates Section 403(b) Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2009, and the supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by Fidelity Management Trust Company, Vanguard Fiduciary Trust Company, ING Life Insurance and Annuity Company, and MetLife Life & Annuity Company of Connecticut, the trustees and custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees and custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees and custodians as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustees and custodians is complete and accurate.

As described in Note 2, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by those issues. The Plan has excluded from investments in the accompanying statement of net assets available for benefits (modified cash basis) certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits (modified cash basis). The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

To the Board of Directors
Aultman Health Foundation and Tax-Exempt Affiliates
Section 403(b) Plan

Because of the significance of the information that we did not audit, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements (modified cash basis) and supplemental schedule (modified cash basis) taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees and custodians have been audited by us and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits (modified cash basis) of the Plan as of December 31, 2008 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of net assets available for benefits (modified cash basis) and, accordingly, do not express an opinion or any other form of assurance on it.

Bruner. Cox, LLP

Canton, Ohio
December 20, 2010

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
ON A MODIFIED CASH BASIS**

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN**

December 31, 2009 and 2008

	2009	Compiled 2008
ASSETS		
Investments at fair value		
Interest-bearing cash	\$ 535,619	\$ 871,522
Mutual funds	35,274,103	24,835,035
Pooled separate accounts	5,921,197	4,759,165
Guaranteed insurance contracts	7,025,844	6,857,571
Other investments	636,368	518,695
Total investments	49,393,131	37,841,988
Cash surrender value of life insurance policy	46,515	43,402
Net assets available for benefits	\$ 49,439,646	\$ 37,885,390

The accompanying notes are an integral part of the financial statements.
See independent Accountants' report.

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
ON A MODIFIED CASH BASIS**

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN**

For the year ended December 31, 2009

ADDITIONS TO NET ASSETS

Contributions	
Participant	\$ 4,300,002
Other contributions (including rollovers from other plans)	59,923
Interest and dividend income	512,674
Net appreciation in the fair value of investments	<u>8,882,685</u>
Total additions to net assets	13,755,284

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	2,168,353
Other expenses	<u>32,675</u>
Total deductions from net assets	<u>2,201,028</u>

Net increase in net assets	11,554,256
-----------------------------------	-------------------

**NET ASSETS AVAILABLE FOR BENEFITS,
BEGINNING OF YEAR - Compiled**

37,885,390

**NET ASSETS AVAILABLE FOR BENEFITS,
END OF YEAR**

\$ 49,439,646

The accompanying notes are an integral part of the financial statements.
See independent Accountants' report.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 1. Description of the Plan

The following description of Aultman Health Foundation and Tax-Exempt Affiliates Section 403(b) Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Aultman Health Foundation (Aultman), including Aultman Development Institute, Aultman Hospital, Aultman Pharmacy, Inc. and Acute Care Specialty Hospital at Aultman LLC, which are all subsidiaries of Aultman. With the exception of nonresident aliens receiving no earned income from Aultman or those who are eligible for the Aultman 401(k) Plan, employees are eligible to enroll immediately upon commencement of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may voluntarily defer up to 100% of their eligible pre-tax annual compensation subject to the Internal Revenue Service (IRS) limits, as defined in the Plan Document (see Note 11). Participants who have attained age 50 by the end of the Plan year may also make catch up contributions, subject to IRS limits, as defined in the Plan Document. Participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct their contributions into the various investment options offered by the multiple service providers utilized by the Plan. Investment allocation changes can be made at any time, and is handled directly between the participant and the service provider.

Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings, and is charged with loan origination fees, as applicable, and benefits paid. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from a participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Payment of Benefits

During their employment, participants may withdraw their vested account balance in the event of financial hardship. The balance in an employee's account not previously withdrawn may be paid to the participants or their designated beneficiary in the event of death, permanent disability, retirement, or other termination of employment with Aultman. In addition, an in-service withdrawal may be taken by participants after attaining age 59½. Benefit payments can be distributed in either a lump sum or, at the participant's election, in monthly installments.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 1. Description of the Plan (Continued)

Policy Loans

Participants may borrow directly from the service provider maintaining their account a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less using a portion of their plan account as security for the loan. These loans are not distributed from the participants' accounts, but are rather funded by the respective service provider. The loans bear interest at rates that range from 3.00% to 7.50%, which are commensurate with local prevailing rates as determined periodically by the respective service providers. Principal and interest is paid ratably through level periodic payments by the participant directly to the service provider from which the loan was obtained. The plan administrator has concluded that these loans are not plan assets and that such arrangements are exempt transactions. The loan balance as of December 31, 2009 is \$128,656.

In the event of default, such loans are reportable to Plan participants as taxable income but remain outstanding and continue to accrue interest until repaid by the plan participant or the participant becomes eligible to receive a distribution under the terms of the Plan. During 2009, \$9,891 of loans went into default.

Note 2. Significant Accounting Policies

Basis of Accounting

The statements of net assets available for benefits and the statement of changes in net assets available for benefits were prepared on the modified cash basis method of accounting which recognizes certain income when received and certain expenses when paid, and records investments at market value. Because this method is at variance with the accepted accrual methods of accounting, these statements do not purport to be presented in conformity with accounting principles generally accepted in the United States of America. This modified cash basis method is, however, acceptable for reporting under the United States Department of Labor (DOL) Rules and Regulations.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 2. Significant Accounting Policies (Continued)

Excluded Contracts or Accounts

Prior to January 1, 2009, the Plan was not required to be audited, and Aultman's involvement in the Plan administration was limited in compliance with the existing IRS Regulations. The revised Regulations, issued on July 24, 2007 related to 403(b) plans, expanded the required administrative involvement and record keeping of plan sponsors. The financial records now required to be maintained by plan sponsors have been increased. Certain financial records not required to be maintained prior to the new Regulations are not available.

The plan administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The employer ceased to have any obligation to make contributions (including salary reduction contributions), and in fact stopped making contributions to the contract or account before January 1, 2009;
- All rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and
- The individual owner of the contract is fully vested in the contract or account.

Contributions

Contributions from employees are recorded in the period in which Aultman deposits the payroll deductions from participant earnings.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. At December 31, 2009 and 2008, there were no benefits processed and approved for payment, but not paid.

Operating Expenses

Certain administrative functions are performed by officers or employees of Aultman. No such officer or employee receives compensation from the Plan. Service provider fees, investment fees and expense disclosures are directly deducted from the individual participant accounts. Expenses such as legal, accounting and certain other administrative expenses are paid by Aultman.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 2. Significant Accounting Policies (Continued)

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Standards (SFAS) No. 168, The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles, a replacement of FASB Statement No. 162, (SFAS 168). SFAS 168 establishes the FASB Accounting Standards Codification (ASC) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP). SFAS 168 does not change GAAP and the adoption of SFAS 168 did not have a material impact on the Company's financial statements.

In September 2009, FASB issued an amendment "Investment in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)" (ASU 2009-12), which provides guidance on how entities should estimate the fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. See Note 6 for the impact of the adoption.

Pending Accounting Pronouncements

In January 2010, FASB issued amendment "Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements" (ASU 2010-06), which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes.

With respect to matters other than Level 3 measurements, the amendment is effective for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010. Aultman is currently evaluating the impact of the guidance related to Level 3 measurements on Plan disclosures.

Note 3. Investments

The fair value of individual participant-directed investments that represented 5% or more of net assets available for benefits as of December 31 was as follows:

	2009	Compiled 2008
MetLife		
T-Flex	\$ 3,373,475	\$ 3,438,530

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN

Note 3. Investments (Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$ 4,442,525
Pooled separate accounts	4,440,160
	<u>\$ 8,882,685</u>

Note 4. Certified Investments

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule, was prepared by or derived from information provided by Fidelity Management Trust Company, Vanguard Fiduciary Trust Company, ING Life Insurance and Annuity Company, and MetLife Life & Annuity Company of Connecticut, all trustees and custodians, and furnished to the plan administrator. The plan administrator has obtained certifications from these trustees and custodians that information provided to the plan administrator by the trustees and custodians relating to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments:

	2009	Compiled 2008
Investments at fair value, certified		
Fidelity Management Trust Company		
Mutual funds	\$ 14,221,504	\$ 9,591,483
Interest-bearing cash	535,619	871,522
Vanguard Fiduciary Trust Company		
Mutual funds	18,307,736	13,151,135
ING Life Insurance and Annuity Company		
Pooled separate accounts	3,380,022	2,663,889
Guaranteed insurance contracts	2,369,408	2,442,050
MetLife Life & Annuity Company of Connecticut		
Pooled separate accounts	2,400,741	1,761,108
Guaranteed insurance contracts	4,290,810	4,313,100
Total investments at fair value, certified	<u>\$ 45,505,840</u>	<u>\$ 34,794,287</u>
Investments at fair value, not certified	<u>\$ 3,887,291</u>	<u>\$ 3,047,701</u>

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN

Note 4. Certified Investments (Continued)

The trustees and custodians also certified as to the completeness and accuracy of the following investment information for the year ended December 31, 2009.

Interest and dividend income, certified	
Fidelity Management Trust Company	\$ 198,998
Vanguard Fiduciary Trust Company	12,549
ING Life Insurance and Annuity Company	93,247
MetLife Life & Annuity Company of Connecticut	161,160
Total interest and dividend income, certified	<u>\$ 465,954</u>
Interest and dividend income, not certified	<u>\$ 46,720</u>
Net appreciation in the fair value of investments, certified	
Fidelity Management Trust Company	\$ 3,434,096
Vanguard Fiduciary Trust Company	3,497,599
ING Life Insurance and Annuity Company	676,457
MetLife Life & Annuity Company of Connecticut	592,858
Total net appreciation in the fair value of investments, certified	<u>\$ 8,201,010</u>
Net appreciation in the fair value of investments, not certified	<u>\$ 681,675</u>

Note 5. Investment Contracts

The Plan has entered into various investment contracts with multiple service providers. The service providers maintain contributions to the investment contracts in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The service providers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because these contracts are not fully benefit-responsive, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these contracts.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 6. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Value at the net asset value of shares held by the Plan at year end.

Pooled Separate Accounts: Valued at the unit value for each separate account investment based on the underlying assets, which include a mix of mutual funds, collective trusts and managed accounts. All underlying investment options are valued daily. This daily price is considered the selling price for transfers and withdrawals, and is calculated each day the principal market is open. The investment options are available for trading each day while the principal market is open.

Guaranteed Insurance Contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 5).

Life Insurance Policies: Valued at cash surrender value.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN

Note 6. Fair Value Measurements (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Assets at fair value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 535,619	\$ -	\$ -	\$ 535,619
Mutual funds	35,274,103	-	-	35,274,103
Pooled separate accounts	-	5,921,197	-	5,921,197
Guaranteed insurance contracts	-	-	7,025,844	7,025,844
Other investments	-	631,296	5,072	636,368
Total assets at fair value	\$35,809,722	\$ 6,552,493	\$ 7,030,916	\$49,393,131

Assets at fair value as of December 31, 2008 (compiled)				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 871,522	\$ -	\$ -	\$ 871,522
Mutual funds	24,835,035	-	-	24,835,035
Pooled separate accounts	-	4,759,165	-	4,759,165
Guaranteed insurance contracts	-	-	6,857,571	6,857,571
Other investments	-	512,764	5,931	518,695
Total assets at fair value	\$25,706,557	\$ 5,271,929	\$ 6,863,502	\$37,841,988

Per ASC 820, *Fair Value Measurements and Disclosures*, the investment information is required to be classified by nature and risk. The trustees and custodians were not able to provide this required information or all of the required net asset value per share disclosures for the Plan.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN

Note 6. Fair Value Measurements (Continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

	Guaranteed insurance contracts	Policy loan
Balance, beginning of year	\$ 6,857,571	\$ 5,931
Purchases, sales, issuances, and settlements (net)	168,273	(859)
Balance, end of year	\$ 7,025,844	\$ 5,072

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2009:

	Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Pooled separate accounts	\$ 5,921,197	\$ -	Immediate	None

Note 7. Related-Party Transactions

Certain Plan investments are shares or units of mutual funds, pooled separate accounts, and insurance contracts managed by affiliates of American Funds, ING Life Insurance and Annuity Company, Fidelity Management Trust Company, American Century Investors, Lincoln Financial Group, Oppenheimer Funds, Pioneer Investments, Vanguard Fiduciary Trust Company, MetLife Life & Annuity Company of Connecticut, Variable Annuity Life Insurance Company, and First Investors, all trustees and custodians of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Management fees for these funds are paid by the respective funds and reduce the return earned on the funds. Trustee fees for administering the Plan are paid by Aultman.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS
AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES
SECTION 403(b) PLAN

Note 8. Plan Termination

Aultman has the right under the Plan, at anytime, to terminate the Plan subject to the provisions of ERISA (see Note 11).

Note 9. Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the IRS in Revenue Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan when the government opens such program. The Plan is required to operate in conformity with the Internal Revenue Code (Code) to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code.

The FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 11. Subsequent Events

Effective January 1, 2010, Aultman limited the number of service providers participants may select in which to invest their salary deferrals. The five approved service providers are ING Life Insurance and Annuity Company, Fidelity Management Trust Company, American Century Investors, Travelers Insurance Company and Vanguard Fiduciary Trust Company. Previous balances with additional service providers will be maintained until distributed at the direction of the participant.

Effective January 1, 2011, Plan participants are no longer permitted to make contributions to the Plan. The present intention is to terminate the Plan at a future date and permit the transfer of participant account balances and deposit of any future contributions to the Aultman 401(k) Plan.

The plan administrator has evaluated subsequent events through the date of the independent Accountants' report, the date the financial statements were available to be issued.

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Interest Bearing Cash				
FIDELITY	FIDELITY RETIRE MMKT	166,486 shares	**	\$ 166,486
	FIDELITY RET GOVT MM	139,822 shares	**	139,822
	FID MONEY MARKET	125,056 shares	**	125,056
	FIDELITY CASH RESRVE	69,338 shares	**	69,338
	FID SEL MONEY MARKET	28,821 shares	**	28,821
	FID US GOVT MMKT	6,096 shares	**	6,096
				535,619
Mutual Funds				
AMERICAN	ULTRA	7,132 shares	**	500,459
CENTURY	GROWTH	9,382 shares	**	206,771
	EQ INCOME	20,868 shares	**	136,897
	SELECT	103,817 shares	**	103,817
	STRAT AGG	11,485 shares	**	83,959
	TG 2010	10,651 shares	**	71,148
	HERITAGE	4,408 shares	**	70,398
	INTL GROW	6,935 shares	**	68,314
	VISTA	4,753 shares	**	65,788
	LVSTG 2015	5,986 shares	**	62,851
	REAL EST	53,976 shares	**	53,976
	VALUE	2,738 shares	**	53,309
	SM CAP VAL	3,691 shares	**	53,264
	BALANCED	3,221 shares	**	45,416
	LVSTG 2025	4,181 shares	**	44,063
	INC GROWTH	2,004 shares	**	42,771
	INTL STOCK	2,653 shares	**	29,238
	GL GROW	2,866 shares	**	22,754
	TG 2025	208 shares	**	21,962
	ONE CH MOD	2,071 shares	**	21,688
	LVSTG 2045	2,001 shares	**	21,286
	TG 2020	***	**	21,229
	EMERG MKTS	2,334 shares	**	17,784
	INFL ADJBD	1,516 shares	**	17,438
	PRIME MM	15,949 shares	**	15,949
	EQ GROWTH	789 shares	**	14,512
	DVRSFD BND	1,267 shares	**	13,381
	ONE CH AGG	1,221 shares	**	12,922
	GOV BOND	1,095 shares	**	12,011
	LG COM VAL	2,180 shares	**	11,033
	INTL DISC	1,025 shares	**	9,112
	ONE CH VAG	860 shares	**	9,016
	UTILITIES	140 shares	**	7,903
	MIDCAPVA	672 shares	**	7,206
	GIN MAE	638 shares	**	6,819
	GL GOLD	255 shares	**	5,166
	FOCUS GRO	311 shares	**	2,974
	INTL BOND	189 shares	**	2,731
	SM COM	39 shares	**	1,274
	LVSTG 2035	35 shares	**	378

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
AMERICAN FUNDS	AMERICAN FUNDS MONEY MARKET FUND	74,133 shares	**	\$ 74,133
	THE NEW ECONOMY FUND - A/FUND 14	***	**	30,457
	CAPITAL WORLD GROWTH AND INCOME FUND - A/FUND 33	***	**	25,154
	AMCAP FUND - A/FUND 2	***	**	2,031
FIDELITY	FID CONTRAFUND	22,946 shares	**	1,337,321
	FIDELITY MAGELLAN	13,718 shares	**	882,339
	FID LEVERAGED CO STK	37,104 shares	**	850,425
	FID BLUE CHIP GROWTH	20,571 shares	**	780,664
	FID FREEDOM 2020	53,167 shares	**	667,245
	FID GROWTH COMPANY	9,052 shares	**	624,394
	FID ASSET MGR 50%	39,148 shares	**	542,200
	FID PURITAN	31,081 shares	**	499,154
	FID OTC PORTFOLIO	9,582 shares	**	438,105
	FIDELITY LOW PR STK	13,670 shares	**	436,626
	FID EQUITY INCOME	9,471 shares	**	370,691
	FID DIVERSIFIED INTL	10,890 shares	**	304,930
	FID FREEDOM 2030	23,302 shares	**	288,708
	FID ASSET MGR 70%	19,480 shares	**	279,143
	FID VALUE STRATEGIES	12,615 shares	**	278,916
	FIDELITY EMERG MRKTS	11,885 shares	**	268,715
	FID OVERSEAS	8,024 shares	**	248,192
	FID BALANCED	12,917 shares	**	211,329
	FID GROWTH & INCOME	13,056 shares	**	209,682
	FID FREEDOM 2015	19,741 shares	**	205,699
	FID VALUE	3,385 shares	**	192,714
	FID FREEDOM 2040	26,464 shares	**	189,486
	FID STRATEGIC INCOME	16,562 shares	**	179,036
	FID FREEDOM 2035	16,532 shares	**	169,622
	FID FREEDOM 2010	12,084 shares	**	151,173
	FID DIVIDEND GROWTH	6,298 shares	**	149,075
	FID MID CAP STOCK	5,673 shares	**	132,853
	FID INTL DISCOVERY	4,269 shares	**	129,570
	FID EQUITY INCOME II	7,931 shares	**	129,514
	FID DISCIPLINED EQTY	5,869 shares	**	123,306
	SPARTAN 500 INDEX	3,054 shares	**	120,434
	FIDELITY INVST GR BD	16,876 shares	**	118,807
	FIDELITY NEW MILLEN	4,652 shares	**	114,581
	FID FREEDOM 2025	10,762 shares	**	111,813
	FID NEW MARKETS INC	6,594 shares	**	99,115
	FID CHINA REGION	3,152 shares	**	87,910
	FID LARGE CAP VALUE	8,155 shares	**	79,434
	FID SEL GOLD	1,827 shares	**	78,261
	FID LATIN AMERICA	1,447 shares	**	75,047
	FID SEL TECHNOLOGY	925 shares	**	69,847
	FID SMALL CAP STOCK	4,037 shares	**	64,343
	FIDELITY US BD INDEX	5,717 shares	**	63,234
	FID CAP APPRECIATION	2,859 shares	**	61,258

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
FIDELITY	FID SEL HEALTHCARE	573 shares	**	\$ 61,123
	FID EUROPE	2,054 shares	**	60,535
	FID SEL CHEMICALS	803 shares	**	60,452
	FID FIDELITY	1,932 shares	**	54,748
	FID SEL MEDICAL DEL	1,181 shares	**	50,850
	FID GR STRATEGIES	2,811 shares	**	45,737
	FID SEL MED EQ & SYS	1,776 shares	**	43,452
	FID CANADA	885 shares	**	42,890
	FID SHORT TERM BOND	5,130 shares	**	42,630
	FID SEL NATURAL RES	1,487 shares	**	42,295
	FID SOUTHEAST ASIA	1,647 shares	**	41,880
	FID INTERMED BOND	3,977 shares	**	40,370
	FID SEL ENERGY SVCS	674 shares	**	39,210
	FID BLUE CHIP VALUE	3,778 shares	**	37,630
	FID SEL ELECTRONICS	874 shares	**	36,272
	FID HIGH INCOME	4,229 shares	**	35,776
	FID SEL ENERGY	785 shares	**	34,673
	SPARTAN INTL INDEX	1,030 shares	**	34,469
	FID INDEPENDENCE	1,644 shares	**	32,757
	FID SM CAP DISCOVERY	2,032 shares	**	31,570
	FID SM CAP INDEPEND	2,159 shares	**	30,055
	FID REAL ESTATE INVS	1,466 shares	**	29,562
	FID SMALL CAP VALUE	2,318 shares	**	29,387
	FID FOUR IN ONE IDX	1,161 shares	**	28,174
	FID FIFTY	1,849 shares	**	27,804
	FID INFLAT PROT BOND	2,477 shares	**	27,773
	FID PACIFIC BASIN	1,325 shares	**	26,892
	SPTN TOTAL MKT INDEX	825 shares	**	26,050
	FID STRAT REAL RET	2,994 shares	**	25,481
	FID FREEDOM INCOME	2,340 shares	**	25,127
	FID CAPITAL & INCOME	2,909 shares	**	25,079
	FID TOTAL BOND	2,351 shares	**	24,611
	FID MID CAP GROWTH	2,450 shares	**	24,351
	FID FOCUSED HIGH INC	2,615 shares	**	23,980
	FID MID CAP VALUE	1,874 shares	**	23,926
	FID REAL ESTATE INC	2,591 shares	**	23,865
	FID INTM GOVT INCOME	2,191 shares	**	23,402
	FID SEL NATURAL GAS	731 shares	**	23,036
	FID FREEDOM 2005	2,291 shares	**	22,974
	FID LARGE CAP GROWTH	2,811 shares	**	22,854
	FID ULTRASHORT BOND	2,714 shares	**	22,063
	FID SMALL CAP GROWTH	1,657 shares	**	20,576
	FID SEL UTILITIES	454 shares	**	20,316
	FID FREEDOM 2045	2,323 shares	**	19,680
	FID ASSET MGR 85%	1,570 shares	**	18,285
	SPARTAN 500 INDEX	236 shares	**	18,133
	FID LARGE CAP STOCK	1,207 shares	**	18,096
	FID SEL MATERIALS	333 shares	**	17,969

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
FIDELITY	FID GROWTH DISCOVERY	1,594 shares	**	\$ 17,697
	FID SEL SOFTWARE	227 shares	**	17,251
	FID SEL COMPUTERS	366 shares	**	16,681
	FID FLOAT RT HI INC	1,708 shares	**	16,070
	FID INTL SMALL CAP	846 shares	**	14,840
	FID INTL REAL ESTATE	1,637 shares	**	14,409
	FID FREEDOM 2000	1,185 shares	**	13,448
	FID GNMA	1,162 shares	**	13,184
	FIDELITY GOVT INCOME	1,261 shares	**	13,104
	FID FREEDOM 2050	1,400 shares	**	11,691
	FID INST SH INT GOVT	1,163 shares	**	11,664
	FID EXP & MULTINATL	505 shares	**	9,904
	SPTN INT TR INDX INV	924 shares	**	9,471
	FID GLOBAL BALANCED	451 shares	**	9,057
	FID SEL BANKING	557 shares	**	8,488
	FID SEL CONS STAPLES	139 shares	**	8,442
	FID JAPAN SMALLER CO	970 shares	**	8,071
	FID CONVERTIBLE SEC	355 shares	**	7,743
	FID SEL FINANCIAL	118 shares	**	6,850
	FID NASDAQ COMP INDX	172 shares	**	5,177
	FID EMEA	563 shares	**	4,288
	FIDELITY NORDIC	146 shares	**	3,986
	FID ASSET MGR 20%	325 shares	**	3,895
	FID MORTGAGE SEC	344 shares	**	3,606
	FID INTL CAP APPREC	317 shares	**	3,600
	FID SEL BIOTECH	53 shares	**	3,447
	SPTN ST TR INDX INV	330 shares	**	3,409
	FID SEL AIR TRANSPRT	83 shares	**	2,651
	FID WORLDWIDE	157 shares	**	2,519
	SPTN EXTND MKT INDEX	58 shares	**	1,766
	FID SEL PHARMACEUTCL	65 shares	**	712
	FID SEL BROKERAGE	9 shares	**	443
	FID SEL WIRELESS	21 shares	**	140
	FID EUROPE CAP APP	4 shares	**	69
FIRST INVESTORS	TOTAL RETURN	***	**	59,492
	SPECIAL SITUATIONS	***	**	49,541
	GOVERNMENT	***	**	39,489
	GLOBAL	***	**	2,365
	FUND FOR INCOME	***	**	402
	CASH MANAGEMENT	***	**	87
OPPENHEIMER	GLOBAL FUND A	3,843 shares	**	203,701
FUNDS	GLOBAL OPPORTUNITIES FUND A	1,529 shares	**	40,755
	CAPITAL APPRECIATION FUND A	858 shares	**	34,279
	GOLD & SPECIAL MINERALS FUND A	687 shares	**	24,675
	QUEST OPPORTUNITY VALUE FUND A	658 shares	**	16,407
	INTERNATIONAL BOND FUND A	1,913 shares	**	12,246
	EMERGING GROWTH FUND A	1,032 shares	**	9,548
	SENIOR FLOATING RATE FUND A	1,207 shares	**	9,404

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
OPPENHEIMER	INTERNATIONAL DIVERSIFIED FUND A	854 shares	**	\$ 9,073
FUNDS	COMMODITY STRATEGY TOTAL RETURN FUND A	2,338 shares	**	7,997
	REAL ESTATE FUND A	509 shares	**	7,594
	CORE BOND FUND A	795 shares	**	4,866
	MAIN STREET SMALL CAP FUND A	44 shares	**	736
PIONEER	GROWTH AND INCOME PIONEER VALUE FUND A	10,609 shares	**	111,397
INVESTMENTS	MONEY MARKET	72 shares	**	72
VANGUARD	500 INDEX FUND INV	18,437 shares	**	1,892,963
	STAR FUND	101,143 shares	**	1,774,041
	WINDSOR II FUND INV	49,460 shares	**	1,171,221
	LIFESTRATEGY GROWTH FUND	51,371 shares	**	1,004,823
	BALANCED INDEX FUND INV	33,513 shares	**	648,469
	GROWTH INDEX FUND INV	19,896 shares	**	543,546
	HEALTH CARE FUND INV	4,401 shares	**	529,068
	TOTAL BOND MKT INDEX INV	50,400 shares	**	521,635
	WELLINGTON FUND INV	17,939 shares	**	517,543
	MID-CAP INDEX FUND INV	31,164 shares	**	509,851
	TOTAL STOCK MKT IDX INV	17,568 shares	**	482,254
	GROWTH AND INCOME INV	20,379 shares	**	476,452
	TARGET RETIREMENT 2035	38,261 shares	**	444,592
	TOTAL INT'L STOCK INDEX	25,754 shares	**	371,117
	TARGET RETIREMENT 2025	30,262 shares	**	342,564
	LIFESTRATEGY CONSRV GRWTH	22,542 shares	**	340,840
	EXPLORER FUND INVESTOR	5,920 shares	**	339,220
	LIFESTRATEGY MOD GROWTH	16,990 shares	**	300,558
	INTER-TERM BOND INDEX INV	28,034 shares	**	300,519
	PRIME MONEY MKT FUND	298,540 shares	**	298,540
	TARGET RETIREMENT 2015	24,972 shares	**	282,434
	SMALL-CAP INDEX FUND INV	10,234 shares	**	281,343
	WINDSOR FUND INVESTOR	19,342 shares	**	230,362
	ADMIRAL TRSY MONEY MKT	229,526 shares	**	229,526
	WELLESLEY INCOME FUND INV	11,144 shares	**	227,003
	TARGET RETIREMENT 2020	11,103 shares	**	221,612
	TARGET RETIREMENT 2045	18,297 shares	**	219,924
	EQUITY INCOME FUND INV	10,846 shares	**	197,942
	EMERGING MKTS STK IDX INV	7,589 shares	**	196,625
	MORGAN GROWTH FUND INV	12,418 shares	**	189,620
	SELECTED VALUE FUND	11,647 shares	**	185,763
	U.S. GROWTH FUND INVESTOR	9,885 shares	**	162,711
	SMALL-CAP VALUE INDEX	12,378 shares	**	161,658
	VALUE INDEX FUND INV	7,822 shares	**	145,727
	STRATEGIC EQUITY FUND	9,531 shares	**	145,637
	PRIMECAP FUND INVESTOR	2,432 shares	**	144,511
	INTERNATIONAL GROWTH INV	8,334 shares	**	141,592
	HIGH-YIELD CORP FUND INV	25,206 shares	**	137,877
	INTER-TERM TREASURY INV	11,497 shares	**	127,502
	ASSET ALLOCATION FUND INV	5,321 shares	**	114,568
	GLOBAL EQUITY FUND	7,125 shares	**	111,645

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value		(d) Cost	(e) Current value
Mutual Funds (Continued)					
VANGUARD	ENERGY FUND INVESTOR	1,798 shares	**	\$	108,054
	GNMA FUND INVESTOR SHARES	9,408 shares	**		100,102
	INTERNATL EXPLORER FUND	7,221 shares	**		99,500
	INTERNATIONAL VALUE FUND	3,054 shares	**		93,482
	TARGET RETIREMENT 2030	4,341 shares	**		83,822
	PRECIOUS METALS & MINING	3,430 shares	**		70,111
	EUROPEAN STOCK INDEX INV	2,700 shares	**		70,037
	REIT INDEX FUND INV	4,560 shares	**		67,664
	PACIFIC STOCK INDEX INV	6,975 shares	**		67,518
	CAPITAL OPPORTUNITY INV	2,123 shares	**		63,781
	CAPITAL VALUE FUND	6,103 shares	**		56,392
	SHORT-TERM TREASURY INV	4,995 shares	**		53,542
	SHORT-TERM INVEST-GR INV	4,981 shares	**		52,751
	EXTENDED MKT INDEX INV	1,555 shares	**		50,806
	LONG-TERM BOND INDEX	4,334 shares	**		50,097
	PRIMECAP CORE FUND	4,054 shares	**		49,089
	LONG-TERM TREASURY INV	4,267 shares	**		46,512
	TARGET RETIREMENT 2010	2,042 shares	**		41,901
	LIFESTRATEGY INCOME FUND	3,068 shares	**		40,711
	INTER-TERM INVEST-GR INV	3,657 shares	**		35,176
	GROWTH EQUITY FUND	3,364 shares	**		31,182
	SMALL-CAP GROWTH INDEX	1,772 shares	**		29,814
	DIVIDEND GROWTH FUND	2,077 shares	**		27,354
	LONG-TERM INVEST-GR INV	3,010 shares	**		26,849
	MID-CAP GROWTH FUND	1,666 shares	**		25,585
	SHORT-TERM BOND INDEX INV	2,274 shares	**		23,692
	FEDERAL MONEY MKT FUND	23,447 shares	**		23,447
	TARGET RETIREMENT 2050	1,174 shares	**		22,441
	TARGET RETIREMENT 2040	1,138 shares	**		21,679
	DEVELOPED MARKETS IDX INV	1,881 shares	**		17,922
	INFLATION-PROTECT SEC INV	1,387 shares	**		17,410
	U.S. VALUE FUND	1,319 shares	**		11,910
	MID-CAP VALUE INDEX INV	617 shares	**		10,774
	TOTAL WORLD STOCK IDX INV	565 shares	**		9,901
	TARGET RETIREMENT 2005	822 shares	**		9,025
	CONVERTIBLE SECURITIES	640 shares	**		8,032
	HIGH DIVIDEND YLD IDX INV	454 shares	**		6,841
	LARGE-CAP INDEX FUND INV	295 shares	**		6,048
	STRATEGIC SM-CAP EQUITY	294 shares	**		4,392
	SHORT-TERM FEDERAL INV	362 shares	**		3,888
	FTSE SOCIAL INDEX INV	240 shares	**		1,597
	FTSE ALL-WORLD EX-US INV	88 shares	**		1,502
					35,274,103
Pooled Separate Accounts					
ING # VC3487	ING GROWTH AND INCOME PORTFOLIO -CLASS I	***	**		546,523
	ING MONEY MARKET PORTFOLIO -CLASS I	233,743 units	**		233,743
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORFOLIO - INITIAL CLASS	***	**		228,493

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
ING # VC3487	ING OPPENHEIMER GLOBAL PORTFOLIO -INITIAL CLASS	***	**	\$ 204,541
	ING BALANCED PORTFOLIO -CLASS I	***	**	174,347
	ING INDEX PLUS LARGE CAP PORTFOLIO -CLASS I	***	**	166,380
	FIDELITY® VIP CONTRAFUND® PORTFOLIO -INITIAL CLASS	***	**	158,555
	FIDELITY® VIP GROWTH PORTFOLIO -INITIAL CLASS	***	**	142,216
	ING OPPORTUNISTIC LARGE CAP PORTFOLIO -CLASS I	***	**	128,332
	ING VAN KAMPEN EQUITY AND INCOME PORTFOLIO - INITIAL CLASS	***	**	127,878
	ING INDEX PLUS MIDCAP PORTFOLIO -CLASS I	***	**	109,559
	ING INTERMEDIATE BOND PORTFOLIO -CLASS I	***	**	94,677
	ING TEMPLETON FOREIGN EQUITY PORTFOLIO - INITIAL CLASS	***	**	83,493
	ING BLACKROCK LARGE CAP GROWTH PORTFOLIO - INSTITUTIONAL CLASS	***	**	70,656
	OPPENHEIMER DEVELOPING MARKETS FUND -CLASS A	***	**	70,192
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	***	**	62,865
	FIDELITY® VIP OVERSEAS PORTFOLIO -INITIAL CLASS	***	**	62,464
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORTFOLIO -INITIAL CLASS	***	**	52,794
	WASHINGTON MUTUAL INVESTORS FUNDSM -CLASS R-4	***	**	40,604
	FIDELITY® VIP EQUITY-INCOME PORTFOLIO -INITIAL CLASS	***	**	36,281
	THE GROWTH FUND OF AMERICA® -CLASS R-4	***	**	35,895
	ING SMALL COMPANY PORTFOLIO -CLASS I	***	**	35,314
	ING THORNBURG VALUE PORTFOLIO -INITIAL CLASS	***	**	31,248
	WELLS FARGO ADVANTAGE SPECIAL SMALL CAP VALUE FUND - CLASS A	***	**	29,659
	EUROPACIFIC GROWTH FUND® -CLASS R-4	***	**	27,365
	FRANKLIN SMALL CAP VALUE SECURITIES FUND -CLASS 2	***	**	25,862
	ING SOLUTION 2025 PORTFOLIO -SERVICE CLASS	***	**	24,503
	ING OPPENHEIMER GLOBAL STRATEGIC INCOME PORTFOLIO - INITIAL CLASS	***	**	24,157
	PIMCO VIT REAL RETURN PORTFOLIO - ADMINISTRATIVE CLASS	***	**	23,657
	NEW PERSPECTIVE FUND® -CLASS R-4	***	**	22,432
	LORD ABBETT SERIES FUND -MID CAP VALUE PORTFOLIO - CLASS VC	***	**	21,978
	ING INDEX PLUS SMALLCAP PORTFOLIO -CLASS I	***	**	19,638
	ING UBS U.S. LARGE CAP EQUITY PORTFOLIO - INITIAL CLASS	***	**	19,268
	ING PIMCO HIGH YIELD PORTFOLIO -SERVICE CLASS	***	**	18,734
	ING PIMCO TOTAL RETURN PORTFOLIO -SERVICE CLASS	***	**	16,409
	INVESCO V.I. CORE EQUITY FUND -SERIES I SHARES	***	**	15,215
	ING PIONEER MID CAP VALUE PORTFOLIO - INSTITUTIONAL CLASS	***	**	14,825

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
		ING T. ROWE PRICE EQUITY INCOME PORTFOLIO - SERVICE CLASS	***	\$ 13,478
		ING SOLUTION 2015 PORTFOLIO -SERVICE CLASS	***	9,621
		TEMPLETON GLOBAL BOND FUND -CLASS A	***	9,185
		ING MFS TOTAL RETURN PORTFOLIO -SERVICE CLASS	***	9,091
		ING CLARION REAL ESTATE PORTFOLIO -SERVICE CLASS	***	8,353
		ING JPMORGAN MID CAP VALUE PORTFOLIO - SERVICE CLASS	***	7,327
		PIONEER HIGH YIELD VCT PORTFOLIO -CLASS I	***	7,131
		ING DAVIS NEW YORK VENTURE PORTFOLIO - SERVICE CLASS	***	6,605
		ING JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO - SERVICE CLASS	***	6,172
		ING JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	***	6,130
		OPPENHEIMER MAIN STREET SMALL CAP FUND®/VA	***	6,037
		ING WELLS FARGO HEALTHCARE PORTFOLIO - SERVICE CLASS	***	3,447
		ING INTERNATIONAL INDEX PORTFOLIO -CLASS I	***	3,426
ING # VC3487		WANGER SELECT	***	3,030
		ING RUSSELL LARGE CAP VALUE INDEX PORTFOLIO - CLASS S	***	2,761
		ING GLOBAL RESOURCES PORTFOLIO -SERVICE CLASS	***	2,747
		ING T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO - SERVICE CLASS	***	2,470
		ING PIONEER HIGH YIELD PORTFOLIO -INITIAL CLASS	***	2,281
		ING INTERNATIONAL VALUE PORTFOLIO -CLASS I	***	1,988
		ING VAN KAMPEN COMSTOCK PORTFOLIO - SERVICE CLASS	***	1,882
		ING CLARION GLOBAL REAL ESTATE PORTFOLIO - INSTITUTIONAL CLASS	***	1,865
		ING ARTIO FOREIGN PORTFOLIO -SERVICE CLASS	***	1,839
		ING STRATEGIC ALLOCATION MODERATE PORTFOLIO - CLASS I	***	1,827
		INVESCO V.I. CAPITAL APPRECIATION FUND - SERIES I SHARES	***	1,281
		ING BLACKROCK SCIENCE AND TECHNOLOGY OPPORTUNITIES PORTFOLIO - CLASS I	***	1,244
		ING MFS UTILITIES PORTFOLIO -SERVICE CLASS	***	1,099
		ING WELLS FARGO SMALL CAP DISCIPLINED PORTFOLIO - SERVICE CLASS	***	336
		ING U.S. BOND INDEX PORTFOLIO -CLASS I	***	299
		ING RUSSELL LARGE CAP INDEX PORTFOLIO -CLASS I	***	239
		ING BARON SMALL CAP GROWTH PORTFOLIO - SERVICE CLASS	***	219
		ING TEMPLETON GLOBAL GROWTH PORTFOLIO - SERVICE CLASS	***	105

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
	ING # VC3811	ING OPPENHEIMER GLOBAL PORTFOLIO -INITIAL CLASS	***	\$ 16,155
		ING GROWTH AND INCOME PORTFOLIO -CLASS I	***	8,877
		FIDELITY® VIP GROWTH PORTFOLIO -INITIAL CLASS	***	6,024
		ING INTERMEDIATE BOND PORTFOLIO -CLASS I	***	5,505
		ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO -INITIAL CLASS	***	4,974
		ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	***	2,685
		ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORTFOLIO -INITIAL CLASS	***	2,319
		ING BLACKROCK LARGE CAP GROWTH PORTFOLIO - INSTITUTIONAL CLASS	***	2,149
		FIDELITY® VIP OVERSEAS PORTFOLIO -INITIAL CLASS	***	2,057
		ING TEMPLETON FOREIGN EQUITY PORTFOLIO - INITIAL CLASS	***	1,822
		THE GROWTH FUND OF AMERICA® -CLASS R-4	***	1,107
		TEMPLETON GLOBAL BOND FUND -CLASS A	***	1,057
		ING INDEX PLUS MIDCAP PORTFOLIO -CLASS I	***	654
		ING SMALL COMPANY PORTFOLIO -CLASS I	***	368
LINCOLN		LVIP DELAWARE SOCIAL AWARENESS	***	23,923
FINANCIAL		LVIP DELAWARE SPECIAL OPPORTUNITIES	***	21,902
		LVIP MONDRIAN INTERNATIONAL VALUE	***	20,591
		LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	***	14,832
		LVIP DELAWARE GROWTH & INCOME	***	10,384
		LVIP BARON GROWTH OPPORTUNITIES	***	9,133
		DELAWARE VIP TREND	***	6,077
METLIFE		OPP CAPITAL APPRECIATION	749,753 units	604,908
		OPPEN GLOBAL EQUITY PORT	512,775 units	464,210
		FIDELITY VIP EQTY INCOME	68,393 units	177,601
		JANUS FORTY PORTFOLIO	22,497 units	155,228
		BATTMARCH GRO AND INC POR	7,613 units	136,133
		BLACKROCK BND INC-CL A	104,770 units	118,749
		BLACKROCK HIGH YIELD	13,226 units	86,183
		METLIFE STOCK INDEX PORT	98,341 units	85,961
		RUSSELL 2000(R) INDEX	35,913 units	85,625
		BLACKROCK DIVERSIFIED	31,409 units	71,467
		LOOMIS SAYLES GLOBAL MKTS	10,934 units	47,145
		BLACKROCK DIVERSIFIED	17,401 units	39,594
		WEST AS MGT U.S. GOVT POR	14,362 units	33,240
		THIRD AVE SM CAP VAL PORT	22,141 units	32,890
		LGGMSN CLR B VAR LRG CP GR	34,409 units	32,608
		PIONEER FUND PORTFOLIO	12,266 units	20,734
		BLACKROCK LEGACY LGCAPGR	6,968 units	19,840
		MFS TOTAL RETURN POR-CL F	7,070 units	18,046
		FIDELITY HIGH INC PORT IC	7,479 units	17,110
		BATTMARCH GRO AND INC POR	714 units	13,648
		BARCLAYS CAPAGGBOND INDEX	4,486 units	10,055
		T. ROWE PRICE SMALL CAPGR	9,611 units	9,573

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
METLIFE	PIMCO TOTAL RETURN PORT	5,704 units	**	\$ 8,878
	LGGMSNCLRBR VAR FUN VAL	6,750 units	**	6,756
	JANUS FORTY PORTFOLIO	825 units	**	5,694
	FID VIP MID CAP PORT SC 2	2,853 units	**	5,321
	METLIFE STOCK INDEX PORT	4,886 units	**	4,271
	LGGMSNCLRBR VAR LGCAP VAL	4,285 units	**	4,188
	LGGMSN CLRBR VAR SM CP GR	3,674 units	**	3,979
	BARCLAYS CAPAGGBOND INDEX	1,578 units	**	3,538
	MFS RESEARCHINTERNATIONAL	2,855 units	**	3,405
	JANUSASPENSERIES OVERSEAS	1,062 units	**	2,013
	LAZARD MID CAP PORTFOLIO	1,104 units	**	1,811
	LORD ABB GRO AND INC PORT	2,151 units	**	1,746
	BLACKROCK MM PORT-CL A	1,385 units	**	1,489
	MORGAN STNLY EAFE(R) IND	717 units	**	1,452
	T. RO PRI LG CAP GRO PORT	1,301 units	**	1,216
	LGG MSN CLRBRG VAR AGG GR	1,324 units	**	1,116
	INVESCO SM CAP GROWTH	797 units	**	932
METLIFE-SMALL	SSGA GROWTH ETF PORTFOLIO	***	**	9,389
	BLACKROCK DIVERSIFIED PORTFOLIO	***	**	12,467
	BLACKROCK LARGE CAP CORE PORTFOLIO	***	**	15,506
	ARTIO INTERNATIONAL STOCK PORTFOLIO	***	**	6,291
	METLIFE STOCK INDEX PORTFOLIO	***	**	9,354
	CALVERT SOCIAL BALANCED PORTFOLIO (GROUP ONLY)	***	**	9,384
VALIC	MID CAP INDEX FUND	***	**	22,646
	MONEY MARKET I FUND	10,945 units	**	10,945
				5,921,197
Guaranteed Insurance Contracts				
ING # VC3487	ING FIXED ACCOUNT	***	**	2,305,123
	ING FIXED PLUS ACCOUNT	***	**	41,468
	ING GUARANTEED ACCOUNT	***	**	8,471
	GUARANTEED ACCUMULATION ACCOUNT (GAA)	***	**	2,025
ING # VC3811	ING FIXED ACCOUNT	***	**	12,320
METLIFE	T-FLEX	***	**	3,373,475
	FUND 16B	***	**	321,681
	FIXED RIDER	***	**	233,688
	T-FLEX I	***	**	166,793
	FIXED RIDER	***	**	88,713
	T-FLEX I	***	**	30,658
	T-FLEX	***	**	6,632
	FUND 16C	***	**	2,872
	T-FLEX CA	***	**	627
	FUND 16D	***	**	352
METLIFE-SMALL	FIXED INTEREST	***	**	65,321
VALIC	FIXED ACCOUNT PLUS	***	**	365,625
				7,025,844

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

<i>(a)</i> <i>Identity of issue borrower, lessor or similar party</i>	<i>(b)</i> <i>Description of investment including maturity date, rate of interest, collateral, and par or maturity value</i>	<i>(c)</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
Other Investments	Individual contracts and fixed income fund	***	**	\$ 636,368
				\$ 49,393,131

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

*** Information not available from the trustee or custodian.

The above information provided by Fidelity Management Trust Company, Vanguard Fiduciary Trust Company, ING Life Insurance and Annuity Company, and MetLife Life & Annuity Company of Connecticut, the trustees and custodians of the Plan, has been certified as complete and accurate.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

File by the due date for filing your return. See instructions.	Name of Exempt Organization AULTMAN HEALTH FOUNDATION	Employer identification number 34-1445390
	Number, street, and room or suite no. If a P.O. box, see instructions. 2600 SIXTH STREET SW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANTON, OH 44710	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **MARK WRIGHT**

Telephone No. ► **330 363-6192**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2009** or
- tax year beginning _____, _____, and ending _____

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AULTMAN HEALTH FOUNDATION	Employer identification number 34-1445390
	Number, street, and room or suite no. If a P.O. box, see instructions. 2600 SIXTH STREET SW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CANTON, OH 44710	

Check type of return to be filed (File a separate application for each return):

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

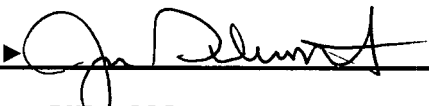
- The books are in the care of **MARK WRIGHT**
Telephone No. **330 363-6192** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2010**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **5-12-10**

BKD, LLP
200 E. MAIN ST. SUITE 700
FORT WAYNE, IN 46802

Form **8868** (Rev. 4-2009)

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here:	☐
D Check box if filing under:	☐ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information —enter all requested information											
1a Name of plan Aultman Health Foundation & Tax-Exempt Affiliates 403(b) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/1967</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-1445390</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 330-438-7415</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 622000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 08/01/1967		2b Employer Identification Number (EIN) 34-1445390		2c Sponsor's telephone number 330-438-7415		2d Business code (see instructions) 622000	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 08/01/1967											
2b Employer Identification Number (EIN) 34-1445390											
2c Sponsor's telephone number 330-438-7415											
2d Business code (see instructions) 622000											
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Aultman Health Foundation 2600 Sixth Street, Sw Canton OH 44710-1702											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>1-14-2011</u>	SUSAN OLIVERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>1-14-2011</u>	SUSAN OLIVERA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AULTMAN HEALTH FOUNDATION HUMAN RESOURCES BENEFITS 2600 SIXTH STREET, SW CANTON OH 44710-1702	3b Administrator's EIN 34-1445390 3c Administrator's telephone number 330-438-7415
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	4250
---	----------	------

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	4482
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	118
d Subtotal. Add lines 6a , 6b , and 6c	6d	4600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	4600
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1759
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2J 2L 2G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Interest Bearing Cash				
FIDELITY	FIDELITY RETIRE MMKT	166,486 shares	**	\$ 166,486
	FIDELITY RET GOVT MM	139,822 shares	**	139,822
	FID MONEY MARKET	125,056 shares	**	125,056
	FIDELITY CASH RESRVE	69,338 shares	**	69,338
	FID SEL MONEY MARKET	28,821 shares	**	28,821
	FID US GOVT MMKT	6,096 shares	**	6,096
				535,619
Mutual Funds				
AMERICAN	ULTRA	7,132 shares	**	500,459
CENTURY	GROWTH	9,382 shares	**	206,771
	EQ INCOME	20,868 shares	**	136,897
	SELECT	103,817 shares	**	103,817
	STRAT AGG	11,485 shares	**	83,959
	TG 2010	10,651 shares	**	71,148
	HERITAGE	4,408 shares	**	70,398
	INTL GROW	6,935 shares	**	68,314
	VISTA	4,753 shares	**	65,788
	LVSTG 2015	5,986 shares	**	62,851
	REAL EST	53,976 shares	**	53,976
	VALUE	2,738 shares	**	53,309
	SM CAP VAL	3,691 shares	**	53,264
	BALANCED	3,221 shares	**	45,416
	LVSTG 2025	4,181 shares	**	44,063
	INC GROWTH	2,004 shares	**	42,771
	INTL STOCK	2,653 shares	**	29,238
	GL GROW	2,866 shares	**	22,754
	TG 2025	208 shares	**	21,962
	ONE CH MOD	2,071 shares	**	21,688
	LVSTG 2045	2,001 shares	**	21,286
	TG 2020	***	**	21,229
	EMERG MKTS	2,334 shares	**	17,784
	INFL ADJBD	1,516 shares	**	17,438
	PRIME MM	15,949 shares	**	15,949
	EQ GROWTH	789 shares	**	14,512
	DVRSFD BND	1,267 shares	**	13,381
	ONE CH AGG	1,221 shares	**	12,922
	GOV BOND	1,095 shares	**	12,011
	LG COM VAL	2,180 shares	**	11,033
	INTL DISC	1,025 shares	**	9,112
	ONE CH VAG	860 shares	**	9,016
	UTILITIES	140 shares	**	7,903
	MIDCAPVA	672 shares	**	7,206
	GIN MAE	638 shares	**	6,819
	GL GOLD	255 shares	**	5,166
	FOCUS GRO	311 shares	**	2,974
	INTL BOND	189 shares	**	2,731
	SM COM	39 shares	**	1,274
	LVSTG 2035	35 shares	**	378

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
AMERICAN	AMERICAN FUNDS MONEY MARKET FUND	74,133 shares	**	\$ 74,133
FUNDS	THE NEW ECONOMY FUND - A/FUND 14	***	**	30,457
	CAPITAL WORLD GROWTH AND INCOME FUND - A/FUND 33	***	**	25,154
	AMCAP FUND - A/FUND 2	***	**	2,031
FIDELITY	FID CONTRAFUND	22,946 shares	**	1,337,321
	FIDELITY MAGELLAN	13,718 shares	**	882,339
	FID LEVERAGED CO STK	37,104 shares	**	850,425
	FID BLUE CHIP GROWTH	20,571 shares	**	780,664
	FID FREEDOM 2020	53,167 shares	**	667,245
	FID GROWTH COMPANY	9,052 shares	**	624,394
	FID ASSET MGR 50%	39,148 shares	**	542,200
	FID PURITAN	31,081 shares	**	499,154
	FID OTC PORTFOLIO	9,582 shares	**	438,105
	FIDELITY LOW PR STK	13,670 shares	**	436,626
	FID EQUITY INCOME	9,471 shares	**	370,691
	FID DIVERSIFIED INTL	10,890 shares	**	304,930
	FID FREEDOM 2030	23,302 shares	**	288,708
	FID ASSET MGR 70%	19,480 shares	**	279,143
	FID VALUE STRATEGIES	12,615 shares	**	278,916
	FIDELITY EMERG MRKTS	11,885 shares	**	268,715
	FID OVERSEAS	8,024 shares	**	248,192
	FID BALANCED	12,917 shares	**	211,329
	FID GROWTH & INCOME	13,056 shares	**	209,682
	FID FREEDOM 2015	19,741 shares	**	205,699
	FID VALUE	3,385 shares	**	192,714
	FID FREEDOM 2040	26,464 shares	**	189,486
	FID STRATEGIC INCOME	16,562 shares	**	179,036
	FID FREEDOM 2035	16,532 shares	**	169,622
	FID FREEDOM 2010	12,084 shares	**	151,173
	FID DIVIDEND GROWTH	6,298 shares	**	149,075
	FID MID CAP STOCK	5,673 shares	**	132,853
	FID INTL DISCOVERY	4,269 shares	**	129,570
	FID EQUITY INCOME II	7,931 shares	**	129,514
	FID DISCIPLINED EQTY	5,869 shares	**	123,306
	SPARTAN 500 INDEX	3,054 shares	**	120,434
	FIDELITY INVST GR BD	16,876 shares	**	118,807
	FIDELITY NEW MILLEN	4,652 shares	**	114,581
	FID FREEDOM 2025	10,762 shares	**	111,813
	FID NEW MARKETS INC	6,594 shares	**	99,115
	FID CHINA REGION	3,152 shares	**	87,910
	FID LARGE CAP VALUE	8,155 shares	**	79,434
	FID SEL GOLD	1,827 shares	**	78,261
	FID LATIN AMERICA	1,447 shares	**	75,047
	FID SEL TECHNOLOGY	925 shares	**	69,847
	FID SMALL CAP STOCK	4,037 shares	**	64,343
	FIDELITY US BD INDEX	5,717 shares	**	63,234
	FID CAP APPRECIATION	2,859 shares	**	61,258

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
FIDELITY	FID SEL HEALTHCARE	573 shares	**	\$ 61,123
	FID EUROPE	2,054 shares	**	60,535
	FID SEL CHEMICALS	803 shares	**	60,452
	FID FIDELITY	1,932 shares	**	54,748
	FID SEL MEDICAL DEL	1,181 shares	**	50,850
	FID GR STRATEGIES	2,811 shares	**	45,737
	FID SEL MED EQ & SYS	1,776 shares	**	43,452
	FID CANADA	885 shares	**	42,890
	FID SHORT TERM BOND	5,130 shares	**	42,630
	FID SEL NATURAL RES	1,487 shares	**	42,295
	FID SOUTHEAST ASIA	1,647 shares	**	41,880
	FID INTERMED BOND	3,977 shares	**	40,370
	FID SEL ENERGY SVCS	674 shares	**	39,210
	FID BLUE CHIP VALUE	3,778 shares	**	37,630
	FID SEL ELECTRONICS	874 shares	**	36,272
	FID HIGH INCOME	4,229 shares	**	35,776
	FID SEL ENERGY	785 shares	**	34,673
	SPARTAN INTL INDEX	1,030 shares	**	34,469
	FID INDEPENDENCE	1,644 shares	**	32,757
	FID SM CAP DISCOVERY	2,032 shares	**	31,570
	FID SM CAP INDEPEND	2,159 shares	**	30,055
	FID REAL ESTATE INVS	1,466 shares	**	29,562
	FID SMALL CAP VALUE	2,318 shares	**	29,387
	FID FOUR IN ONE IDX	1,161 shares	**	28,174
	FID FIFTY	1,849 shares	**	27,804
	FID INFLAT PROT BOND	2,477 shares	**	27,773
	FID PACIFIC BASIN	1,325 shares	**	26,892
	SPTN TOTAL MKT INDEX	825 shares	**	26,050
	FID STRAT REAL RET	2,994 shares	**	25,481
	FID FREEDOM INCOME	2,340 shares	**	25,127
	FID CAPITAL & INCOME	2,909 shares	**	25,079
	FID TOTAL BOND	2,351 shares	**	24,611
	FID MID CAP GROWTH	2,450 shares	**	24,351
	FID FOCUSED HIGH INC	2,615 shares	**	23,980
	FID MID CAP VALUE	1,874 shares	**	23,926
	FID REAL ESTATE INC	2,591 shares	**	23,865
	FID INTM GOVT INCOME	2,191 shares	**	23,402
	FID SEL NATURAL GAS	731 shares	**	23,036
	FID FREEDOM 2005	2,291 shares	**	22,974
	FID LARGE CAP GROWTH	2,811 shares	**	22,854
	FID ULTRASHORT BOND	2,714 shares	**	22,063
	FID SMALL CAP GROWTH	1,657 shares	**	20,576
	FID SEL UTILITIES	454 shares	**	20,316
	FID FREEDOM 2045	2,323 shares	**	19,680
	FID ASSET MGR 85%	1,570 shares	**	18,285
	SPARTAN 500 INDEX	236 shares	**	18,133
	FID LARGE CAP STOCK	1,207 shares	**	18,096
	FID SEL MATERIALS	333 shares	**	17,969

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value		(d) Cost	(e) Current value
Mutual Funds (Continued)					
FIDELITY	FID GROWTH DISCOVERY	1,594 shares	**	\$	17,697
	FID SEL SOFTWARE	227 shares	**		17,251
	FID SEL COMPUTERS	366 shares	**		16,681
	FID FLOAT RT HI INC	1,708 shares	**		16,070
	FID INTL SMALL CAP	846 shares	**		14,840
	FID INTL REAL ESTATE	1,637 shares	**		14,409
	FID FREEDOM 2000	1,185 shares	**		13,448
	FID GNMA	1,162 shares	**		13,184
	FIDELITY GOVT INCOME	1,261 shares	**		13,104
	FID FREEDOM 2050	1,400 shares	**		11,691
	FID INST SH INT GOVT	1,163 shares	**		11,664
	FID EXP & MULTINATL	505 shares	**		9,904
	SPTN INT TR INDX INV	924 shares	**		9,471
	FID GLOBAL BALANCED	451 shares	**		9,057
	FID SEL BANKING	557 shares	**		8,488
	FID SEL CONS STAPLES	139 shares	**		8,442
	FID JAPAN SMALLER CO	970 shares	**		8,071
	FID CONVERTIBLE SEC	355 shares	**		7,743
	FID SEL FINANCIAL	118 shares	**		6,850
	FID NASDAQ COMP INDX	172 shares	**		5,177
	FID EMEA	563 shares	**		4,288
	FIDELITY NORDIC	146 shares	**		3,986
	FID ASSET MGR 20%	325 shares	**		3,895
	FID MORTGAGE SEC	344 shares	**		3,606
	FID INTL CAP APPREC	317 shares	**		3,600
	FID SEL BIOTECH	53 shares	**		3,447
	SPTN ST TR INDX INV	330 shares	**		3,409
	FID SEL AIR TRANSPRT	83 shares	**		2,651
	FID WORLDWIDE	157 shares	**		2,519
	SPTN EXTND MKT INDEX	58 shares	**		1,766
	FID SEL PHARMACEUTCL	65 shares	**		712
	FID SEL BROKERAGE	9 shares	**		443
	FID SEL WIRELESS	21 shares	**		140
	FID EUROPE CAP APP	4 shares	**		69
FIRST INVESTORS	TOTAL RETURN	***	**		59,492
	SPECIAL SITUATIONS	***	**		49,541
	GOVERNMENT	***	**		39,489
	GLOBAL	***	**		2,365
	FUND FOR INCOME	***	**		402
	CASH MANAGEMENT	***	**		87
OPPENHEIMER	GLOBAL FUND A	3,843 shares	**		203,701
FUNDS	GLOBAL OPPORTUNITIES FUND A	1,529 shares	**		40,755
	CAPITAL APPRECIATION FUND A	858 shares	**		34,279
	GOLD & SPECIAL MINERALS FUND A	687 shares	**		24,675
	QUEST OPPORTUNITY VALUE FUND A	658 shares	**		16,407
	INTERNATIONAL BOND FUND A	1,913 shares	**		12,246
	EMERGING GROWTH FUND A	1,032 shares	**		9,548
	SENIOR FLOATING RATE FUND A	1,207 shares	**		9,404

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Mutual Funds (Continued)				
OPPENHEIMER	INTERNATIONAL DIVERSIFIED FUND A	854 shares	**	\$ 9,073
FUNDS	COMMODITY STRATEGY TOTAL RETURN FUND A	2,338 shares	**	7,997
	REAL ESTATE FUND A	509 shares	**	7,594
	CORE BOND FUND A	795 shares	**	4,866
	MAIN STREET SMALL CAP FUND A	44 shares	**	736
PIONEER	GROWTH AND INCOME PIONEER VALUE FUND A	10,609 shares	**	111,397
INVESTMENTS	MONEY MARKET	72 shares	**	72
VANGUARD	500 INDEX FUND INV	18,437 shares	**	1,892,963
	STAR FUND	101,143 shares	**	1,774,041
	WINDSOR II FUND INV	49,460 shares	**	1,171,221
	LIFESTRATEGY GROWTH FUND	51,371 shares	**	1,004,823
	BALANCED INDEX FUND INV	33,513 shares	**	648,469
	GROWTH INDEX FUND INV	19,896 shares	**	543,546
	HEALTH CARE FUND INV	4,401 shares	**	529,068
	TOTAL BOND MKT INDEX INV	50,400 shares	**	521,635
	WELLINGTON FUND INV	17,939 shares	**	517,543
	MID-CAP INDEX FUND INV	31,164 shares	**	509,851
	TOTAL STOCK MKT IDX INV	17,568 shares	**	482,254
	GROWTH AND INCOME INV	20,379 shares	**	476,452
	TARGET RETIREMENT 2035	38,261 shares	**	444,592
	TOTAL INT'L STOCK INDEX	25,754 shares	**	371,117
	TARGET RETIREMENT 2025	30,262 shares	**	342,564
	LIFESTRATEGY CONSRV GRWTH	22,542 shares	**	340,840
	EXPLORER FUND INVESTOR	5,920 shares	**	339,220
	LIFESTRATEGY MOD GROWTH	16,990 shares	**	300,558
	INTER-TERM BOND INDEX INV	28,034 shares	**	300,519
	PRIME MONEY MKT FUND	298,540 shares	**	298,540
	TARGET RETIREMENT 2015	24,972 shares	**	282,434
	SMALL-CAP INDEX FUND INV	10,234 shares	**	281,343
	WINDSOR FUND INVESTOR	19,342 shares	**	230,362
	ADMIRAL TRSY MONEY MKT	229,526 shares	**	229,526
	WELLESLEY INCOME FUND INV	11,144 shares	**	227,003
	TARGET RETIREMENT 2020	11,103 shares	**	221,612
	TARGET RETIREMENT 2045	18,297 shares	**	219,924
	EQUITY INCOME FUND INV	10,846 shares	**	197,942
	EMERGING MKTS STK IDX INV	7,589 shares	**	196,625
	MORGAN GROWTH FUND INV	12,418 shares	**	189,620
	SELECTED VALUE FUND	11,647 shares	**	185,763
	U.S. GROWTH FUND INVESTOR	9,885 shares	**	162,711
	SMALL-CAP VALUE INDEX	12,378 shares	**	161,658
	VALUE INDEX FUND INV	7,822 shares	**	145,727
	STRATEGIC EQUITY FUND	9,531 shares	**	145,637
	PRIMECAP FUND INVESTOR	2,432 shares	**	144,511
	INTERNATIONAL GROWTH INV	8,334 shares	**	141,592
	HIGH-YIELD CORP FUND INV	25,206 shares	**	137,877
	INTER-TERM TREASURY INV	11,497 shares	**	127,502
	ASSET ALLOCATION FUND INV	5,321 shares	**	114,568
	GLOBAL EQUITY FUND	7,125 shares	**	111,645

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value		(d) Cost	(e) Current value
Mutual Funds (Continued)					
VANGUARD	ENERGY FUND INVESTOR	1,798 shares	**	\$	108,054
	GNMA FUND INVESTOR SHARES	9,408 shares	**		100,102
	INTERNATL EXPLORER FUND	7,221 shares	**		99,500
	INTERNATIONAL VALUE FUND	3,054 shares	**		93,482
	TARGET RETIREMENT 2030	4,341 shares	**		83,822
	PRECIOUS METALS & MINING	3,430 shares	**		70,111
	EUROPEAN STOCK INDEX INV	2,700 shares	**		70,037
	REIT INDEX FUND INV	4,560 shares	**		67,664
	PACIFIC STOCK INDEX INV	6,975 shares	**		67,518
	CAPITAL OPPORTUNITY INV	2,123 shares	**		63,781
	CAPITAL VALUE FUND	6,103 shares	**		56,392
	SHORT-TERM TREASURY INV	4,995 shares	**		53,542
	SHORT-TERM INVEST-GR INV	4,981 shares	**		52,751
	EXTENDED MKT INDEX INV	1,555 shares	**		50,806
	LONG-TERM BOND INDEX	4,334 shares	**		50,097
	PRIMECAP CORE FUND	4,054 shares	**		49,089
	LONG-TERM TREASURY INV	4,267 shares	**		46,512
	TARGET RETIREMENT 2010	2,042 shares	**		41,901
	LIFESTRATEGY INCOME FUND	3,068 shares	**		40,711
	INTER-TERM INVEST-GR INV	3,657 shares	**		35,176
	GROWTH EQUITY FUND	3,364 shares	**		31,182
	SMALL-CAP GROWTH INDEX	1,772 shares	**		29,814
	DIVIDEND GROWTH FUND	2,077 shares	**		27,354
	LONG-TERM INVEST-GR INV	3,010 shares	**		26,849
	MID-CAP GROWTH FUND	1,666 shares	**		25,585
	SHORT-TERM BOND INDEX INV	2,274 shares	**		23,692
	FEDERAL MONEY MKT FUND	23,447 shares	**		23,447
	TARGET RETIREMENT 2050	1,174 shares	**		22,441
	TARGET RETIREMENT 2040	1,138 shares	**		21,679
	DEVELOPED MARKETS IDX INV	1,881 shares	**		17,922
	INFLATION-PROTECT SEC INV	1,387 shares	**		17,410
	U.S. VALUE FUND	1,319 shares	**		11,910
	MID-CAP VALUE INDEX INV	617 shares	**		10,774
	TOTAL WORLD STOCK IDX INV	565 shares	**		9,901
	TARGET RETIREMENT 2005	822 shares	**		9,025
	CONVERTIBLE SECURITIES	640 shares	**		8,032
	HIGH DIVIDEND YLD IDX INV	454 shares	**		6,841
	LARGE-CAP INDEX FUND INV	295 shares	**		6,048
	STRATEGIC SM-CAP EQUITY	294 shares	**		4,392
	SHORT-TERM FEDERAL INV	362 shares	**		3,888
	FTSE SOCIAL INDEX INV	240 shares	**		1,597
	FTSE ALL-WORLD EX-US INV	88 shares	**		1,502
					35,274,103
Pooled Separate Accounts					
ING # VC3487	ING GROWTH AND INCOME PORTFOLIO -CLASS I	***	**		546,523
	ING MONEY MARKET PORTFOLIO -CLASS I	233,743 units	**		233,743
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORFOLIO - INITIAL CLASS	***	**		228,493

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
ING # VC3487	ING OPPENHEIMER GLOBAL PORTFOLIO -INITIAL CLASS	***	**	\$ 204,541
	ING BALANCED PORTFOLIO -CLASS I	***	**	174,347
	ING INDEX PLUS LARGE CAP PORTFOLIO -CLASS I	***	**	166,380
	FIDELITY® VIP CONTRAFUND® PORTFOLIO -INITIAL CLASS	***	**	158,555
	FIDELITY® VIP GROWTH PORTFOLIO -INITIAL CLASS	***	**	142,216
	ING OPPORTUNISTIC LARGE CAP PORTFOLIO -CLASS I	***	**	128,332
	ING VAN KAMPEN EQUITY AND INCOME PORTFOLIO - INITIAL CLASS	***	**	127,878
	ING INDEX PLUS MIDCAP PORTFOLIO -CLASS I	***	**	109,559
	ING INTERMEDIATE BOND PORTFOLIO -CLASS I	***	**	94,677
	ING TEMPLETON FOREIGN EQUITY PORTFOLIO - INITIAL CLASS	***	**	83,493
	ING BLACKROCK LARGE CAP GROWTH PORTFOLIO - INSTITUTIONAL CLASS	***	**	70,656
	OPPENHEIMER DEVELOPING MARKETS FUND -CLASS A	***	**	70,192
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	***	**	62,865
	FIDELITY® VIP OVERSEAS PORTFOLIO -INITIAL CLASS	***	**	62,464
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORTFOLIO -INITIAL CLASS	***	**	52,794
	WASHINGTON MUTUAL INVESTORS FUNDSM -CLASS R-4	***	**	40,604
	FIDELITY® VIP EQUITY-INCOME PORTFOLIO -INITIAL CLASS	***	**	36,281
	THE GROWTH FUND OF AMERICA® -CLASS R-4	***	**	35,895
	ING SMALL COMPANY PORTFOLIO -CLASS I	***	**	35,314
	ING THORNBURG VALUE PORTFOLIO -INITIAL CLASS	***	**	31,248
	WELLS FARGO ADVANTAGE SPECIAL SMALL CAP VALUE FUND - CLASS A	***	**	29,659
	EUROPACIFIC GROWTH FUND® -CLASS R-4	***	**	27,365
	FRANKLIN SMALL CAP VALUE SECURITIES FUND -CLASS 2	***	**	25,862
	ING SOLUTION 2025 PORTFOLIO -SERVICE CLASS	***	**	24,503
	ING OPPENHEIMER GLOBAL STRATEGIC INCOME PORTFOLIO - INITIAL CLASS	***	**	24,157
	PIMCO VIT REAL RETURN PORTFOLIO - ADMINISTRATIVE CLASS	***	**	23,657
	NEW PERSPECTIVE FUND® -CLASS R-4	***	**	22,432
	LORD ABBETT SERIES FUND -MID CAP VALUE PORTFOLIO - CLASS VC	***	**	21,978
	ING INDEX PLUS SMALLCAP PORTFOLIO -CLASS I	***	**	19,638
	ING UBS U.S. LARGE CAP EQUITY PORTFOLIO - INITIAL CLASS	***	**	19,268
	ING PIMCO HIGH YIELD PORTFOLIO -SERVICE CLASS	***	**	18,734
	ING PIMCO TOTAL RETURN PORTFOLIO -SERVICE CLASS	***	**	16,409
	INVESCO V.I. CORE EQUITY FUND -SERIES I SHARES	***	**	15,215
	ING PIONEER MID CAP VALUE PORTFOLIO - INSTITUTIONAL CLASS	***	**	14,825

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
		ING T. ROWE PRICE EQUITY INCOME PORTFOLIO - SERVICE CLASS	***	\$ 13,478
		ING SOLUTION 2015 PORTFOLIO -SERVICE CLASS	***	9,621
		TEMPLETON GLOBAL BOND FUND -CLASS A	***	9,185
		ING MFS TOTAL RETURN PORTFOLIO -SERVICE CLASS	***	9,091
		ING CLARION REAL ESTATE PORTFOLIO -SERVICE CLASS	***	8,353
		ING JPMORGAN MID CAP VALUE PORTFOLIO - SERVICE CLASS	***	7,327
		PIONEER HIGH YIELD VCT PORTFOLIO -CLASS I	***	7,131
		ING DAVIS NEW YORK VENTURE PORTFOLIO - SERVICE CLASS	***	6,605
		ING JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO - SERVICE CLASS	***	6,172
		ING JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	***	6,130
		OPPENHEIMER MAIN STREET SMALL CAP FUND®/VA	***	6,037
		ING WELLS FARGO HEALTHCARE PORTFOLIO - SERVICE CLASS	***	3,447
		ING INTERNATIONAL INDEX PORTFOLIO -CLASS I	***	3,426
ING # VC3487		WANGER SELECT	***	3,030
		ING RUSSELL LARGE CAP VALUE INDEX PORTFOLIO - CLASS S	***	2,761
		ING GLOBAL RESOURCES PORTFOLIO -SERVICE CLASS	***	2,747
		ING T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO - SERVICE CLASS	***	2,470
		ING PIONEER HIGH YIELD PORTFOLIO -INITIAL CLASS	***	2,281
		ING INTERNATIONAL VALUE PORTFOLIO -CLASS I	***	1,988
		ING VAN KAMPEN COMSTOCK PORTFOLIO - SERVICE CLASS	***	1,882
		ING CLARION GLOBAL REAL ESTATE PORTFOLIO - INSTITUTIONAL CLASS	***	1,865
		ING ARTIO FOREIGN PORTFOLIO -SERVICE CLASS	***	1,839
		ING STRATEGIC ALLOCATION MODERATE PORTFOLIO - CLASS I	***	1,827
		INVESCO V.I. CAPITAL APPRECIATION FUND - SERIES I SHARES	***	1,281
		ING BLACKROCK SCIENCE AND TECHNOLOGY OPPORTUNITIES PORTFOLIO - CLASS I	***	1,244
		ING MFS UTILITIES PORTFOLIO -SERVICE CLASS	***	1,099
		ING WELLS FARGO SMALL CAP DISCIPLINED PORTFOLIO - SERVICE CLASS	***	336
		ING U.S. BOND INDEX PORTFOLIO -CLASS I	***	299
		ING RUSSELL LARGE CAP INDEX PORTFOLIO -CLASS I	***	239
		ING BARON SMALL CAP GROWTH PORTFOLIO - SERVICE CLASS	***	219
		ING TEMPLETON GLOBAL GROWTH PORTFOLIO - SERVICE CLASS	***	105

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
PN 002**

December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
	ING # VC3811	ING OPPENHEIMER GLOBAL PORTFOLIO -INITIAL CLASS	***	\$ 16,155
		ING GROWTH AND INCOME PORTFOLIO -CLASS I	***	8,877
		FIDELITY® VIP GROWTH PORTFOLIO -INITIAL CLASS	***	6,024
		ING INTERMEDIATE BOND PORTFOLIO -CLASS I	***	5,505
		ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO -INITIAL CLASS	***	4,974
		ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	***	2,685
		ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORTFOLIO -INITIAL CLASS	***	2,319
		ING BLACKROCK LARGE CAP GROWTH PORTFOLIO - INSTITUTIONAL CLASS	***	2,149
		FIDELITY® VIP OVERSEAS PORTFOLIO -INITIAL CLASS	***	2,057
		ING TEMPLETON FOREIGN EQUITY PORTFOLIO - INITIAL CLASS	***	1,822
		THE GROWTH FUND OF AMERICA® -CLASS R-4	***	1,107
		TEMPLETON GLOBAL BOND FUND -CLASS A	***	1,057
		ING INDEX PLUS MIDCAP PORTFOLIO -CLASS I	***	654
		ING SMALL COMPANY PORTFOLIO -CLASS I	***	368
LINCOLN		LVIP DELAWARE SOCIAL AWARENESS	***	23,923
FINANCIAL		LVIP DELAWARE SPECIAL OPPORTUNITIES	***	21,902
		LVIP MONDRIAN INTERNATIONAL VALUE	***	20,591
		LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	***	14,832
		LVIP DELAWARE GROWTH & INCOME	***	10,384
		LVIP BARON GROWTH OPPORTUNITIES	***	9,133
		DELAWARE VIP TREND	***	6,077
METLIFE		OPP CAPITAL APPRECIATION	749,753 units	604,908
		OPPEN GLOBAL EQUITY PORT	512,775 units	464,210
		FIDELITY VIP EQTY INCOME	68,393 units	177,601
		JANUS FORTY PORTFOLIO	22,497 units	155,228
		BATTMARCH GRO AND INC POR	7,613 units	136,133
		BLACKROCK BND INC-CL A	104,770 units	118,749
		BLACKROCK HIGH YIELD	13,226 units	86,183
		METLIFE STOCK INDEX PORT	98,341 units	85,961
		RUSSELL 2000(R) INDEX	35,913 units	85,625
		BLACKROCK DIVERSIFIED	31,409 units	71,467
		LOOMIS SAYLES GLOBAL MKTS	10,934 units	47,145
		BLACKROCK DIVERSIFIED	17,401 units	39,594
		WEST AS MGT U.S. GOVT POR	14,362 units	33,240
		THIRD AVE SM CAP VAL PORT	22,141 units	32,890
		LGGMSN CLR B VAR LRG CP GR	34,409 units	32,608
		PIONEER FUND PORTFOLIO	12,266 units	20,734
		BLACKROCK LEGACY LGCAPGR	6,968 units	19,840
		MFS TOTAL RETURN POR-CL F	7,070 units	18,046
		FIDELITY HIGH INC PORT IC	7,479 units	17,110
		BATTMARCH GRO AND INC POR	714 units	13,648
		BARCLAYS CAPAGGBOND INDEX	4,486 units	10,055
		T. ROWE PRICE SMALL CAPGR	9,611 units	9,573

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
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December 31, 2009

(a)	(b) Identity of issue borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Pooled Separate Accounts (Continued)				
METLIFE	PIMCO TOTAL RETURN PORT	5,704 units	**	\$ 8,878
	LGGMSNCLRBR VAR FUN VAL	6,750 units	**	6,756
	JANUS FORTY PORTFOLIO	825 units	**	5,694
	FID VIP MID CAP PORT SC 2	2,853 units	**	5,321
	METLIFE STOCK INDEX PORT	4,886 units	**	4,271
	LGGMSNCLRBR VAR LGCAP VAL	4,285 units	**	4,188
	LGGMSN CLRBR VAR SM CP GR	3,674 units	**	3,979
	BARCLAYS CAPAGGBOND INDEX	1,578 units	**	3,538
	MFS RESEARCHINTERNATIONAL	2,855 units	**	3,405
	JANUSASPENSERIES OVERSEAS	1,062 units	**	2,013
	LAZARD MID CAP PORTFOLIO	1,104 units	**	1,811
	LORD ABB GRO AND INC PORT	2,151 units	**	1,746
	BLACKROCK MM PORT-CL A	1,385 units	**	1,489
	MORGAN STNLY EAFE(R) IND	717 units	**	1,452
	T. RO PRI LG CAP GRO PORT	1,301 units	**	1,216
	LGG MSN CLRBRG VAR AGG GR	1,324 units	**	1,116
	INVESCO SM CAP GROWTH	797 units	**	932
METLIFE-SMALL	SSGA GROWTH ETF PORTFOLIO	***	**	9,389
	BLACKROCK DIVERSIFIED PORTFOLIO	***	**	12,467
	BLACKROCK LARGE CAP CORE PORTFOLIO	***	**	15,506
	ARTIO INTERNATIONAL STOCK PORTFOLIO	***	**	6,291
	METLIFE STOCK INDEX PORTFOLIO	***	**	9,354
	CALVERT SOCIAL BALANCED PORTFOLIO (GROUP ONLY)	***	**	9,384
VALIC	MID CAP INDEX FUND	***	**	22,646
	MONEY MARKET I FUND	10,945 units	**	10,945
				5,921,197
Guaranteed Insurance Contracts				
ING # VC3487	ING FIXED ACCOUNT	***	**	2,305,123
	ING FIXED PLUS ACCOUNT	***	**	41,468
	ING GUARANTEED ACCOUNT	***	**	8,471
	GUARANTEED ACCUMULATION ACCOUNT (GAA)	***	**	2,025
ING # VC3811	ING FIXED ACCOUNT	***	**	12,320
METLIFE	T-FLEX	***	**	3,373,475
	FUND 16B	***	**	321,681
	FIXED RIDER	***	**	233,688
	T-FLEX I	***	**	166,793
	FIXED RIDER	***	**	88,713
	T-FLEX I	***	**	30,658
	T-FLEX	***	**	6,632
	FUND 16C	***	**	2,872
	T-FLEX CA	***	**	627
	FUND 16D	***	**	352
METLIFE-SMALL	FIXED INTEREST	***	**	65,321
VALIC	FIXED ACCOUNT PLUS	***	**	365,625
				7,025,844

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**AULTMAN HEALTH FOUNDATION AND TAX-EXEMPT AFFILIATES SECTION 403(b) PLAN
EIN 34-0714538
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December 31, 2009

<i>(a)</i> <i>Identity of issue borrower, lessor or similar party</i>	<i>(b)</i> <i>Description of investment including maturity date, rate of interest, collateral, and par or maturity value</i>	<i>(c)</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
Other Investments	Individual contracts and fixed income fund	***	**	\$ 636,368
				\$ 49,393,131

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

*** Information not available from the trustee or custodian.

The above information provided by Fidelity Management Trust Company, Vanguard Fiduciary Trust Company, ING Life Insurance and Annuity Company, and MetLife Life & Annuity Company of Connecticut, the trustees and custodians of the Plan, has been certified as complete and accurate.