

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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 <u>AULTMAN HEALTH FOUNDATION & TAX-EXEMPT AFFILIATES 403(B) PLAN</u>	<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;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>08/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>08/01/1967</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AULTMAN HEALTH FOUNDATION</u> <u>2600 SIXTH STREET, SW</u> <u>CANTON, OH 44710-1702</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1445390</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-438-7415</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1445390</u>	2c Sponsor's telephone number <u>330-438-7415</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-1445390</u>					
2c Sponsor's telephone number <u>330-438-7415</u>					
2d Business code (see instructions) <u>622000</u>					

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.	10/14/2011	SUE 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

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

Form 5500 (2010)
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

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**

4600

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**

4357

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

137

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

4494

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

4494

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

1631

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) ☒ **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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
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	01/01/2010	12/31/2010

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
419	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	
419			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	129451

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	
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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	5	01/01/2010	12/31/2010

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

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

(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
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(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** 318563**5** Current value of plan's interest under this contract in separate accounts at year end **5** 17987**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. **6d**

Specify nature of costs ▶

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** 365625**c** Additions: (1) Contributions deposited during the year **7c(1)** 2625(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 11541(4) Transferred from separate account **7c(4)** 599(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 14765**d** Total of balance and additions (add **b** and **c(6)**). **7d** 380390**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 61820(2) Administration charge made by carrier **7e(2)** 8(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 61828**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 318562

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	152	01/01/2010	12/31/2010

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
25	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	
25			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
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(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	70475
5 Current value of plan's interest under this contract in separate accounts at year end	5	69058

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

b Premiums paid to carrier	6b	2493
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c Premiums due but unpaid at the end of the year	6c	
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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	6d	
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Specify nature of costs ▶

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	65320
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c Additions: (1) Contributions deposited during the year	7c(1)	2493	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	2661	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	5154
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d Total of balance and additions (add b and c(6))	7d	70474
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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	70474
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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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	01/01/2010	12/31/2010

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
389	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	
160			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	
206			4

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

Schedule A (Form 5500) 2010
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	
23			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	4632
5 Current value of plan's interest under this contract in separate accounts at year end	5	64232

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	12320
c Additions: (1) Contributions deposited during the year	7c(1)	24340
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	531
(4) Transferred from separate account	7c(4)	6749
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	31620
d Total of balance and additions (add b and c(6))	7d	43940
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	32820
(2) Administration charge made by carrier	7e(2)	100
(3) Transferred to separate account	7e(3)	6389
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	39309
f Balance at the end of the current year (subtract e(5) from d)	7f	4631

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	169	01/01/2010	12/31/2010

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
8404	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	
7956			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	
169			4

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

Schedule A (Form 5500) 2010
v.092308.1

(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	
136			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	
24			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	

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** 2041434**5** Current value of plan's interest under this contract in separate accounts at year end **5** 3550444**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. **6d**

Specify nature of costs ▶

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** 2357088**c** Additions: (1) Contributions deposited during the year **7c(1)** 233327(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 89951(4) Transferred from separate account **7c(4)** 540622(5) Other (specify below) **7c(5)** 150749

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 1014649**d** Total of balance and additions (add **b** and **c(6)**). **7d** 3371737**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 858736(2) Administration charge made by carrier **7e(2)** 3601(3) Transferred to separate account **7e(3)** 319511(4) Other (specify below) **7e(4)** 148455

▶ LOAN REPAYMENTS

(5) Total deductions **7e(5)** 1330303**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 2041434

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

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	152	01/01/2010	12/31/2010

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
7461	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	
474			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	
138			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	
1033			4

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

SINCLAIR/JOHN WILLIAM/I

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5789			4

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

DUNCAN/DAVID S

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			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	

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** 4170551**5** Current value of plan's interest under this contract in separate accounts at year end **5** 1927583**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. **6d**
Specify nature of costs ▶**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** 4225489**c** Additions: (1) Contributions deposited during the year **7c(1)** 118770
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 144668
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 263438**d** Total of balance and additions (add **b** and **c(6)**). **7d** 4488927**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 317790
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 586
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 318376**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 4170551

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
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	17925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSITUTIONAL O

83 DEVONSHIRE STREET H11D
BOSTON, MA 02109-3614

04-2647786

(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	RECORDKEEPER	10782	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

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
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
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 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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)	535619	588734
(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)	5921197	5758755
(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)	35274103	41514466
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7025844	6605654
(15) Other	1c(15)	636368	740034

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	46515	49650
f Total assets (add all amounts in lines 1a through 1e)	1f	49439646	55257293

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	49439646	55257293
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	3921603	
(C) Others (including rollovers)	2a(1)(C)	14296	
(2) Noncash contributions	2a(2)	101190	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4037089
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16013	
(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)	211	
(F) Other	2b(1)(F)	310853	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		327077
(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)	3413547	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3413547
(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)		2756631
(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		10534344

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4681168	
(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)		4681168
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)	35529	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35529
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4716697

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5817647
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		500000
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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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) 2010
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, 2010



BRUNER-COX LLP

Business Consultants & Certified Public Accountants

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INDEPENDENT AUDITOR'S 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 statements 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, 2010 and 2009, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2010, and the supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2010. 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 December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustees and custodians is complete and accurate.

As described in Note 2, the Plan's accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009 were not available. 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 statements 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.

Bruner. Cox, LLP

Canton, Ohio
October 11, 2011

**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, 2010 and 2009

	2010	2009
ASSETS		
Investments at fair value		
Interest-bearing cash	\$ 588,734	\$ 535,619
Mutual funds	41,514,466	35,274,103
Pooled separate accounts	5,758,755	5,926,269
Guaranteed insurance contracts	6,605,654	7,025,844
Other investments	740,034	631,296
Total investments	55,207,643	49,393,131
Cash surrender value of life insurance policy	49,650	46,515
Net assets available for benefits	\$ 55,257,293	\$ 49,439,646

The accompanying notes are an integral part of the financial statements.

**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, 2010

ADDITIONS TO NET ASSETS

Contributions	
Participant	\$ 3,921,603
Other contributions (including rollovers from other plans)	115,486
Interest and dividend income	1,015,478
Net appreciation in the fair value of investments	<u>5,481,777</u>
Total additions to net assets	10,534,344

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	4,681,168
Other expenses	<u>35,529</u>
Total deductions from net assets	<u>4,716,697</u>

Net increase in net assets	5,817,647
-----------------------------------	------------------

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

49,439,646

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

\$ 55,257,293

The accompanying notes are an integral part of the financial statements.

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 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. 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 policy loans are not distributed from the participants' accounts, but are rather funded by the respective service provider. The policy 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 policy loan was obtained. The plan administrator has concluded that these policy loans are not plan assets and that such arrangements are exempt transactions. The policy loan balance as of December 31, 2010 and 2009 is \$78,022 and \$128,656, respectively.

In the event of default, such policy 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 2010, no policy 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 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, 2010 and 2009, 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 January 2010, the Financial Accounting Standards Board (FASB) issued an 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 was effective and adopted for periods beginning on or after December 15, 2009. See Note 6 for the impact of the adoption. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010, and has not yet been adopted. Plan management is currently evaluating the impact of the guidance related to Level 3 measurements on the disclosures.

Pending Accounting Pronouncements

In May 2011, the FASB issued Accounting Standards Update 2011-04, “Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs” (ASU 2011-04). ASU 2011-04 amended the FASB *Fair Value Measurements and Disclosures* topic to converge the fair value measurement guidance in U.S. generally accepted accounting principles and International Financial Reporting Standards. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in the *Fair Value Measurements and Disclosures* topic. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan’s financial statements.

Reclassifications

Certain information included in the 2009 financial statements has been reclassified to conform to the 2010 presentation.

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 is as follows:

	<u>2010</u>	<u>2009</u>
MetLife		
T-Flex	\$ 3,314,304	\$ 3,373,475

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

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

Note 3. Investments (Continued)

During 2010, 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	\$ 4,741,504
Pooled separate accounts	740,273
	<u>\$ 5,481,777</u>

Note 4. Certified Investments

The following is a summary of the investment information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included in the Plan's financial statements and supplemental schedule, which 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:

	2010	2009
Investments at fair value, certified		
Fidelity Management Trust Company		
Mutual funds	\$ 16,088,910	\$ 14,221,504
Interest-bearing cash	588,734	535,619
Vanguard Fiduciary Trust Company		
Mutual funds	22,330,650	18,307,736
ING Life Insurance and Annuity Company		
Pooled separate accounts	3,614,676	3,380,022
Guaranteed insurance contracts	2,046,066	2,369,408
MetLife Life & Annuity Company of Connecticut		
Pooled separate accounts	1,996,641	2,400,741
Guaranteed insurance contracts	4,241,025	4,290,810
Total investments at fair value, certified	<u>\$ 50,906,702</u>	<u>\$ 45,505,840</u>
Investments at fair value, not certified	<u>\$ 4,300,941</u>	<u>\$ 3,887,291</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, 2010.

Interest and dividend income, certified	
Fidelity Management Trust Company	\$ 222,509
Vanguard Fiduciary Trust Company	420,755
ING Life Insurance and Annuity Company	90,482
MetLife Life & Annuity Company of Connecticut	147,329
Total interest and dividend income, certified	<u>\$ 881,075</u>
Interest and dividend income, not certified	<u>\$ 134,403</u>
Net appreciation in the fair value of investments, certified	
Fidelity Management Trust Company	\$ 2,122,623
Vanguard Fiduciary Trust Company	2,233,307
ING Life Insurance and Annuity Company	454,605
MetLife Life & Annuity Company of Connecticut	267,364
Total net appreciation in the fair value of investments, certified	<u>\$ 5,077,899</u>
Net appreciation in the fair value of investments, not certified	<u>\$ 403,878</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

The FASB topic *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 this FASB topic 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. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Interest-Bearing Cash: Valued at amortized cost.

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).

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, 2010				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 588,734	\$ -	\$ -	\$ 588,734
Mutual funds	41,514,466	-	-	41,514,466
Pooled separate accounts	-	5,758,755	-	5,758,755
Guaranteed insurance contracts	-	-	6,605,654	6,605,654
Other investments	-	740,034	-	740,034
Total assets at fair value	\$42,103,200	\$ 6,498,789	\$ 6,605,654	\$55,207,643

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	-	5,926,269	-	5,926,269
Guaranteed insurance contracts	-	-	7,025,844	7,025,844
Other investments	-	631,296	-	631,296
Total assets at fair value	\$35,809,722	\$ 6,557,565	\$ 7,025,844	\$49,393,131

Per the FASB *Fair Value Measurements and Disclosures* topic, 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, 2010.

	Guaranteed insurance contracts
Balance, beginning of year	\$ 7,025,844
Purchases, sales, issuances, and settlements (net)	(420,190)
Balance, end of year	\$ 6,605,654

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:

	2010			
	Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Pooled separate accounts	\$ 5,758,755	\$ -	Immediate	None

	2009			
	Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Pooled separate accounts	\$ 5,926,269	\$ -	Immediate	None

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of Levels 1, 2 or 3.

NOTES TO MODIFIED CASH BASIS FINANCIAL STATEMENTS

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

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.

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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination, including the resolution of appeals or litigation processes, if any. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

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.

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

Note 11. Subsequent Events

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 has evaluated subsequent events through October 11, 2011, 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

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December 31, 2010

<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>
Interest-Bearing Cash				
* FIDELITY	FIDELITY RET GOVT MM	175,766 shares	**	\$ 175,766
	FID SEL MONEY MARKET	149,402 shares	**	149,402
	FID MONEY MARKET	125,664 shares	**	125,664
	FIDELITY CASH RESRVE	70,485 shares	**	70,485
	FIDELITY RETIRE MMKT	61,320 shares	**	61,320
	FID GOVT MMKT	6,097 shares	**	6,097
				588,734
Mutual Funds				
* AMERICAN CENTURY	ULTRA	23,412 shares	**	530,283
	GROWTH	9,678 shares	**	250,074
	EQ INCOME	23,467 shares	**	169,194
	LVSTG 2015	12,434 shares	**	141,749
	SELECT	3,334 shares	**	125,949
	INTL GROW	10,607 shares	**	117,202
	STRAT AGG	13,700 shares	**	104,259
	HERITAGE	4,529 shares	**	95,010
	VISTA	5,302 shares	**	88,593
	REAL EST	4,141 shares	**	75,996
	SM CAP VAL	8,182 shares	**	73,717
	VALUE	12,279 shares	**	70,234
	INC GROWTH	2,395 shares	**	57,506
	BALANCED	3,454 shares	**	53,361
	LVSTG 2025	4,488 shares	**	52,289
	GL GROW	3,170 shares	**	28,342
	ZERO 2020	358 shares	**	28,312
	LVSTG 2045	2,028 shares	**	24,575
	ONE CH MOD	2,109 shares	**	24,441
	INFL ADJBD	1,832 shares	**	21,619
	ZERO 2025	328 shares	**	21,265
	ONE CH AGG	1,717 shares	**	20,710
	EMERG MKTS	2,083 shares	**	18,706
	EQ GROWTH	842 shares	**	17,591
	DVRSFD BND	1,482 shares	**	15,952
	GOV BOND	1,123 shares	**	12,525
	INTL DISC	1,159 shares	**	12,415
	ONE CH VAG	1,004 shares	**	12,184
	LG COM VAL	1,958 shares	**	10,811
	PRIME MM	10,157 shares	**	10,157
	UTILITIES	653 shares	**	9,694
	MIDCAPVA	685 shares	**	8,616
	GL GOLD	287 shares	**	7,478
	GIN MAE	665 shares	**	7,250
	FOCUS GRO	389 shares	**	4,290
	INTL BOND	284 shares	**	3,923
	SM COM	206 shares	**	1,608
	CORE PL	59 shares	**	634
	LVSTG 2035	35 shares	**	422
* AMERICAN FUNDS	THE NEW ECONOMY FUND - A/FUND 14	1,369 shares	**	34,689
	CAPITAL WORLD GROWTH AND INCOME FUND - A/FUND 33	758 shares	**	27,093
	AMERICAN FUNDS MONEY MARKET FUND	11,463 shares	**	11,463
	AMERICAN BALANCED	312 shares	**	5,585
	AMCAP FUND - A/FUND 2	129 shares	**	2,431

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

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

EIN 34-0714538

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December 31, 2010

<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>
Mutual Funds (continued)				
* FIDELITY	FID CONTRAFUND	23,422 shares	**	\$ 1,586,364
	FID BLUE CHIP GROWTH	22,357 shares	**	1,013,875
	FIDELITY MAGELLAN	13,734 shares	**	984,331
	FID FREEDOM 2020	50,957 shares	**	702,692
	FID GROWTH COMPANY	8,286 shares	**	688,978
	FID ASSET MGR 0.5	39,035 shares	**	601,916
	FID LEVERAGED CO STK	20,659 shares	**	587,135
	FID PURITAN	31,441 shares	**	563,116
	FID FREEDOM 2030	38,287 shares	**	527,216
	FID EQUITY INCOME	10,006 shares	**	442,870
	FID SM CAP DISCOVERY	21,581 shares	**	441,773
	FIDELITY LOW PR STK	10,574 shares	**	405,847
	FID VALUE STRATEGIES	13,189 shares	**	367,322
	FID FREEDOM 2040	43,107 shares	**	345,284
	FID OTC PORTFOLIO	5,440 shares	**	298,798
	FID DIVERSIFIED INTL	9,658 shares	**	291,200
	FID VALUE	4,047 shares	**	277,974
	FID ASSET MGR 0.7	16,843 shares	**	275,054
	FID BALANCED	14,599 shares	**	266,131
	FID GROWTH & INCOME	13,358 shares	**	244,442
	FID FREEDOM 2035	18,237 shares	**	209,181
	FID OVERSEAS	6,027 shares	**	195,766
	FID FREEDOM 2025	15,400 shares	**	177,408
	FID FREEDOM 2015	15,228 shares	**	172,687
	SPARTAN 500 INDEX	3,775 shares	**	167,897
	FID STRATEGIC INCOME	14,341 shares	**	159,041
	FID EQUITY INCOME II	8,692 shares	**	158,635
	FID MID CAP STOCK	5,475 shares	**	157,958
	FIDELITY NEW MILLEN	4,740 shares	**	138,090
	FID DIVIDEND GROWTH	4,810 shares	**	136,746
	FIDELITY INVST GR BD	17,064 shares	**	126,102
	FID SEL GOLD	2,272 shares	**	120,660
	FID INTL DISCOVERY	3,206 shares	**	105,916
	FID SEL MED EQ & SYS	3,651 shares	**	100,696
	FID DISCIPLINED EQTY	4,208 shares	**	94,799
	FIDELITY EMERG MRKTS	3,589 shares	**	94,567
	FID SEL ENERGY SVCS	1,271 shares	**	94,536
	FID NEW MARKETS INC	5,457 shares	**	85,395
	FID SEL CHEMICALS	893 shares	**	85,322
	FID CAP APPRECIATION	3,031 shares	**	76,809
	FID SEL ENERGY	1,457 shares	**	76,196
	FID LARGE CAP VALUE	7,226 shares	**	76,021
	FID LATIN AMERICA	1,254 shares	**	74,008
	FID FREEDOM 2010	5,258 shares	**	71,457
	FID CHINA REGION	2,197 shares	**	71,433
	FID SMALL CAP STOCK	3,565 shares	**	69,867
	FID SEL TECHNOLOGY	722 shares	**	69,067
	FID FIDELITY	2,089 shares	**	67,171
	FID SEL MEDICAL DEL	1,334 shares	**	66,257
	FID HIGH INCOME	7,285 shares	**	65,127
	FID INTERMED BOND	6,084 shares	**	64,184
	FID EUROPE	1,983 shares	**	62,108
	FID SEL HEALTHCARE	457 shares	**	56,905

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

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

EIN 34-0714538

PN 002

December 31, 2010

<i>(a)</i> Identity of issue borrower, lessor or similar party	<i>(b)</i> Description of investment including maturity date, rate of interest, collateral, and par or maturity value	<i>(c)</i>	<i>(d)</i> Cost	<i>(e)</i> Current value
Mutual Funds (continued)				
	FID CANADA	946 shares	**	\$ 54,992
	SPTN TOTAL MKT INDEX	1,504 shares	**	54,803
	FID SEL NATURAL RES	1,478 shares	**	51,458
	FID GR STRATEGIES	2,492 shares	**	50,933
	FID EMERGING ASIA	1,627 shares	**	49,818
	FID FREEDOM INCOME	4,367 shares	**	49,256
	FID CAPITAL & INCOME	5,154 shares	**	48,603
	FID MID CAP GROWTH	3,696 shares	**	45,973
	SPARTAN INTL INDEX	1,302 shares	**	45,778
	FID FOUR IN ONE IDX	1,691 shares	**	45,660
	FID STK SEL SM CAP	2,438 shares	**	45,127
	FID SHORT TERM BOND	5,227 shares	**	44,221
	FID INDEPENDENCE	1,714 shares	**	41,739
	FID REAL ESTATE INVS	1,608 shares	**	41,311
	FIDELITY US BD INDEX	3,606 shares	**	40,855
	FID ASSET MGR 0.2	3,115 shares	**	39,837
	FID FREEDOM 2005	3,553 shares	**	38,408
	FID INTM GOVT INCOME	3,577 shares	**	38,311
	FID SMALL CAP VALUE	2,450 shares	**	38,250
	FID FREEDOM 2045	4,026 shares	**	38,211
	FID BLUE CHIP VALUE	3,457 shares	**	37,372
	FID PACIFIC BASIN	1,375 shares	**	35,838
	FID FIFTY	2,023 shares	**	35,662
	FID SMALL CAP GROWTH	1,965 shares	**	30,834
	FID STRAT REAL RET	3,155 shares	**	30,222
	FID TOTAL BOND	2,774 shares	**	29,740
	FID LARGE CAP GROWTH	2,999 shares	**	29,213
	FID ULTRASHORT BOND	3,450 shares	**	28,185
	FID MID CAP VALUE	1,750 shares	**	27,919
	FID GROWTH DISCOVERY	1,938 shares	**	26,505
	FID REAL ESTATE INC	2,471 shares	**	25,698
	FID SEL NATURAL GAS	740 shares	**	24,581
	FID SEL UTILITIES	478 shares	**	23,106
	FID INTL SMALL CAP	1,076 shares	**	22,885
	FID LARGE CAP STOCK	1,296 shares	**	22,816
	FID ASSET MGR 0.85	1,693 shares	**	22,682
	FID SEL COMPUTERS	365 shares	**	20,614
	FID SEL MATERIALS	285 shares	**	19,358
	FID INFLAT PROT BOND	1,619 shares	**	18,842
	FID SEL SOFTWARE	213 shares	**	18,641
	FID FLOAT RT HI INC	1,737 shares	**	17,006
	FID EXP & MULTINATL	699 shares	**	15,256
	FID GNMA	1,259 shares	**	14,446
	FID INST SH INT GOVT	1,281 shares	**	12,915
	FID GLB COMDTY STK	660 shares	**	11,317
	FID SEL CONS STAPLES	163 shares	**	11,112
	FID SEL BANKING	586 shares	**	10,853
	FID SEL LEISURE	106 shares	**	9,705
	FID JAPAN SMALLER CO	1,039 shares	**	9,552
	FID INTL REAL ESTATE	942 shares	**	8,839
	FID FREEDOM 2050	865 shares	**	8,115
	FID NASDAQ COMP INDX	197 shares	**	6,945
	SPTN INT TR INDX INV	569 shares	**	6,068

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

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

EIN 34-0714538

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December 31, 2010

(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)			
		FID EMEA	639 shares	\$ 6,036
		FIDELITY NORDIC	160 shares	5,497
		FID GLOBAL BALANCED	222 shares	4,955
		FID INTL CAP APPREC	347 shares	4,469
		FID MORTGAGE SEC	404 shares	4,374
		FIDELITY GOVT INCOME	408 shares	4,252
		SPTN ST TR INDX INV	380 shares	3,987
		FID WORLDWIDE	193 shares	3,595
		SPTN EXTND MKT INDEX	76 shares	2,909
		FID CONVERTIBLE SEC	112 shares	2,852
		FID FOCUSED HIGH INC	289 shares	2,665
		FID SEL TRANSPORT	41 shares	2,285
		FID SEL ELECTRONICS	28 shares	1,331
		FID SEL BIOTECH	15 shares	1,113
		FID SEL PHARMACEUTCL	59 shares	730
		FID SEL BROKERAGE	9 shares	466
		FID SEL ENV ALT ENGY	25 shares	448
		FID SEL WIRELESS	21 shares	161
		FID EUROPE CAP APP	4 shares	75
* FIRST INVESTORS		SPECIAL SITUATIONS FUND - A SHARES	2,640 shares	63,602
		TOTAL RETURN FUND - A SHARES	4,246 shares	63,564
		GOVERNMENT FUND - A SHARES	3,683 shares	41,842
		GLOBAL FUND - A SHARES	398 shares	2,659
		FUND FOR INCOME - A SHARES	182 shares	456
		CASH MANAGEMENT FUND - A SHARES	87 shares	87
* OPPENHEIMER		GLOBAL FUND A	2,872 shares	173,356
		LIMITED TERM GOVERNMENT FUND A	5,970 shares	56,177
		GOLD & SPECIAL MINERALS FUND A	811 shares	40,435
		CHAMPION INCOME FUND A	17,373 shares	33,704
		GLOBAL OPPORTUNITIES FUND A	951 shares	28,287
		CAPITAL APPRECIATION FUND A	537 shares	23,402
		INTERNATIONAL BOND FUND A	2,287 shares	15,004
		SMALL & MID CAP GROWTH FUND A	1,209 shares	14,138
		CORE BOND FUND A	2,142 shares	13,838
		DEVELOPING MARKETS FUND A	349 shares	12,713
		QUEST OPPORTUNITY VALUE FUND A	409 shares	10,789
		SENIOR FLOATING RATE FUND A	1,282 shares	10,640
		COMMODITY STRATEGY TOTAL RETURN FUND A	2,907 shares	10,640
		REAL ESTATE FUND A	316 shares	5,923
		MAIN STREET SMALL CAP FUND A	141 shares	2,874
* PIONEER		PIONEER VALUE FUND A	2,891 shares	32,938
		PIONEER STRATEGIC INCOME FUND A	2,520 shares	27,566
		PIONEER CASH RESERVES FUND A	72 shares	72
* VANGUARD		500 INDEX FUND INV	21,970 shares	2,544,592
		STAR FUND	102,775 shares	1,960,948
		WINDSOR II FUND INV	53,635 shares	1,376,812
		LIFESTRATEGY GROWTH FUND	53,343 shares	1,176,748
		BALANCED INDEX FUND INV	32,857 shares	702,482
		MID-CAP INDEX FUND INV	34,228 shares	695,162
		TARGET RETIREMENT 2035	47,442 shares	621,014
		WELLINGTON FUND INV	19,036 shares	592,031
		TOTAL STOCK MKT IDX INV	18,730 shares	591,108
		GROWTH INDEX FUND INV	18,213 shares	575,529

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

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

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December 31, 2010

<i>(a)</i> Identity of issue borrower, lessor or similar party	<i>(b)</i> Description of investment including maturity date, rate of interest, collateral, and par or maturity value	<i>(c)</i>	<i>(d)</i> Cost	<i>(e)</i> Current value
Mutual Funds (continued)				
	TARGET RETIREMENT 2025	42,666 shares	**	\$ 538,446
	HEALTH CARE FUND INV	3,869 shares	**	473,582
	GROWTH AND INCOME INV	17,970 shares	**	473,161
	TOTAL BOND MKT INDEX INV	44,516 shares	**	471,872
	EXPLORER FUND INVESTOR	6,323 shares	**	460,913
	TOTAL INTL STOCK IX INV	27,441 shares	**	432,465
	INTER-TERM BOND INDEX INV	37,272 shares	**	417,818
	TARGET RETIREMENT 2015	32,801 shares	**	407,388
	LIFESTRATEGY CONSRV GRWTH	24,831 shares	**	406,238
	SMALL-CAP INDEX FUND INV	11,243 shares	**	390,703
	TARGET RETIREMENT 2020	16,231 shares	**	358,694
	LIFESTRATEGY MOD GROWTH	17,081 shares	**	334,273
	WELLESLEY INCOME FUND INV	14,393 shares	**	312,319
	EMERGING MKTS STK IDX INV	10,080 shares	**	305,835
	TARGET RETIREMENT 2045	22,349 shares	**	301,713
	WINDSOR FUND INVESTOR	21,147 shares	**	285,699
	INTERNATIONAL GROWTH INV	14,082 shares	**	272,345
	ADMIRAL TRSY MONEY MKT	260,883 shares	**	260,883
	MORGAN GROWTH FUND INV	13,104 shares	**	236,274
	SMALL-CAP VALUE INDEX	14,373 shares	**	230,108
	EQUITY INCOME FUND INV	11,029 shares	**	224,775
	U.S. GROWTH FUND INVESTOR	10,749 shares	**	196,168
	PRIME MONEY MKT FUND	195,090 shares	**	195,090
	VALUE INDEX FUND INV	9,010 shares	**	187,309
	SELECTED VALUE FUND	9,977 shares	**	187,163
	STRATEGIC EQUITY FUND	10,204 shares	**	186,941
	PRIMECAP FUND INVESTOR	2,685 shares	**	176,651
	HIGH-YIELD CORP FUND INV	30,709 shares	**	175,043
	ENERGY FUND INVESTOR	2,563 shares	**	166,303
	GLOBAL EQUITY FUND	7,996 shares	**	142,811
	INTER-TERM TREASURY INV	12,500 shares	**	141,623
	TARGET RETIREMENT 2030	6,521 shares	**	141,382
	GNMA FUND INVESTOR SHARES	12,059 shares	**	129,517
	INTERNATL EXPLORER FUND	7,616 shares	**	126,956
	ASSET ALLOCATION FUND INV	5,156 shares	**	126,075
	INTERNATIONAL VALUE FUND	3,535 shares	**	113,679
	PRECIOUS METALS & MINING	3,602 shares	**	96,345
	EUROPEAN STOCK INDEX INV	3,423 shares	**	89,671
	REIT INDEX FUND INV	4,607 shares	**	84,685
	CAPITAL VALUE FUND	7,431 shares	**	81,894
	PACIFIC STOCK INDEX INV	7,189 shares	**	78,145
	EXTENDED MKT INDEX INV	1,863 shares	**	76,872
	PRIMECAP CORE FUND	5,114 shares	**	70,423
	CAPITAL OPPORTUNITY INV	2,052 shares	**	68,195
	LONG-TERM BOND INDEX	5,045 shares	**	60,739
	LONG-TERM TREASURY INV	5,408 shares	**	59,868
	SHORT-TERM TREASURY INV	5,588 shares	**	59,682
	S-T INVESTMENT-GRADE INV	5,365 shares	**	57,781
	SMALL-CAP GROWTH INDEX	2,486 shares	**	54,501
	LIFESTRATEGY INCOME FUND	3,661 shares	**	51,480
	TARGET RETIREMENT 2040	2,204 shares	**	47,377
	TARGET RETIREMENT 2050	2,195 shares	**	46,964
	TARGET RETIREMENT 2010	2,056 shares	**	45,875

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

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

EIN 34-0714538

PN 002

December 31, 2010

(a) Identity of issue borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(c)	(d) Cost	(e) Current value
Mutual Funds (continued)				
	GROWTH EQUITY FUND	3,794 shares	**	\$ 40,935
	I-T INVESTMENT-GRADE INV	4,121 shares	**	40,882
	DIVIDEND GROWTH FUND	2,840 shares	**	40,838
	MID-CAP GROWTH FUND	1,851 shares	**	35,166
	STRATEGIC SM-CAP EQUITY	1,721 shares	**	32,474
	LONG-TERM INVEST-GR INV	3,377 shares	**	31,540
	SHORT-TERM BOND INDEX INV	2,708 shares	**	28,574
	DEVELOPED MARKETS IDX INV	2,287 shares	**	23,011
	INFLATION-PROTECT SEC INV	1,625 shares	**	21,120
	MID-CAP VALUE INDEX INV	649 shares	**	13,538
	TOTAL WORLD STOCK IDX INV	576 shares	**	11,176
	FEDERAL MONEY MKT FUND	11,127 shares	**	11,127
	LARGE-CAP INDEX FUND INV	468 shares	**	10,873
	MID-CAP GROWTH INDEX INV	421 shares	**	10,287
	CONVERTIBLE SECURITIES	712 shares	**	9,561
	U.S. VALUE FUND	539 shares	**	5,447
	SHORT-TERM FEDERAL INV	420 shares	**	4,518
	TARGET RETIREMENT 2005	145 shares	**	1,704
	FTSE ALL-WORLD EX-US INV	90 shares	**	1,677
	FTSE SOCIAL INDEX INV	140 shares	**	1,061
				<u>41,514,466</u>
Pooled Separate Accounts				
* ING VC3487	ING GROWTH AND INCOME PORTFOLIO - CLASS I	29,492 units	**	684,875
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORT - INITIAL	20,320 units	**	280,258
	ING OPPENHEIMER GLOBAL PORTFOLIO - INITIAL CLASS	18,089 units	**	240,672
	FIDELITYÆ VIP GROWTH PORTFOLIO - INITIAL CLASS	9,933 units	**	191,299
	FIDELITYÆ VIP CONTRAFUNDÆ PORTFOLIO - INITIAL CLASS	5,156 units	**	167,317
	ING BALANCED PORTFOLIO - CLASS I	5,695 units	**	159,163
	ING INVESCO VAN KAMPEN EQUITY AND INCOME PORTFOLIO - INITIAL	12,000 units	**	148,419
	ING MONEY MARKET PORTFOLIO - CLASS I	9,380 units	**	141,901
	ING INDEX PLUS MIDCAP PORTFOLIO - CLASS I	5,320 units	**	119,336
	ING INDEX PLUS LARGE CAP PORTFOLIO - CLASS I	5,752 units	**	110,613
	ING MARKET STOCK FUND	10,844 units	**	95,627
	OPPENHEIMER DEVELOPING MARKETS FUND - CLASS A	1,248 units	**	94,593
	ING INTERMEDIATE BOND PORTFOLIO - CLASS I	4,090 units	**	90,804
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	3,134 units	**	75,794
	ING MARKET STOCK FUND	8,057 units	**	73,119
	ING SOLUTION 2025 PORTFOLIO - SERVICE CLASS	4,759 units	**	54,377
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORT - INITIAL	3,291 units	**	51,669
	ING SMALL COMPANY PORTFOLIO - CLASS I	1,592 units	**	48,869
	FIDELITYÆ VIP OVERSEAS PORTFOLIO - INITIAL CLASS	2,183 units	**	40,209
	ING THORNBURG VALUE PORTFOLIO - INITIAL CLASS	1,388 units	**	37,996
	WELLS FARGO ADVANTAGE SPECIAL SMALL CAP VALUE FUND - CLASS A	1,657 units	**	37,437
	FRANKLIN SMALL CAP VALUE SECURITIES FUND - CLASS 2	1,804 units	**	33,924
	AMERICAN FUNDS EUROPACIFIC GROWTH FUNDÆ - CLASS R-4	1,929 units	**	32,507
	FIDELITY VIP EQUITY-INCOME PORTFOLIO - INITIAL CLASS	1,432 units	**	31,611
	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUNDSM - R-4	2,609 units	**	29,934
	ING GLOBAL BOND PORTFOLIO - INITIAL CLASS	2,218 units	**	29,274
	PIMCO VIT REAL RETURN PORTFOLIO - ADMINISTRATIVE CLASS	2,114 units	**	28,621
	AMERICAN FUNDS THE GROWTH FUND OF AMERICAÆ - CLASS R-4	2,185 units	**	28,350
	ING INDEX PLUS SMALLCAP PORTFOLIO - CLASS I	1,609 units	**	25,680
	AMERICAN FUNDS NEW PERSPECTIVE FUNDÆ - CLASS R-4	1,634 units	**	25,542
	ING PIMCO HIGH YIELD PORTFOLIO - SERVICE CLASS	1,693 units	**	24,704

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

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

EIN 34-0714538

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(a) Identity of issue borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(c)	(d) Cost	(e) Current value
Pooled Separate Accounts (continued)				
	ING PIMCO TOTAL RETURN PORTFOLIO - SERVICE CLASS	1,551 units	**	\$ 22,934
	ING SOLUTION 2035 PORTFOLIO - SERVICE CLASS	1,881 units	**	21,768
	ING UBS U.S. LARGE CAP EQUITY PORTFOLIO - INITIAL CLASS	1,142 units	**	18,967
	INVESCO V.I. CORE EQUITY FUND - SERIES I SHARES	1,779 units	**	17,882
	ING T. ROWE PRICE EQUITY INCOME PORTFOLIO - SERVICE CLASS	1,078 units	**	17,310
	ING MARKET STOCK FUND	1,632 units	**	17,303
	TEMPLETON GLOBAL BOND FUND - CLASS A	796 units	**	14,879
	ING MARKET STOCK FUND	1,562 units	**	14,470
	ING MFS TOTAL RETURN PORTFOLIO - SERVICE CLASS	798 units	**	11,509
	ING MARKET STOCK FUND	1,118 units	**	11,502
	ING SOLUTION 2015 PORTFOLIO - SERVICE CLASS	980 units	**	11,336
	LORD ABBETT SERIES FUND MID CAP VALUE PORTFOLIO - CL VC	773 units	**	10,598
	WANGER SELECT	631 units	**	10,358
	ING JPMORGAN MID CAP VALUE PORTFOLIO - SERVICE CLASS	538 units	**	9,374
	ING JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	629 units	**	8,644
	PIONEER HIGH YIELD VCT PORTFOLIO - CLASS I SHARES	606 units	**	8,572
	OPPENHEIMER MAIN STREET SMALL- & MID-CAP FUNDE/VA	649 units	**	8,545
	ING DAVIS NEW YORK VENTURE PORTFOLIO - SERVICE CLASS	454 units	**	8,225
	ING JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO - SERVICE	312 units	**	7,431
	ING MARKET STOCK FUND	912 units	**	7,376
	ING MARKET STOCK FUND	425 units	**	6,371
	ARIEL FUND	521 units	**	6,013
	ING BLACKROCK HEALTH SCIENCES OPPORTUNITIES PORTFOLIO - SRV	484 units	**	5,767
	ING MARKET STOCK FUND	426 units	**	5,445
	ING T. ROWE PRICE INTERNATIONAL STOCK PORTFOLIO - SERVICE	308 units	**	4,254
	ING MARKET STOCK FUND	458 units	**	3,644
	ING MARKET STOCK FUND	240 units	**	3,115
	ING T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO - SERVICE	226 units	**	3,056
	ING INVESCO VAN KAMPEN COMSTOCK PORTFOLIO - SERVICE CLASS	203 units	**	2,548
	ING MARKET STOCK FUND	223 units	**	2,267
	ING STRATEGIC ALLOCATION MODERATE PORTFOLIO - CLASS I	120 units	**	2,239
	ING INTERNATIONAL VALUE PORTFOLIO - CLASS I	170 units	**	2,239
	ING ARTIO FOREIGN PORTFOLIO - SERVICE CLASS	159 units	**	2,166
	ING BLACKROCK SCIENCE AND TECHNOLOGY OPPORT PORT - CLASS I	306 units	**	1,589
	INVESCO V.I. CAPITAL APPRECIATION FUND - SERIES I SHARES	164 units	**	1,458
	ING MFS UTILITIES PORTFOLIO - SERVICE CLASS	77 units	**	1,295
	ING MARKET STOCK FUND	81 units	**	1,143
	ING MARKET STOCK FUND	81 units	**	1,130
	ING MARKET STOCK FUND	55 units	**	609
	ING BARON SMALL CAP GROWTH PORTFOLIO - SERVICE CLASS	20 units	**	357
	ING MARKET STOCK FUND	29 units	**	262
* ING VC3811	ING OPPENHEIMER GLOBAL PORTFOLIO - INITIAL CLASS	1,412 units	**	18,785
	ING GROWTH AND INCOME PORTFOLIO - CLASS I	447 units	**	10,386
	FIDELITY VIP GROWTH PORTFOLIO - INITIAL CLASS	383 units	**	7,379
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORT - INITIAL	479 units	**	6,607
	ING INTERMEDIATE BOND PORTFOLIO - CLASS I	269 units	**	5,967
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	140 units	**	3,387
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORT - INITIAL	201 units	**	3,149
	ING MARKET STOCK FUND	297 units	**	2,692
	FIDELITY VIP OVERSEAS PORTFOLIO - INITIAL CLASS	136 units	**	2,509
	ING MARKET STOCK FUND	242 units	**	2,136
	ING INDEX PLUS MIDCAP PORTFOLIO - CLASS I	35 units	**	785
	ING SMALL COMPANY PORTFOLIO - CLASS I	15 units	**	450

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

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

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(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)				
* LINCOLN		LVIP DELAWARE SPECIAL OPPORTUNITIES	***	\$ 29,087
		LVIP DELAWARE SOCIAL AWARENESS	***	26,776
		LVIP MONDRIAN INTERNATIONAL VALUE	***	21,404
		LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	***	18,846
		LVIP BARON GROWTH OPPORTUNITIES	***	12,765
		LVIP DELAWARE GROWTH & INCOME	***	12,325
		DELAWARE VIP TREND	***	8,247
* METLIFE (LARGE)		OPP CAPITAL APPRECIATION 604904.65	***	423,449
		OPPEN GLOBAL EQUITY PORT	***	311,946
		FIDELITY VIP EQTY INCOME	***	214,549
		JANUS FORTY PORTFOLIO	***	181,773
		BLACKROCK DIVERSIFIED	***	111,311
		RUSSELL 2000(R) INDEX	***	103,907
		METLIFE STOCK INDEX PORT	***	102,940
		BLACKROCK BND INC-CL A	***	57,610
		PIMCO TOTAL RETURN PORT	***	52,224
		FID VIP MID CAP PORT SC	***	49,934
		PIONEER STRATEGIC INCOME	***	43,078
		WEST AS MGT U.S. GOVT POR	***	36,600
		BATTMARCH GRO AND INC POR	***	30,879
		PIONEER FUND PORTFOLIO	***	25,849
		BLACKROCK LEGACY LGCAPGR	***	25,045
		BLACKROCK HIGH YIELD	***	22,926
		LOOMIS SAYLES GLOBAL MKTS	***	21,084
		MFS TOTAL RETURN POR-CL F 18046.47	***	20,531
		BATTMARCH GRO AND INC POR	***	15,365
		T. ROWE PRICE SMALL CAPGR	***	14,035
		BARCLAYS CAPAGGBOND INDEX	***	13,195
		LGGMSNCLRBR VAR FUN VAL	***	8,837
		THIRD AVE SM CAP VAL PORT	***	7,327
		LGGMSN CLRBR VAR SM CP GR	***	5,570
		LGGMSNCLRBR VAR LGCAP VAL	***	4,516
		LGGMSN CLRBR VAR LRG CP GR	***	4,139
		MFS RESEARCHINTERNATIONAL	***	4,083
		JANUSASPENSERIES OVERSEAS	***	2,865
		T ROWE PRICE LG CAP VAL	***	2,475
		LAZARD MID CAP PORTFOLIO	***	2,203
		INVESCO SM CAP GROWTH	***	1,561
		MORGAN STNLY EAFE(R) IND	***	1,548
		BLACKROCK MM PORT-CL A	***	1,455
		T. RO PRI LG CAP GRO PORT	***	1,398
		LGG MSN CLRBRG VAR AGG GR	***	1,375
* METLIFE (SMALL)		BLACKROCK LARGE CAP CORE PORTFOLIO	***	17,265
		BLACKROCK DIVERSIFIED PORTFOLIO	***	13,812
		SSGA GROWTH ETF PORTFOLIO	***	10,359
		METLIFE STOCK INDEX PORTFOLIO	***	10,359
		CALVERT SOCIAL BALANCED PORTFOLIO (GROUP ONLY)	***	10,359
		ARTIO INTERNATIONAL STOCK PORTFOLIO	***	6,906
* VALIC		MONEY MARKET I FUND	***	13,304
		LOAN COLLATERAL FUND	***	4,562
		LOAN ESCROW FUND	***	121
				<u>5,758,755</u>

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

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

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<i>(a)</i>	<i>(b)</i> <i>Identity of issue borrower, lessor or similar party</i>	<i>(c)</i> <i>Description of investment including maturity date, rate of interest, collateral, and par or maturity value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
	Guaranteed Insurance Contracts			
* ING VC3487		ING FIXED ACCOUNT	***	\$ 1,992,524
		ING FIXED PLUS ACCOUNT	***	37,462
		ING LONG TERM GAA	***	9,347
		ING SHORT TERM GAA	***	2,101
* ING VC3811		ING FIXED ACCOUNT	***	4,632
* METLIFE (LARGE)		T-FLEX	***	3,314,304
		FUND 16B	***	331,723
		FIXED RIDER	***	317,566
		T-FLEX I	***	202,834
		FUND 16C	***	2,786
		T-FLEX CA	***	996
		FUND 16D	***	341
* METLIFE (SMALL)		FIXED INTEREST	***	70,475
* VALIC		FIXED ACCOUNT PLUS	***	318,563
				<u>6,605,654</u>
	Other Investments	Individual contracts and fixed income fund		<u>740,034</u>
				<u><u>\$ 55,207,643</u></u>

* 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.

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

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Interest-Bearing Cash			
* FIDELITY	FIDELITY RET GOVT MM	175,766 shares	** \$ 175,766
	FID SEL MONEY MARKET	149,402 shares	** 149,402
	FID MONEY MARKET	125,664 shares	** 125,664
	FIDELITY CASH RESRVE	70,485 shares	** 70,485
	FIDELITY RETIRE MMKT	61,320 shares	** 61,320
	FID GOVT MMKT	6,097 shares	** 6,097
			588,734
Mutual Funds			
* AMERICAN CENTURY	ULTRA	23,412 shares	** 530,283
	GROWTH	9,678 shares	** 250,074
	EQ INCOME	23,467 shares	** 169,194
	LVSTG 2015	12,434 shares	** 141,749
	SELECT	3,334 shares	** 125,949
	INTL GROW	10,607 shares	** 117,202
	STRAT AGG	13,700 shares	** 104,259
	HERITAGE	4,529 shares	** 95,010
	VISTA	5,302 shares	** 88,593
	REAL EST	4,141 shares	** 75,996
	SM CAP VAL	8,182 shares	** 73,717
	VALUE	12,279 shares	** 70,234
	INC GROWTH	2,395 shares	** 57,506
	BALANCED	3,454 shares	** 53,361
	LVSTG 2025	4,488 shares	** 52,289
	GL GROW	3,170 shares	** 28,342
	ZERO 2020	358 shares	** 28,312
	LVSTG 2045	2,028 shares	** 24,575
	ONE CH MOD	2,109 shares	** 24,441
	INFL ADJBD	1,832 shares	** 21,619
	ZERO 2025	328 shares	** 21,265
	ONE CH AGG	1,717 shares	** 20,710
	EMERG MKTS	2,083 shares	** 18,706
	EQ GROWTH	842 shares	** 17,591
	DVRSFD BND	1,482 shares	** 15,952
	GOV BOND	1,123 shares	** 12,525
	INTL DISC	1,159 shares	** 12,415
	ONE CH VAG	1,004 shares	** 12,184
	LG COM VAL	1,958 shares	** 10,811
	PRIME MM	10,157 shares	** 10,157
	UTILITIES	653 shares	** 9,694
	MIDCAPVA	685 shares	** 8,616
	GL GOLD	287 shares	** 7,478
	GIN MAE	665 shares	** 7,250
	FOCUS GRO	389 shares	** 4,290
	INTL BOND	284 shares	** 3,923
	SM COM	206 shares	** 1,608
	CORE PL	59 shares	** 634
	LVSTG 2035	35 shares	** 422
* AMERICAN FUNDS	THE NEW ECONOMY FUND - A/FUND 14	1,369 shares	** 34,689
	CAPITAL WORLD GROWTH AND INCOME FUND - A/FUND 33	758 shares	** 27,093
	AMERICAN FUNDS MONEY MARKET FUND	11,463 shares	** 11,463
	AMERICAN BALANCED	312 shares	** 5,585
	AMCAP FUND - A/FUND 2	129 shares	** 2,431

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

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

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<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>
Mutual Funds (continued)				
* FIDELITY	FID CONTRAFUND	23,422 shares	**	\$ 1,586,364
	FID BLUE CHIP GROWTH	22,357 shares	**	1,013,875
	FIDELITY MAGELLAN	13,734 shares	**	984,331
	FID FREEDOM 2020	50,957 shares	**	702,692
	FID GROWTH COMPANY	8,286 shares	**	688,978
	FID ASSET MGR 0.5	39,035 shares	**	601,916
	FID LEVERAGED CO STK	20,659 shares	**	587,135
	FID PURITAN	31,441 shares	**	563,116
	FID FREEDOM 2030	38,287 shares	**	527,216
	FID EQUITY INCOME	10,006 shares	**	442,870
	FID SM CAP DISCOVERY	21,581 shares	**	441,773
	FIDELITY LOW PR STK	10,574 shares	**	405,847
	FID VALUE STRATEGIES	13,189 shares	**	367,322
	FID FREEDOM 2040	43,107 shares	**	345,284
	FID OTC PORTFOLIO	5,440 shares	**	298,798
	FID DIVERSIFIED INTL	9,658 shares	**	291,200
	FID VALUE	4,047 shares	**	277,974
	FID ASSET MGR 0.7	16,843 shares	**	275,054
	FID BALANCED	14,599 shares	**	266,131
	FID GROWTH & INCOME	13,358 shares	**	244,442
	FID FREEDOM 2035	18,237 shares	**	209,181
	FID OVERSEAS	6,027 shares	**	195,766
	FID FREEDOM 2025	15,400 shares	**	177,408
	FID FREEDOM 2015	15,228 shares	**	172,687
	SPARTAN 500 INDEX	3,775 shares	**	167,897
	FID STRATEGIC INCOME	14,341 shares	**	159,041
	FID EQUITY INCOME II	8,692 shares	**	158,635
	FID MID CAP STOCK	5,475 shares	**	157,958
	FIDELITY NEW MILLEN	4,740 shares	**	138,090
	FID DIVIDEND GROWTH	4,810 shares	**	136,746
	FIDELITY INVST GR BD	17,064 shares	**	126,102
	FID SEL GOLD	2,272 shares	**	120,660
	FID INTL DISCOVERY	3,206 shares	**	105,916
	FID SEL MED EQ & SYS	3,651 shares	**	100,696
	FID DISCIPLINED EQTY	4,208 shares	**	94,799
	FIDELITY EMERG MRKTS	3,589 shares	**	94,567
	FID SEL ENERGY SVCS	1,271 shares	**	94,536
	FID NEW MARKETS INC	5,457 shares	**	85,395
	FID SEL CHEMICALS	893 shares	**	85,322
	FID CAP APPRECIATION	3,031 shares	**	76,809
	FID SEL ENERGY	1,457 shares	**	76,196
	FID LARGE CAP VALUE	7,226 shares	**	76,021
	FID LATIN AMERICA	1,254 shares	**	74,008
	FID FREEDOM 2010	5,258 shares	**	71,457
	FID CHINA REGION	2,197 shares	**	71,433
	FID SMALL CAP STOCK	3,565 shares	**	69,867
	FID SEL TECHNOLOGY	722 shares	**	69,067
	FID FIDELITY	2,089 shares	**	67,171
	FID SEL MEDICAL DEL	1,334 shares	**	66,257
	FID HIGH INCOME	7,285 shares	**	65,127
	FID INTERMED BOND	6,084 shares	**	64,184
	FID EUROPE	1,983 shares	**	62,108
	FID SEL HEALTHCARE	457 shares	**	56,905

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

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

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<i>(a)</i> Identity of issue borrower, lessor or similar party	<i>(b)</i> Description of investment including maturity date, rate of interest, collateral, and par or maturity value	<i>(c)</i>	<i>(d)</i> Cost	<i>(e)</i> Current value
Mutual Funds (continued)				
	FID CANADA	946 shares	**	\$ 54,992
	SPTN TOTAL MKT INDEX	1,504 shares	**	54,803
	FID SEL NATURAL RES	1,478 shares	**	51,458
	FID GR STRATEGIES	2,492 shares	**	50,933
	FID EMERGING ASIA	1,627 shares	**	49,818
	FID FREEDOM INCOME	4,367 shares	**	49,256
	FID CAPITAL & INCOME	5,154 shares	**	48,603
	FID MID CAP GROWTH	3,696 shares	**	45,973
	SPARTAN INTL INDEX	1,302 shares	**	45,778
	FID FOUR IN ONE IDX	1,691 shares	**	45,660
	FID STK SEL SM CAP	2,438 shares	**	45,127
	FID SHORT TERM BOND	5,227 shares	**	44,221
	FID INDEPENDENCE	1,714 shares	**	41,739
	FID REAL ESTATE INVS	1,608 shares	**	41,311
	FIDELITY US BD INDEX	3,606 shares	**	40,855
	FID ASSET MGR 0.2	3,115 shares	**	39,837
	FID FREEDOM 2005	3,553 shares	**	38,408
	FID INTM GOVT INCOME	3,577 shares	**	38,311
	FID SMALL CAP VALUE	2,450 shares	**	38,250
	FID FREEDOM 2045	4,026 shares	**	38,211
	FID BLUE CHIP VALUE	3,457 shares	**	37,372
	FID PACIFIC BASIN	1,375 shares	**	35,838
	FID FIFTY	2,023 shares	**	35,662
	FID SMALL CAP GROWTH	1,965 shares	**	30,834
	FID STRAT REAL RET	3,155 shares	**	30,222
	FID TOTAL BOND	2,774 shares	**	29,740
	FID LARGE CAP GROWTH	2,999 shares	**	29,213
	FID ULTRASHORT BOND	3,450 shares	**	28,185
	FID MID CAP VALUE	1,750 shares	**	27,919
	FID GROWTH DISCOVERY	1,938 shares	**	26,505
	FID REAL ESTATE INC	2,471 shares	**	25,698
	FID SEL NATURAL GAS	740 shares	**	24,581
	FID SEL UTILITIES	478 shares	**	23,106
	FID INTL SMALL CAP	1,076 shares	**	22,885
	FID LARGE CAP STOCK	1,296 shares	**	22,816
	FID ASSET MGR 0.85	1,693 shares	**	22,682
	FID SEL COMPUTERS	365 shares	**	20,614
	FID SEL MATERIALS	285 shares	**	19,358
	FID INFLAT PROT BOND	1,619 shares	**	18,842
	FID SEL SOFTWARE	213 shares	**	18,641
	FID FLOAT RT HI INC	1,737 shares	**	17,006
	FID EXP & MULTINATL	699 shares	**	15,256
	FID GNMA	1,259 shares	**	14,446
	FID INST SH INT GOVT	1,281 shares	**	12,915
	FID GLB COMDTY STK	660 shares	**	11,317
	FID SEL CONS STAPLES	163 shares	**	11,112
	FID SEL BANKING	586 shares	**	10,853
	FID SEL LEISURE	106 shares	**	9,705
	FID JAPAN SMALLER CO	1,039 shares	**	9,552
	FID INTL REAL ESTATE	942 shares	**	8,839
	FID FREEDOM 2050	865 shares	**	8,115
	FID NASDAQ COMP INDX	197 shares	**	6,945
	SPTN INT TR INDX INV	569 shares	**	6,068

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

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

December 31, 2010

(a) 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)			
	FID EMEA	639 shares	** \$ 6,036
	FIDELITY NORDIC	160 shares	** 5,497
	FID GLOBAL BALANCED	222 shares	** 4,955
	FID INTL CAP APPREC	347 shares	** 4,469
	FID MORTGAGE SEC	404 shares	** 4,374
	FIDELITY GOVT INCOME	408 shares	** 4,252
	SPTN ST TR INDX INV	380 shares	** 3,987
	FID WORLDWIDE	193 shares	** 3,595
	SPTN EXTND MKT INDEX	76 shares	** 2,909
	FID CONVERTIBLE SEC	112 shares	** 2,852
	FID FOCUSED HIGH INC	289 shares	** 2,665
	FID SEL TRANSPORT	41 shares	** 2,285
	FID SEL ELECTRONICS	28 shares	** 1,331
	FID SEL BIOTECH	15 shares	** 1,113
	FID SEL PHARMACEUTCL	59 shares	** 730
	FID SEL BROKERAGE	9 shares	** 466
	FID SEL ENV ALT ENGY	25 shares	** 448
	FID SEL WIRELESS	21 shares	** 161
	FID EUROPE CAP APP	4 shares	** 75
* FIRST INVESTORS	SPECIAL SITUATIONS FUND - A SHARES	2,640 shares	** 63,602
	TOTAL RETURN FUND - A SHARES	4,246 shares	** 63,564
	GOVERNMENT FUND - A SHARES	3,683 shares	** 41,842
	GLOBAL FUND - A SHARES	398 shares	** 2,659
	FUND FOR INCOME - A SHARES	182 shares	** 456
	CASH MANAGEMENT FUND - A SHARES	87 shares	** 87
* OPPENHEIMER	GLOBAL FUND A	2,872 shares	** 173,356
	LIMITED TERM GOVERNMENT FUND A	5,970 shares	** 56,177
	GOLD & SPECIAL MINERALS FUND A	811 shares	** 40,435
	CHAMPION INCOME FUND A	17,373 shares	** 33,704
	GLOBAL OPPORTUNITIES FUND A	951 shares	** 28,287
	CAPITAL APPRECIATION FUND A	537 shares	** 23,402
	INTERNATIONAL BOND FUND A	2,287 shares	** 15,004
	SMALL & MID CAP GROWTH FUND A	1,209 shares	** 14,138
	CORE BOND FUND A	2,142 shares	** 13,838
	DEVELOPING MARKETS FUND A	349 shares	** 12,713
	QUEST OPPORTUNITY VALUE FUND A	409 shares	** 10,789
	SENIOR FLOATING RATE FUND A	1,282 shares	** 10,640
	COMMODITY STRATEGY TOTAL RETURN FUND A	2,907 shares	** 10,640
	REAL ESTATE FUND A	316 shares	** 5,923
	MAIN STREET SMALL CAP FUND A	141 shares	** 2,874
* PIONEER	PIONEER VALUE FUND A	2,891 shares	** 32,938
	PIONEER STRATEGIC INCOME FUND A	2,520 shares	** 27,566
	PIONEER CASH RESERVES FUND A	72 shares	** 72
* VANGUARD	500 INDEX FUND INV	21,970 shares	** 2,544,592
	STAR FUND	102,775 shares	** 1,960,948
	WINDSOR II FUND INV	53,635 shares	** 1,376,812
	LIFESTRATEGY GROWTH FUND	53,343 shares	** 1,176,748
	BALANCED INDEX FUND INV	32,857 shares	** 702,482
	MID-CAP INDEX FUND INV	34,228 shares	** 695,162
	TARGET RETIREMENT 2035	47,442 shares	** 621,014
	WELLINGTON FUND INV	19,036 shares	** 592,031
	TOTAL STOCK MKT IDX INV	18,730 shares	** 591,108
	GROWTH INDEX FUND INV	18,213 shares	** 575,529

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

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

EIN 34-0714538

PN 002

December 31, 2010

<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>
Mutual Funds (continued)				
	TARGET RETIREMENT 2025	42,666 shares	**	\$ 538,446
	HEALTH CARE FUND INV	3,869 shares	**	473,582
	GROWTH AND INCOME INV	17,970 shares	**	473,161
	TOTAL BOND MKT INDEX INV	44,516 shares	**	471,872
	EXPLORER FUND INVESTOR	6,323 shares	**	460,913
	TOTAL INTL STOCK IX INV	27,441 shares	**	432,465
	INTER-TERM BOND INDEX INV	37,272 shares	**	417,818
	TARGET RETIREMENT 2015	32,801 shares	**	407,388
	LIFESTRATEGY CONSRV GRWTH	24,831 shares	**	406,238
	SMALL-CAP INDEX FUND INV	11,243 shares	**	390,703
	TARGET RETIREMENT 2020	16,231 shares	**	358,694
	LIFESTRATEGY MOD GROWTH	17,081 shares	**	334,273
	WELLESLEY INCOME FUND INV	14,393 shares	**	312,319
	EMERGING MKTS STK IDX INV	10,080 shares	**	305,835
	TARGET RETIREMENT 2045	22,349 shares	**	301,713
	WINDSOR FUND INVESTOR	21,147 shares	**	285,699
	INTERNATIONAL GROWTH INV	14,082 shares	**	272,345
	ADMIRAL TRSY MONEY MKT	260,883 shares	**	260,883
	MORGAN GROWTH FUND INV	13,104 shares	**	236,274
	SMALL-CAP VALUE INDEX	14,373 shares	**	230,108
	EQUITY INCOME FUND INV	11,029 shares	**	224,775
	U.S. GROWTH FUND INVESTOR	10,749 shares	**	196,168
	PRIME MONEY MKT FUND	195,090 shares	**	195,090
	VALUE INDEX FUND INV	9,010 shares	**	187,309
	SELECTED VALUE FUND	9,977 shares	**	187,163
	STRATEGIC EQUITY FUND	10,204 shares	**	186,941
	PRIMECAP FUND INVESTOR	2,685 shares	**	176,651
	HIGH-YIELD CORP FUND INV	30,709 shares	**	175,043
	ENERGY FUND INVESTOR	2,563 shares	**	166,303
	GLOBAL EQUITY FUND	7,996 shares	**	142,811
	INTER-TERM TREASURY INV	12,500 shares	**	141,623
	TARGET RETIREMENT 2030	6,521 shares	**	141,382
	GNMA FUND INVESTOR SHARES	12,059 shares	**	129,517
	INTERNATL EXPLORER FUND	7,616 shares	**	126,956
	ASSET ALLOCATION FUND INV	5,156 shares	**	126,075
	INTERNATIONAL VALUE FUND	3,535 shares	**	113,679
	PRECIOUS METALS & MINING	3,602 shares	**	96,345
	EUROPEAN STOCK INDEX INV	3,423 shares	**	89,671
	REIT INDEX FUND INV	4,607 shares	**	84,685
	CAPITAL VALUE FUND	7,431 shares	**	81,894
	PACIFIC STOCK INDEX INV	7,189 shares	**	78,145
	EXTENDED MKT INDEX INV	1,863 shares	**	76,872
	PRIMECAP CORE FUND	5,114 shares	**	70,423
	CAPITAL OPPORTUNITY INV	2,052 shares	**	68,195
	LONG-TERM BOND INDEX	5,045 shares	**	60,739
	LONG-TERM TREASURY INV	5,408 shares	**	59,868
	SHORT-TERM TREASURY INV	5,588 shares	**	59,682
	S-T INVESTMENT-GRADE INV	5,365 shares	**	57,781
	SMALL-CAP GROWTH INDEX	2,486 shares	**	54,501
	LIFESTRATEGY INCOME FUND	3,661 shares	**	51,480
	TARGET RETIREMENT 2040	2,204 shares	**	47,377
	TARGET RETIREMENT 2050	2,195 shares	**	46,964
	TARGET RETIREMENT 2010	2,056 shares	**	45,875

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

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

EIN 34-0714538

PN 002

December 31, 2010

(a) Identity of issue borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(c)	(d) Cost	(e) Current value
Mutual Funds (continued)				
	GROWTH EQUITY FUND	3,794 shares	**	\$ 40,935
	I-T INVESTMENT-GRADE INV	4,121 shares	**	40,882
	DIVIDEND GROWTH FUND	2,840 shares	**	40,838
	MID-CAP GROWTH FUND	1,851 shares	**	35,166
	STRATEGIC SM-CAP EQUITY	1,721 shares	**	32,474
	LONG-TERM INVEST-GR INV	3,377 shares	**	31,540
	SHORT-TERM BOND INDEX INV	2,708 shares	**	28,574
	DEVELOPED MARKETS IDX INV	2,287 shares	**	23,011
	INFLATION-PROTECT SEC INV	1,625 shares	**	21,120
	MID-CAP VALUE INDEX INV	649 shares	**	13,538
	TOTAL WORLD STOCK IDX INV	576 shares	**	11,176
	FEDERAL MONEY MKT FUND	11,127 shares	**	11,127
	LARGE-CAP INDEX FUND INV	468 shares	**	10,873
	MID-CAP GROWTH INDEX INV	421 shares	**	10,287
	CONVERTIBLE SECURITIES	712 shares	**	9,561
	U.S. VALUE FUND	539 shares	**	5,447
	SHORT-TERM FEDERAL INV	420 shares	**	4,518
	TARGET RETIREMENT 2005	145 shares	**	1,704
	FTSE ALL-WORLD EX-US INV	90 shares	**	1,677
	FTSE SOCIAL INDEX INV	140 shares	**	1,061
				<u>41,514,466</u>
Pooled Separate Accounts				
* ING VC3487	ING GROWTH AND INCOME PORTFOLIO - CLASS I	29,492 units	**	684,875
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORT - INITIAL	20,320 units	**	280,258
	ING OPPENHEIMER GLOBAL PORTFOLIO - INITIAL CLASS	18,089 units	**	240,672
	FIDELITYÆ VIP GROWTH PORTFOLIO - INITIAL CLASS	9,933 units	**	191,299
	FIDELITYÆ VIP CONTRAFUNDÆ PORTFOLIO - INITIAL CLASS	5,156 units	**	167,317
	ING BALANCED PORTFOLIO - CLASS I	5,695 units	**	159,163
	ING INVESCO VAN KAMPEN EQUITY AND INCOME PORTFOLIO - INITIAL	12,000 units	**	148,419
	ING MONEY MARKET PORTFOLIO - CLASS I	9,380 units	**	141,901
	ING INDEX PLUS MIDCAP PORTFOLIO - CLASS I	5,320 units	**	119,336
	ING INDEX PLUS LARGE CAP PORTFOLIO - CLASS I	5,752 units	**	110,613
	ING MARKET STOCK FUND	10,844 units	**	95,627
	OPPENHEIMER DEVELOPING MARKETS FUND - CLASS A	1,248 units	**	94,593
	ING INTERMEDIATE BOND PORTFOLIO - CLASS I	4,090 units	**	90,804
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	3,134 units	**	75,794
	ING MARKET STOCK FUND	8,057 units	**	73,119
	ING SOLUTION 2025 PORTFOLIO - SERVICE CLASS	4,759 units	**	54,377
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORT - INITIAL	3,291 units	**	51,669
	ING SMALL COMPANY PORTFOLIO - CLASS I	1,592 units	**	48,869
	FIDELITYÆ VIP OVERSEAS PORTFOLIO - INITIAL CLASS	2,183 units	**	40,209
	ING THORNBURG VALUE PORTFOLIO - INITIAL CLASS	1,388 units	**	37,996
	WELLS FARGO ADVANTAGE SPECIAL SMALL CAP VALUE FUND - CLASS A	1,657 units	**	37,437
	FRANKLIN SMALL CAP VALUE SECURITIES FUND - CLASS 2	1,804 units	**	33,924
	AMERICAN FUNDS EUROPACIFIC GROWTH FUNDÆ - CLASS R-4	1,929 units	**	32,507
	FIDELITY VIP EQUITY-INCOME PORTFOLIO - INITIAL CLASS	1,432 units	**	31,611
	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUNDSM - R-4	2,609 units	**	29,934
	ING GLOBAL BOND PORTFOLIO - INITIAL CLASS	2,218 units	**	29,274
	PIMCO VIT REAL RETURN PORTFOLIO - ADMINISTRATIVE CLASS	2,114 units	**	28,621
	AMERICAN FUNDS THE GROWTH FUND OF AMERICAÆ - CLASS R-4	2,185 units	**	28,350
	ING INDEX PLUS SMALLCAP PORTFOLIO - CLASS I	1,609 units	**	25,680
	AMERICAN FUNDS NEW PERSPECTIVE FUNDÆ - CLASS R-4	1,634 units	**	25,542
	ING PIMCO HIGH YIELD PORTFOLIO - SERVICE CLASS	1,693 units	**	24,704

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

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

EIN 34-0714538

PN 002

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(a) Identity of issue borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(c)	(d) Cost	(e) Current value
Pooled Separate Accounts (continued)				
	ING PIMCO TOTAL RETURN PORTFOLIO - SERVICE CLASS	1,551 units	**	\$ 22,934
	ING SOLUTION 2035 PORTFOLIO - SERVICE CLASS	1,881 units	**	21,768
	ING UBS U.S. LARGE CAP EQUITY PORTFOLIO - INITIAL CLASS	1,142 units	**	18,967
	INVESCO V.I. CORE EQUITY FUND - SERIES I SHARES	1,779 units	**	17,882
	ING T. ROWE PRICE EQUITY INCOME PORTFOLIO - SERVICE CLASS	1,078 units	**	17,310
	ING MARKET STOCK FUND	1,632 units	**	17,303
	TEMPLETON GLOBAL BOND FUND - CLASS A	796 units	**	14,879
	ING MARKET STOCK FUND	1,562 units	**	14,470
	ING MFS TOTAL RETURN PORTFOLIO - SERVICE CLASS	798 units	**	11,509
	ING MARKET STOCK FUND	1,118 units	**	11,502
	ING SOLUTION 2015 PORTFOLIO - SERVICE CLASS	980 units	**	11,336
	LORD ABBETT SERIES FUND MID CAP VALUE PORTFOLIO - CL VC	773 units	**	10,598
	WANGER SELECT	631 units	**	10,358
	ING JPMORGAN MID CAP VALUE PORTFOLIO - SERVICE CLASS	538 units	**	9,374
	ING JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	629 units	**	8,644
	PIONEER HIGH YIELD VCT PORTFOLIO - CLASS I SHARES	606 units	**	8,572
	OPPENHEIMER MAIN STREET SMALL- & MID-CAP FUNDE/VA	649 units	**	8,545
	ING DAVIS NEW YORK VENTURE PORTFOLIO - SERVICE CLASS	454 units	**	8,225
	ING JPMORGAN EMERGING MARKETS EQUITY PORTFOLIO - SERVICE	312 units	**	7,431
	ING MARKET STOCK FUND	912 units	**	7,376
	ING MARKET STOCK FUND	425 units	**	6,371
	ARIEL FUND	521 units	**	6,013
	ING BLACKROCK HEALTH SCIENCES OPPORTUNITIES PORTFOLIO - SRV	484 units	**	5,767
	ING MARKET STOCK FUND	426 units	**	5,445
	ING T. ROWE PRICE INTERNATIONAL STOCK PORTFOLIO - SERVICE	308 units	**	4,254
	ING MARKET STOCK FUND	458 units	**	3,644
	ING MARKET STOCK FUND	240 units	**	3,115
	ING T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO - SERVICE	226 units	**	3,056
	ING INVESCO VAN KAMPEN COMSTOCK PORTFOLIO - SERVICE CLASS	203 units	**	2,548
	ING MARKET STOCK FUND	223 units	**	2,267
	ING STRATEGIC ALLOCATION MODERATE PORTFOLIO - CLASS I	120 units	**	2,239
	ING INTERNATIONAL VALUE PORTFOLIO - CLASS I	170 units	**	2,239
	ING ARTIO FOREIGN PORTFOLIO - SERVICE CLASS	159 units	**	2,166
	ING BLACKROCK SCIENCE AND TECHNOLOGY OPPORT PORT - CLASS I	306 units	**	1,589
	INVESCO V.I. CAPITAL APPRECIATION FUND - SERIES I SHARES	164 units	**	1,458
	ING MFS UTILITIES PORTFOLIO - SERVICE CLASS	77 units	**	1,295
	ING MARKET STOCK FUND	81 units	**	1,143
	ING MARKET STOCK FUND	81 units	**	1,130
	ING MARKET STOCK FUND	55 units	**	609
	ING BARON SMALL CAP GROWTH PORTFOLIO - SERVICE CLASS	20 units	**	357
	ING MARKET STOCK FUND	29 units	**	262
* ING VC3811	ING OPPENHEIMER GLOBAL PORTFOLIO - INITIAL CLASS	1,412 units	**	18,785
	ING GROWTH AND INCOME PORTFOLIO - CLASS I	447 units	**	10,386
	FIDELITY VIP GROWTH PORTFOLIO - INITIAL CLASS	383 units	**	7,379
	ING T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORT - INITIAL	479 units	**	6,607
	ING INTERMEDIATE BOND PORTFOLIO - CLASS I	269 units	**	5,967
	ING T. ROWE PRICE GROWTH EQUITY PORTFOLIO - INITIAL CLASS	140 units	**	3,387
	ING LEGG MASON CLEARBRIDGE AGGRESSIVE GROWTH PORT - INITIAL	201 units	**	3,149
	ING MARKET STOCK FUND	297 units	**	2,692
	FIDELITY VIP OVERSEAS PORTFOLIO - INITIAL CLASS	136 units	**	2,509
	ING MARKET STOCK FUND	242 units	**	2,136
	ING INDEX PLUS MIDCAP PORTFOLIO - CLASS I	35 units	**	785
	ING SMALL COMPANY PORTFOLIO - CLASS I	15 units	**	450

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

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

EIN 34-0714538

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December 31, 2010

<i>(b)</i> Identity of issue borrower, lessor (a) or similar party	<i>(c)</i> Description of investment including maturity date, rate of interest, collateral, and par or maturity value	<i>(d)</i> Cost	<i>(e)</i> Current value
Pooled Separate Accounts (continued)			
* LINCOLN	LVIP DELAWARE SPECIAL OPPORTUNITIES	***	\$ 29,087
	LVIP DELAWARE SOCIAL AWARENESS	***	26,776
	LVIP MONDRIAN INTERNATIONAL VALUE	***	21,404
	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	***	18,846
	LVIP BARON GROWTH OPPORTUNITIES	***	12,765
	LVIP DELAWARE GROWTH & INCOME	***	12,325
	DELAWARE VIP TREND	***	8,247
* METLIFE (LARGE)	OPP CAPITAL APPRECIATION 604904.65	***	423,449
	OPPEN GLOBAL EQUITY PORT	***	311,946
	FIDELITY VIP EQTY INCOME	***	214,549
	JANUS FORTY PORTFOLIO	***	181,773
	BLACKROCK DIVERSIFIED	***	111,311
	RUSSELL 2000(R) INDEX	***	103,907
	METLIFE STOCK INDEX PORT	***	102,940
	BLACKROCK BND INC-CL A	***	57,610
	PIMCO TOTAL RETURN PORT	***	52,224
	FID VIP MID CAP PORT SC	***	49,934
	PIONEER STRATEGIC INCOME	***	43,078
	WEST AS MGT U.S. GOVT POR	***	36,600
	BATTMARCH GRO AND INC POR	***	30,879
	PIONEER FUND PORTFOLIO	***	25,849
	BLACKROCK LEGACY LGCAPGR	***	25,045
	BLACKROCK HIGH YIELD	***	22,926
	LOOMIS SAYLES GLOBAL MKTS	***	21,084
	MFS TOTAL RETURN POR-CL F 18046.47	***	20,531
	BATTMARCH GRO AND INC POR	***	15,365
	T. ROWE PRICE SMALL CAPGR	***	14,035
	BARCLAYS CAPAGGBOND INDEX	***	13,195
	LGGMSNCLRBR VAR FUN VAL	***	8,837
	THIRD AVE SM CAP VAL PORT	***	7,327
	LGGMSN CLRBR VAR SM CP GR	***	5,570
	LGGMSNCLRBR VAR LGCAP VAL	***	4,516
	LGGMSN CLRBR VAR LRG CP GR	***	4,139
	MFS RESEARCHINTERNATIONAL	***	4,083
	JANUSASPENSERIES OVERSEAS	***	2,865
	T ROWE PRICE LG CAP VAL	***	2,475
	LAZARD MID CAP PORTFOLIO	***	2,203
	INVESCO SM CAP GROWTH	***	1,561
	MORGAN STNLY EAFE(R) IND	***	1,548
	BLACKROCK MM PORT-CL A	***	1,455
	T. RO PRI LG CAP GRO PORT	***	1,398
	LGG MSN CLRBRG VAR AGG GR	***	1,375
* METLIFE (SMALL)	BLACKROCK LARGE CAP CORE PORTFOLIO	***	17,265
	BLACKROCK DIVERSIFIED PORTFOLIO	***	13,812
	SSGA GROWTH ETF PORTFOLIO	***	10,359
	METLIFE STOCK INDEX PORTFOLIO	***	10,359
	CALVERT SOCIAL BALANCED PORTFOLIO (GROUP ONLY)	***	10,359
	ARTIO INTERNATIONAL STOCK PORTFOLIO	***	6,906
* VALIC	MONEY MARKET I FUND	***	13,304
	LOAN COLLATERAL FUND	***	4,562
	LOAN ESCROW FUND	***	121
			<u>5,758,755</u>

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

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

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<i>(a)</i>	<i>(b)</i> <i>Identity of issue borrower, lessor or similar party</i>	<i>(c)</i> <i>Description of investment including maturity date, rate of interest, collateral, and par or maturity value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
	Guaranteed Insurance Contracts			
* ING VC3487		ING FIXED ACCOUNT	***	\$ 1,992,524
		ING FIXED PLUS ACCOUNT	***	37,462
		ING LONG TERM GAA	***	9,347
		ING SHORT TERM GAA	***	2,101
* ING VC3811		ING FIXED ACCOUNT	***	4,632
* METLIFE (LARGE)		T-FLEX	***	3,314,304
		FUND 16B	***	331,723
		FIXED RIDER	***	317,566
		T-FLEX I	***	202,834
		FUND 16C	***	2,786
		T-FLEX CA	***	996
		FUND 16D	***	341
* METLIFE (SMALL)		FIXED INTEREST	***	70,475
* VALIC		FIXED ACCOUNT PLUS	***	318,563
				<u>6,605,654</u>
	Other Investments	Individual contracts and fixed income fund		<u>740,034</u>
				<u><u>\$ 55,207,643</u></u>

* 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.