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Form **990**

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="mailto:ma

A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change AULTMAN HOME FOR AGED WOMEN, INC. Name change 34-0714628 Doing Business As Initial Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number 456-0004 Termin-(330)2550 CLEVELAND AVE. NW 174,164. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending CANTON, OH 44709 H(a) is this a group return THOMAS STROBL F Name and address of principal officer:A. Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3)) 🗖 (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number L Year of formation 1947 M State of legal domicile OH K Form of organization X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDING LOW COST HOUSING FOR **Activities & Governance** ELDERLY WOMEN. If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,395 18,266. Contributions and grants (Part VIII, line 1h) Revenue 0 0. Program service revenue (Part VIII, line 2g) 22,081 82,379. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,645. 25,476 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 75,345 136,593. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 7,915 8,321. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 416. b Total fundraising expenses (Part IX, column (D), line 25) 10,221 11,411. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 156,325. 93,481 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -68,005 -55,680. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2 5 2014 1,317,828. 1,372,193. 20 Total assets (Part X, line 16) 0. 21 Total habilities (Part X, line 26) 1,317,828. 1,372,193. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I dectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 🔁 true, correct, and complete. Declaration of preparer (ottes than officer) is based on all information of which preparer has any knowledge Signature of officer Sign THOMAS STROBL, EXECUTIVE DIRECTOR " Here Type or print name and title PTIN Date 爱 ②Paid Print/Type preparer's name Preparer's signature 08/19/14 P00100273 CHRIS ROUSH, CPA Mustinhar self-employed ≪Preparer Firm's name REA & ASSOCIATES, INC Firm's EIN 34-1310124 O DUse Only Firm's address 212 N. WASHINGTON STREET Phone no. (330)674-6055 MILLERSBURG, OH 44654 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate Instructions.

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····			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
J	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		 	
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>	<u> </u>	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ļ	
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>	-	<u> </u>
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	}	1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L.	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2013)

Form 990 (2013) AULTMAN HOME FOR A Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			.,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			x
^-	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}	ļ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		Α.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):	28a	}	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2013

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V				<u> </u>
Enter the number of Forms W.G. included in line 1a. Enter 0-f. not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, filed for the calendar year androity with or within the year covered by this return bill at least one is reported on line 2a, cid the organization file all required federal employment tax returne? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 3b. Unit organization have unrelated business gross income of \$1.000 or more during the year? 3c. Vision of the organization have unrelated business gross income of \$1.000 or more during the year? 3c. Vision of the organization have unrelated business gross income of \$1.000 or more during the year? 3c. Vision of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account; or other financial account? 3c. Vision of the organization have an interest in, or a signature or other authority over, a financial Accounts 3c. Vision of the sea of \$2.00 and the organization have an interest in, or a signature or other authority over, a financial Accounts 3c. Vision of the organization and the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a party to a prohibitorial or the value or is a value or is a party or is a value or is a					Yes	No
to Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einfer the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 bit at least one is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 is in greater than 250, you may be required to e-file (see instructions) 3 bit the organization have unrelated business gross income of \$1,000 or more dump the year? 3 a X bit "Yes," has it filed a form \$90.7 for this year? If "No," to the 3b, provide an explanation in Schedule O 3 bit Horizon and the form \$90.7 for this year? If "No," to the 3b, provide an explanation in Schedule O 4 At any time duming the calendary are, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. P 5 see instructions of filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibitorial to wall the wall or a party to a prohibitor that where the name of the foreign country. P 5 see instructions of filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5 was the organization and party to a prohibitor that was or a a party to a prohibitor that where the same of the foreign country. 5 bit and the propagalization and the foreign country is to a prohibitor to a some of the foreign country. 5 bit "Yes," to like organization that was or a a party to a prohibitor that where the party or a prohibitor that where the party or a prohibitor that where the party to a prohibitor that where the party or a prohibitor that was required to the foreign country to the party or a prohibitor that was or a party to a prohibitor that was required to the fermion that may receive deductible contributions	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a ()		
(agambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (<u>]</u>		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business give a greater than 250, you may be required to e-file (see instructions) 3 bid 1 the organization have unrelated business give a greater than 250, you may be required to e-file (see instructions) 3 bid 1 the organization have unrelated business give a greater than 250, you may be required to e-file (see instructions) 3 bid 1 the organization have unrelated business give an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 3 bid 1 the organization and the foreign country (such as a bank account, securities account, or other financial account) 5 bid 1 the organization and the foreign country (such as a bank account, securities account, or other financial account) 5 bid 1 the organization file foreign country (such as a bank account, securities account, or other financial account) 5 bid 1 the organization file foreign country (such as a bank account, securities account, or other financial account) 5 bid 1 the organization file form 8886-17 6 bid any taxable party northy the organization file form 8886-17 6 bid any taxable party northy the organization file form 8886-17 6 bid 1 the organization securities and that it was or as a party to a prohibited tax sheker transaction? 5 bid 1 the organization have a crucial gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was required to the form 8880-17 6 bid the organization than the varies of the subject of the subject of the organization series o	C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
field for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization fiel all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a		(gambling) winnings to prize winners?		1c	X	
b If al least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c A 1 any time during the calendar year, did the organization have an interest in, or a separature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c A tany time the name of the foreign country: ▶ 5c enstructions for filing requirements for Form TD F 902.11, Report of Foreign Bank and Financial accounts 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 6c If Year, 1 one Saor 55, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c If Year, 1 one Saor 55, did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If Year, 1 one Saor 55, did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d If Year, indicate the number of Forms 8282 filed during the year 9d Organizations that may receive deductible contributions under section 170(c). 9d If Year, indicate the number of Forms 8282 filed during the year 10d the organization neceive a pyrient in express statement that such contributions or gifts were not tax deductible and party to gift the organization in the year in the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a_ (וַ		
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year? 49 If Yes, 'has it filed a Form 909T for this year? If 'No,' 'io line 3b, provide an explanation in Schedule O 49 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other intancial account?) 50 If 'Yes,' enter the name of the foreign country: ► 51 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 52 Was the organization aparty to a prohibited tax sheller transaction? Country to any third the organization that if was or is a party to a prohibited tax sheller transaction? Country to if 'Yes,' to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? Country ontrivitions that were not tax deductible as charitable contributions? 52 If 'Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 53 Organizations that may receive deductible contributions under section 170(c). 64 If 'Yes,' did the organization receive a payment in axess of \$75 made party as a contribution and partly for goods and services provided to the payor? 74 If 'Yes,' did the organization on chifty the donor of the value of the goods or services provided? 65 If 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 75 If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C? 76 If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C? 77 If the organization received a contribution of carb, bots, areplanes, or other vehicles, did the organization file a Form 108-C? 77 If the organization make any t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ns?	2b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b if Y'es, "has it field a Form 990-T for this year? If YNo," to fine 35, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) b if Y'es," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Y'es, 'indicate the number of Forms 8282 filed during the year 9 Did the organization serves a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 10 Did the organization, decided the number of Forms 8282 filed during the year 10 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization maintaining door advised funds and section 50(a) (3) supporting organizations. Did the supporting organizations maintaining door advised funds. 8 Did the organization make any taxable distribution to a donor,		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Interest the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			•			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130	ļ		v
			- 0			
	<u>b</u>	it is es, nas it filed a Form 720 to report these payments 7 It "No," provide an explanation in Schedul	e U		000	(0040)

34-0714628 AULTMAN HOME FOR AGED WOMEN, INC. Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section	C.	Discl	osure
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17 List the states with which a copy of this Form 990 is required to be filed ▶OH

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► A.THOMAS STROBL - (330) 456-0004

2550 CLEVELAND AVE NW, CANTON, OH 44709

Form 990 (2013)

16b

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

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

 \mathbf{x}

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do	not c	Pos	ition more	l than is bot	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below	stee or director	institutional frustee	dad	recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT NICKOSON	1.00	Î,	瓦	Officer	-X	哥哥	Ē			
PRESIDENT/ TRUSTEE	1.00	х		X				0.	0.	0.
(2) JEFF VAN CLEVE	0.50	7.		72						
VICE PRESIDENT/ TRUSTEE	0.30	х		х				0.	0.	0.
(3) RAY BEAL	0.50	-			-	 	 			.
SECRETARY/ TRUSTEE		Х		х				0.	0.	0.
(4) TERRY BAKER	1.00					1				
TREASURER/ TRUSTEE		Х		х				0.	0.	0.
(5) A. THOMAS STROBL	1.00	-				<u> </u>				
EXECUTIVE DIRECTOR	39.00			Х				0.	3,225.	348.
(6) MICHAEL KERR	2.00									
CONTROLLER	38.00			Х				0.	3,795.	953.

332007 10-29-13

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			_ •	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		i than	one	Reportable	Reportable		Es	tımate	ed
		hours per	kod	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	n	an	nount	of
		week	⊢.	cer ar	id a d	Irecto	or/trus	itee)	from	from related			other	
		(list any	Individual trustee or director						the	organizations			pensa	
		hours for related	9	8			뵱		organization	(W-2/1099-MIS	C)		om the	
		organizations	l sta	Institutional fruster			Highest compensati employee		(W-2/1099-MISC)			-	anızatı	
		below	ᇐ	g		e e	5 8						d relate	
		line)	gwd	Setut	Officer	Кеу етріоуее	86	E				orga	anızatı	ons
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	Sub-total								0.	7,02	$\overline{}$		1,3	
	Total from continuation sheets to Part V	II, Section A						•	0.	7.00	0.		1 2	0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	7,02			1,3	01.
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization													0
											-		Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	ľ			
	line 1a? If "Yes," complete Schedule J for	such individua <mark>l</mark>										3		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	amo	ens	atior	n and	d otl	her compensation from	the organization	ľ			
	and related organizations greater than \$15									· ·	- [4		Х
5	Did any person listed on line 1a receive or									idual for services	f		***************************************	
•	rendered to the organization? If "Yes," con	-				_	-	0.0.	or organization or more			5	1	X
Sec	tion B. Independent Contractors	ripiete Gerieder		0, 0	<u> </u>	por.	3011			•			ļ	
1	Complete this table for your five highest c	ompensated in	den	ende	ant c	ont.	racto	are t	that received more than	\$100 000 of com	nener	ation f	rom	
•	the organization. Report compensation for										٥٠،١٥٤	•11 1		
	(A)	the calendary	cai	GIIG	iiig v	VICII	<u> </u>		(B)	your.		((<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	Name and busines	s address	N	ON	F.				Description of s	services	C		″ nsatio	n
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2	Total number of independent contractors		ot l	ımıte	d to	the	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	nzation >					<u>υ</u>							
												_	000 /	

Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 18,266. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 18,266. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,511. 20,511. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 135,387. assets other than inventory b Less: cost or other basis 73**,**519 and sales expenses 61,868. c Gain or (loss) 61,868 61,868. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 100,645. 82,379. Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must com		***	omplete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
_7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	126 502	126 502		
	organizations in the United States See Part IV, line 21	136,593.	136,593.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				······
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,	0 221		7 005	116
•	trustees, and key employees	8,321.		7,905.	416.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				······································
7 8	Other salaries and wages				
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	, , , , , , , , , , , , , , , , , , , ,				
10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):				
	Management				
a b	Legal				
0	Accounting	1,374.		1,374.	
d	Lobbying	1/3/10	-	1/3/11	
_	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9,801.		9,801.	
	Other. (If line 11g amount exceeds 10% of line 25,	3,0020		370011	
9	column (A) amount, list line 11g expenses on Sch O)	200.		200.	
12	Advertising and promotion				
13	Office expenses	36.		36.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
c					
d					
	All other expenses	156 335	126 500	10 016	A A
25	Total functional expenses. Add lines 1 through 24e	156,325.	136,593.	19,316.	416.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check nere (following SOP 98-2 (ASC 958-720)	I			

	•	Check if Schedule O contains a response or note	S to tarry mile in this rate A	(A)		(B)
_				Beginning of year		End of year
	1	Cash · non-interest-bearing		77,593.	1	29,249
	2	Savings and temporary cash investments		12,772.	2	16,808
	3	Pledges and grants receivable, net			3	
ŀ	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L	Ĺ		5	
	6	Loans and other receivables from other disqualif	led persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	<u> </u>
	9	Prepaid expenses and deferred charges			9	
-	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
•	11	Investments - publicly traded securities		1,227,463.	11	1,326,136
•	12	Investments - other securities. See Part IV, line 1	1		12	
•	13	Investments - program-related. See Part IV, line 1	l1 <u> </u>		13	
	14	Intangible assets	_		14	
-	15	Other assets. See Part IV, line 11	_	1 01 7 000	15	1 050 100
+	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,317,828.	16	1,372,193
	17	Accounts payable and accrued expenses		17		
1	18	Grants payable		18		
- 1	19	Deferred revenue	<u> </u>		19	
1	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	 	· · · · · · · · · · · · · · · · · · ·	21	
1	22	Loans and other payables to current and former				
		key employees, highest compensated employee	s, and disqualified persons			
		Complete Part II of Schedule L	-		22	
3	23	Secured mortgages and notes payable to unrela	·		23	
- 1	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pay	·			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
١.	••	Schedule D	-	0.	25	0
+	26	Total liabilities. Add lines 17 through 25), check here ► X and	٧.	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958	· ·			
	07	complete lines 27 through 29, and lines 33 an	a 34.		07	
	27 00	Unrestricted net assets	<u> </u>	1,317,828.	27 28	1,372,193
	28 20	Temporarily restricted net assets	<u> </u>	1,317,020.	29	1,312,173
'	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 958) shock hars	rianimini in ranimini in mini	29	
			SC 930), Check here			
. .	30	and complete lines 30 through 34.			30	
	30 31	Capital stock or trust principal, or current funds	unment fund		31	
٠ ١	31 32	Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated in			32	
; 4		- netaineu camings, choowinent, accumulated in		- JZ		
	33	Total net assets or fund balances		1,317,828.	33	1,372,193

Form	AULTMAN HOME FOR AGED WOMEN, INC.	34-	0714628	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	100	0,6	45.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	150	5, 3	25.		
3	Revenue less expenses. Subtract line 2 from line 1	-5	5,6	80.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,31	7,8	28.		
5	Net unrealized gains (losses) on investments	5	10	1,7	24.		
6	Donated services and use of facilities	6		3,3	21.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	,				
	consolidated basis, or both.						
	Separate basis X Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. []				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit				
	Act and OMB Circular A-133?		3a		X		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Employer identification number

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is www.irs gov/form990.

AULTMAN HOME FOR AGED WOMEN. 34-0714628 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ___ Type II d Type III - Non-functionally integrated c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the o in col (i) lis governing	rganization sted in your document?	organizat	s notify the ion in col support?	(vi) Is the organization in col. (i) organized in the US?		(vli) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
						-				
				-						
otal										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not		i								
	include any "unusual grants.")	3,905.	35,750.	3,630.	3,395.	18,266.	64,946.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to			i							
	the organization without charge										
4	Total. Add lines 1 through 3	3,905.	35,750.	3,630.	3,395.	18,266.	64,946.				
5	The portion of total contributions	0,000									
•	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
_	**		····	···· ·· ·· ·· ··			64,946.				
	Public support. Subtract line 5 from line 4			<u>, i</u>		<u> </u>	04,940.				
	ction B. Total Support										
	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
_	Amounts from line 4	3,905.	35,750.	3,630.	3,395.	18,266.	64,946.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties	60 110	47 000	00 005	00 001	00 511	106 004				
	and income from similar sources	68,119.	47,038.	29,085.	22,081.	20,511.	186,834.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10						251,780.				
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop						▶□				
Se	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2013 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	25.79 %				
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	20.21 %				
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🗀				
t	33 1/3% support test - 2012. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box				
	and stop here. The organization qual	•				•					
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b,	and line 14 is 10%	or more.				
	and if the organization meets the "fac	-									
	meets the "facts-and-circumstances"			•	•	and organ	► X				
ŀ	10% -facts-and-circumstances tes					17a, and line 15 ie :					
•											
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
10	-		•	•	• • • •						
10	Private foundation. If the organization	on alla not check a	DOX OIT HITE 13, 108	i, 100, 178, OF 175	o, check this box a	THE SEE INSTRUCTIONS	s				

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and				<u> </u>		
	membership fees received. (Do not	1					
	include any "unusual grants.")	1					
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	formed, or facilities furnished in	1					ĺ
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			 	 		
Ū	are not an unrelated trade or bus-						
	iness under section 513				•		
4					 		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ļ			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]		
	Add lines 7a and 7b			-			
	Public support (Subtract line 7c from line 6)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ction B. Total Support	<u> </u>	• • •	1	<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	\ U / 2000	(0) 2010	(6) 2011	(0) 2012	(0) 2010	17 1012
	a Gross income from interest.					<u> </u>	
	dividends, payments received on					1	
	securities loans, rents, royalties and income from similar sources					1	
					 	 · · · · · · · · · · · · · · · · ·	
•	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				1	 -	
	Add lines 10a and 10b		<u> </u>				·
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on			ļ			
12	Other income. Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part IV.)					1	
13	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>		<u></u>	
	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						▶
Se	ction C. Computation of Publ	ic Support Pe	ercentage			,	
	Public support percentage for 2013 (column (f))		15	Ç
	Public support percentage from 2012					16	g
	ction D. Computation of Inve						
17						17	
18				10, 00,000,00		18	
	a 33 1/3% support tests - 2013. If the			on line 14 and lin	e 15 ie more than		
170	• •	=					17 is not ▶
	more than 33 1/3%, check this box a				=		
	5 33 1/3% support tests - 2012. If the						
^-	line 18 is not more than 33 1/3%, che					_	
	Private foundation. If the organization	n did not check a	DOX on line 14, 19	a, or 19b, check t			
3320	23 09-25-13				Sc	hedule A (Form 99	O or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2013 AULTMAN HOME FOR AGED WOMEN, TNC. 34-0714626 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
EXPLANATION: AULTMAN HOME FOR AGED WOMEN, INC. PROVIDES BENEVOLENCE TO
ELDERLY WOMEN WHO ARE RESIDENTS AT CANTON CHRISTIAN HOME, A RELATED
ORGANIZATION. THERE ARE CONTINUED EFFORTS TO RECEIVE PUBLIC SUPPORT, BUT
THE MAIN PURPOSE OF THE ORGANIZATION IS TO PROVIDE SUPPORT TO THE
RESIDENTS OF CANTON CHRISTIAN HOME, INC. THE ORGANIZATION IS CURRENTLY
MAINTAINING SUPPORT FROM THE GENERAL PUBLIC, PUBLIC CHARITIES, &
GOVERNMENT BRANCHES AT MORE THAN 10% OF ITS TOTAL SUPPORT.

ACTREZIONES D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AULTMAN HOME FOR AGED WOMEN TNC **Employer identification number** 34-0714628

Par	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	
	year >	,	J J
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tree	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued_ 3	Sche	dule D (Form 990) 2013 AULTMAN	HOME FOR	AGED WON	ÆΝ,	INC.		34-07	14628	Pag	де 2
Cineck all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Other	Par	t III Organizations Maintaining C	collections of Ar	t, Historica	Tre	asures, or Oth	er Sin				
a	3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the fo	ollowing that are a	significa	nt use of its	collection	items	
b Scholarly research c		(check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor or eceive donations of art, instorical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV. Is Service and an advantage of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an apent, fursities, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2 Biginning balance 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 2 Distributions during the year 2 Distributions during the year 2 Distributions during the year 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 5 Ending balance 6 Diff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 2 27, 463 1, 173, 631, 1, 279, 071, 1, 195, 677, 1, 1, 141, 525, 228, 1, 173, 631, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	а	Public exhibition	d	Loan o	r excha	ange programs					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization accillation? Yes	b	Scholarly research	е	Other_							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be self to arise funds rather than to be mentioned as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if "Yes" explant the arrangement in Part XIII and complete the following table: 1c Beginning belance 1d Additions during the year 2 bistributions during the year 3 bid the organization include an amount on Form 990, Part X, line 217 4 bid the organization include an amount on Form 990, Part X, line 217 4 bif 16 bid the organization include an amount on Form 990, Part X, line 217 4 bif 17 bid the organization include an amount on Form 990, Part X, line 217 5 bid the organization include an amount on Form 990, Part X, line 217 6 bif 17 bid the organization include an amount on Form 990, Part X, line 10. 1a Beginning of year balance 1 capture (a) Current year (b) Provear (c) Proveat back (d) Three years back (e) Four years	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explair	n how they furt	her the	e organization's ex	empt pu	rpose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization an agent, triustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning belance d Additions during the year e Distributions during the year e Distributions during the year 1	5	During the year, did the organization solicit of	r receive donations of	of art, historica	l treasu	ures, or other simil	ar assets	3			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. Part V Endowment Funds. Complete if the organization in his part XIII. Provide IV (e) Fund years back (e) Four years back (e			aintained as part of t	he organizatioi	r's coll	ection?			Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organ	zation	answered "Yes" to	o Form 9	90, Part IV, I	ine 9, or		
on Form 990, Part X? b if 'Yes,' explain the arrangement in Part Xill and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Indowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. [a Beginning of year balance	1a	· · · · · · · · · · · · · · · · · · ·		liary for contrib	utions	or other assets no	at include				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount					01.01.0	0. 00. 4555.5	, , , , , , , , , , , , , , , , , , ,		Yes		No
Additions during the year 1e	ь	•	and complete the fol	llowing table:					_ ,,,,		
C Beginning balance	_	, , , , , , , , , , , , , , , , , , ,		g					Amount		
d Additions during the year Ending balance Distributions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part XI, line 217 The part XIII Yes No No No No No No No N	С	Beginning balance					10	;	7		
Ending balance Postributions during the year Finding balance Postributions during the year Finding balance Postributions Postri		-	•								
2a Did the organization include an amount on Form 990, Part X, line 21?		- ·					16	,			
Description of part XIII	f	Ending balance					11				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Three years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21?			\ <u></u> -		Yes		No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back	<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has	been p	rovided in Part XII	l				
1 a Beginning of year balance	Par	t V Endowment Funds. Complete	f the organization an	swered "Yes"	to Forn	n 990, Part IV, line	10.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 1,326,136, 1,227,463, 1,173,631, 1,278,071, 1,195,677. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other			(a) Current year	(b) Prior yea	ar	(c) Two years back	(d) Thre	e years back	(e) Four	years b	ack
C Net investment earnings, gains, and losses d Grants or scholarships C Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment p	1a	Beginning of year balance	1,227,463.	1,173,	631.	1,278,071.	. 1	,195,677.	1,	141,5	25.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 1,326,136. 1,227,463. 1,173,631. 1,278,071. 1,195,677. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other	b	Contributions									
e Other expenditures for facilities and programs 1 Administrative expenses 9,801, 8,733, 32,786, 9,670, 12,035, g End of year balance 1,326,136, 1,227,463, 1,173,631, 1,278,071, 1,195,677. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .100 .00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	C	Net investment earnings, gains, and losses	172,533.	114,	593.	-57,272		147,672.		125,2	28.
1 Administrative expenses 9,801. 8,733. 32,786. 9,670. 12,035. 9 End of year balance 1,326,136. 1,227,463. 1,173,631. 1,278,071. 1,195,677. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations bi f'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	d	Grants or scholarships	64,059.	52,	028.	14,381.		55,608.		59,0	41.
1 Administrative expenses 9,801. 8,733. 32,786. 9,670. 12,035. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2	e	Other expenditures for facilities									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .00 % Temporarily restricted endowment ▶ 100 .00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related not an entered the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment G Other		and programs					1				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .00 % c Temporarily restricted endowment ▶ 100.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) x 3a(ii) X 3b	f	Administrative expenses					1			12,0	35.
a Board designated or quasi-endowment ▶	9	_	•				. 1	,278,071.	1,	195,6	77.
b Permanent endowment ▶				e (line 1g, colu	mn (a))	held as:					
Temporarily restricted endowment ▶ 100.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment Other				_%			•				
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other			 .								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	С										
by: (i) unrelated organizations (ii) related organizations (iii) related organizations	_	•	•								
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	3a		ession of the organiza	ation that are h	eld and	d administered for	the orga	ınızatıon	Г	- 1	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered basis (investment) complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form											No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other									T		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other) Cubes or other basis (other)		• •	- 1-4-4	- Oakadula Bo							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		, , ,	•						36		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_			wment tungs.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Book value (f) Book value (f) Book value (g) Accumulated depreciation (h) Cost or other basis (other)	L. CAL			Part IV line 1	12 50	a Form 000 Part V	line 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		· · · · · · · · · · · · · · · · · · ·							(d) Post	volue	—
1a Land b Buildings c Leasehold improvements d Equipment e Other		bescription of property	, , ,	1				- 1	(u) DOOK	value	
b Buildings c Leasehold improvements d Equipment e Other	10	Land	2230 (1110311								
c Leasehold improvements d Equipment e Other											—
d Equipment e Other		_									
e Other											—
						· · · · · · · ·		-			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			equal Form 990, Part	X, column (B).	line 10	(c))					0.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 AULTMAN HOM	E FOR AGED	WOMEN, INC.	34-	0714628	Page 3
Part VII Investments - Other Securities.			- · · · · · · · · · · · · · · · · · · ·	<u> </u>	1 age C
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)	· - ···· ···				
(E)	···-			<u> </u>	
(F)					
(G)				_ 	
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ▶					,
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form 990, l	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	-				
(8)					
(9)					-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	lue
(1)					•
(2)		,			
(3)					
(4)					
(5)				,	
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
Part X Other Liabilities.	- , - ,				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11e or 11f. See Form	990, Part X. line 25.		
1. (a) Description of liability	•	(b) Book value	<u> </u>	······································	
(1) Federal income taxes			1		
(2)			1		
(3)			1		
(4)	 	***	1		
(F)			1		

Column (b) must equal Form 990, Part X, col (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X
 Schedule D (Form 990) 2013

(6) (7) (8)

Schedu	ile D (Form 990) 2013 AULTMAN_HOME_FOR_AGED_WOME	N, INC.	34-0714628 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 T	otal revenue, gains, and other support per audited financial statements		1
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
a N	let unrealized gains on investments		_
b [conated services and use of facilities	2b	
c F	lecoveries of prior year grants	2c	_
d C	Other (Describe in Part XIII.)	2d	4
e A	dd lines 2a through 2d		2e
	subtract line 2e from line 1		3
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	-
	Other (Describe in Part XIII)	4b	1 .
	dd lines 4a and 4b		4c
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem	ente With Evnenses ner	5 Return
A Cal	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		netam.
1 1	otal expenses and losses per audited financial statements		1
	mounts included on line 1 but not on Form 990, Part IX, line 25:		
	Onated services and use of facilities	2a	
	Prior year adjustments	2b	
	Other losses	2c	1
d (Other (Describe in Part XIII.)	2d	7
е А	add lines 2a through 2d	•	2e
3 8	Subtract line 2e from line 1		3
4 /	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	_
b (Other (Describe in Part XIII.)	4b	4
-	Add lines 4a and 4b		4c
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	XIII Supplemental Information.	NV has a discord Obs Dard V has	A. Dard V. Iraa O. Dard VI
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		4; Part X, line 2; Part XI,
111105 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.	
PAR	Y V, LINE 4:		
EXP	LANATION: PART V, LINE 4: INTENDED USE C	F ENDOWMENT FUND	os en en en en en en en en en en en en en
INC	OME GENERATED BY THE ASSETS IN THE FUND I	S AVAILABLE FOR	DISTRIBUTION
	NULTURAL VIOLETTO DE LA COUTRE TRA LIDON DE		, DD 00
TO A	AULTMAN HOME FOR AGED WOMEN, INC. UPON RE	QUEST OF THE BOA	ARD OF
ומדח	ECTORS. THE AGREEMENT ALSO PROVIDES FOR	THE DISTRIBUTION	I OF PRINCIPAL
DIK	COORD. THE AGREEMENT ALSO PROVIDES FOR	THE DISTRIBUTION	V OF FRINCIPAL
то	AULTMAN HOME FOR AGED WOMEN, INC. THE OR	GANTZATION HAS I	PROVIDED MORE
10 1	TODITION HOLD TON HOLD WOLLDRY THOU THE OF	Conviction into 1	- ROVIDED HORE
DET	AIL ON THIS ENDOWMENT FUND ON SCHEDULE D,	PART V.	
			
PAR	T X, LINE 2:	· · · · · · · · · · · · · · · · · · ·	
וחטים	ANIARTON. OF COUPDITE D.		
EAP.	LANATION: OF SCHEDULE D:		
			
	COME TAX		
332054 09-25-13			Schedule D (Form 990) 2013

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES

PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE

ORGANIZATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION

170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

THE ORGANIZATION HAS ADOPTED ASC TOPIC 740 (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. IN ADDITION, THE GUIDANCE ON ASC TOPIC 740 ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS DETERMINED THAT THE EFFECTS OF THE ADOPTION OF THIS PRONOUNCEMENT TO BE INSIGNIFICANT, THEREFORE NO ADJUSTMENTS HAVE BEEN RECORDED AND NO FURTHER DISCLOSURES REQUIRED.

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010."

Schedule D (Form 990) 2013

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2013

Open to Public

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at man us goufform990.

► Attach to Form 990.

% ⊠ 0 Schedule I (Form 990) (2013) **Employer identification number** 34-0714628 ASSISTANCE PROVIDED FOR (h) Purpose of grant or assistance PROGRAM BENEFITING Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ELDERLY WOMEN, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 136,593. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section if applicable AULTMAN HOME FOR AGED WOMEN, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 34-1039414 General Information on Grants and Assistance (e) criteria used to award the grants or assistance? 1 (a) Name and address of organization CANTON CHRISTIAN HOME, INC or government 2550 CLEVELAND AVE. NW Name of the organization CANTON, OH 44709 Parti Part

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (book, FMV, appraisal, other) Schedule I (Form 990) (2013) AULTMAN HOME FOR AGED WOTTEIN, LING.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13

Page 2

34-0714628

AULTMAN HOME FOR AGED WOMEN, INC.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-FZ) and its instructions is at use, irs gov/form990

Open to Public Inspection

OMB No 1545-0047

AULTMAN HOME FOR AGED WOMEN, INC. **Employer identification number** 34-0714628

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: AULTMAN HOME FOR AGED WOMEN, INC. IS STRUCTURED SO THAT ONLY THE BOARD HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

DELEGATION OF BOARD RESPONSIBILITY HAS NOT BEEN PROVIDED TO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT OF THE 990 IS REVIEWED WITH THE EXECUTIVE DIRECTOR AND THE OUTSIDE ACCOUNTING FIRM AND THE FINAL 990 IS REVIEWED AT THE ANNUAL MEETING OF THE BOARD OF TRUSTEES EACH YEAR BEFORE THE RETURN IS SUBMITTED TO THE APPROPRIATE TAXING AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE POLICY IS PRESENTED AT THE TIME THE BOARD TAKES OFFICE AND CONFLICTS ARE DEALT WITH ACCORDING TO THE POLICY AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS FIRST REVIEWED BY THE FINANCE COMMITTEE AND IS APPROVED BY THIS COMMITTEE AFTER DISCUSSION AND DELIBERATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON THE MOST RECENT THREE FEDERALLY FILED TAX-EXEMPT 990 RETURNS ARE GENERALLY AVAILABLE TO THE PUBLIC ON-LINE THROUGH THE FOLLOWING WEBSITE

<WWW.GUIDESTAR.ORG>.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part :

Measurement band recent.

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

▶ Attach to Form 990.

Open to Public Inspection 2013

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at way us gov/form990.

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

AULTMAN HOME FOR AGED WOMEN, INC

Employer identification number 34-0714628

Direct controlling entity End-of-year assets Total Income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part #

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)	(p)	(3)	9	(e)	((6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)((E)(3)
of related organization		foreign country)	section	status (if section	entity	entity?	_
				501(c)(3))		Yes	No
ASSOCIATION FOR BENEVOLENT CARE, INC -	PROVIDING BENEVOLENCE TO						
23-7026932, 2550 CLEVELAND AVE NW, CANTON,	CANTON CHRISTIAN HOME,				CANTON CHRISTIAN		
ОН 44709	INC. RESIDENTS	оніо	501(C)(3)	LINE 7	HOME, INC.		X
CANTON CHRISTIAN HOME, INC 34-1039414	OFFERING INDEPENDENT					_	
2550 CLEVELAND AVE NW	ASSISTED LIVING AND						
CANTON, OH 44709	NURSING CARE	онто	501(C)(3)	LINE 9			×
						_	

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

Schedule R (Form 990) 2013

34-0714628

Page 2

Schedule R (Form 990) 2013 AULTMAN HOME FOR AGED WOMEN, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership 3 Yes No S Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) ϵ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>e</u>

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

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Yes

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

any entity is listed in Parts II, til, or IV of this schedule.	, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
S	1 During the tax year, did the organization eng

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s) Ε
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CANTON CHRISTIAN HOME, INC	В	136,593.	136,593.COST BASIS
CANTON CHRISTIAN HOME, INC (<\$50,000 (2) REPORTABLE THRESHOLD)	0	8,321.	8,321.COST BASIS
(6)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2013

32

332163 09-12-13

8 Page 4

Part Vi Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	tage ship					013
8	Percen					990) 2
6	General or managing partner? Yes No			-	 	Form
	20 Gen	 -				le R (
6	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner/ (Form 1065) Yes No					Schedule R (Form 990) 2013
1	por- inte ons ² of No		<u> </u>	 	 	
ε	Disproportonate allocations?	 .= .				
(6)	Share of end-of-year assets					
ω	Share of total Income					
<u>6</u>	Are all 501(c)(3) orgs?			 		
<u> </u>	Are all partners sec 501(c)(3) orgs 3					
(p)	Predominant income (related, unrelated, excluded from tax under section 512-514)					
(0)	nicile oreign y)					
	Leg (stat					
(q)	Primary activity					
	_					
(e)	Name, address, and EIN of entity					

Form '8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.vrs.gov/form8868

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form).			
Do not co	mplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	rm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a corp	oration	
equired t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	368 to request an e	xtension	
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Transfers A	Associated With Ce	rtain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this f	form,	
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits.						
Part I	Automatic 3-Month Extension of Time	Only:	submit original (no copies	needed)		
A corpora	tion required to file Form 990-T and requesting an auton						
Part I only	•				•		
All other o	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
to file inco	ome tax returns.			Enter file	r's identifying nur	nber	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	ber (EIN) or	
print							
	AULTMAN HOME FOR AGED WOMEN	I, INC	C.		34-071462	28	
File by the due date for Aumber, street, and room or suite no. If a P.O. box, see instructions. Social security number Social security n							
iling your return See							
City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	CANTON, OH 44709						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application Return Application Re							
is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990·T (corporation)			07	
Form 990	·BL	02	Form 1041-A			08	
Form 472	0 (Individual)	03	Form 4720 (other than individual)			09	
Form 990	·PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	A.THOMAS STROBI						
• The bo	ooks are in the care of ▶ 2550 CLEVELAND	AVE I	NW - CANTON, OH 44	709			
	one No ► (330) 456-0004		Fax No. ▶				
	organization does not have an office or place of business	s in the Ur	nited States, check this box		•	- 🗀	
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole group,	check this	
box ▶ [. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the extension is	s for.	
	quest an automatic 3-month (6 months for a corporation				••		
			tion return for the organization name		The extension		
is fe	or the organization's return for:						
▶[X calendar year 2013 or						
▶[tax year beginning	, an	id ending				
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
. \square	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any				
	refundable credits. See instructions.			За	\$	0.	
b if th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	imated tax payments made. Include any prior year over			3ь	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	=		3с	\$	0.	
	If you are going to make an electronic funds withdrawal				nd Form 8879-EO fo	or payment	
Instructio		,	,		· · · · · · · · · · · · · · · · · · ·	, ,	

Form 8868 (Rev. 1-2014)

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

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Power of Attorney

OMB No 1545-0150 For IRS Use Only

İ	Received by
	Name
	Telephone
- 1	

Department of the Treasury	and Declaration of	uehie	Scillative		Received by		
Internal Revenue Service	➤ Type or print. ➤ See th	ie separate in	structions		Name		
Part I Power of	Attomey				Telephone		
Caution: A sep	any	Function					
purpose othe		Date / /					
1 Taxpayer information.	Taxpayer must sign and date this form on page 2, line 7.						
Taxpayer name and address	3		Taxpayer identification num	ber(s)			
			34-0714628				
	FOR AGED WOMEN, INC.		į				
2550 CLEVELA	ND AVE. NW						
CANTON, OH	44709		Daytime telephone number (330) 456-000	1	an number (if applicable)		
hereby appoints the follows	ig representative(s) as attorney(s)-in-fact		1(330) 230 00		······································		
	sign and date this form on page 2, Part II.						
Name and address	Sign and date this form on page 2, 1 art it.		CAF No.	320	5-82873R		
CHRIS ROUSH,	CPA		PTIN		100273		
	SHINGTON STREET		1		0) 674-6055		
MILLERSBURG,			Fax No.		0) 674-3859		
Check if to be sent notices a		<u> </u>	Check if new: Address		one No. Fax No.		
Name and address	ild Communications				5-24444R		
	TH WRIGHT, CPA		CAF No		099212		
	ILLE AVE., PO BOX 820		PTIN		0)432-5658		
CAMBRIDGE, O			Telephone No				
Check if to be sent notices a		<u></u>	Fax No. Check if new: Address		0) 432-2049		
Name and address	no communications		CAF No.	Telepho	one No.L Fax No.L		
Maille alla addiess			PTIN	• • • • • • • • • • • • • • • • • • • •			
			Telephone No.	• ••			
			Fax No.	•			
			Check if new: Address	Telepho	one No Fax No.		
to represent the taypayer had	ore the Internal Revenue Service for the following matters:		Tonack II new. Address	reseption	THE NO L PAX NO.L		
3 Matters	ore the internal revenue betwee for the following matters.						
	me, Employment, Payroll, Excise, Estate, Gift, Whisteblower,	γ	Tax Form Number	TVear(c)	or Period(s) (if applicable)		
•	PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	(1040 9	41, 720, etc.) (if applicable)		instructions for line 3)		
Tractitioner Discipline, 1	Cri, 1 Ord, Ortil 1 dilarty, can.) (300 mag dodon's tor sine d)	(1040, 5	41,720, ctc./ (ii applicable)	1386	mandenona for title a)		
EXEMPT INFORM	MATION RETURN	FORM 9	990	2007-	-2013		
Dillian I Titl Old		10141		-	2013		
				1			
				 			
A Specific use not recorde	d on Centralized Authorization File (CAF). If the power of at	tornev is for a	specific use not recorded on ('AF check			
	ons for Line 4. Specific Uses Not Recorded on CAF						
5 Acts authorized. Unless of	otherwise provided below, the representatives generally are au	thorized to see	reive and inchest confidential t	av informs	tion and to narrow any		
and all acts that I can perf	form with respect to the tax matters described on line 3, for ex	cample, the au	thority to sign any agreements	. consents	or other documents.		
The representative(s), how	wever, is (are) not authorized to receive or negotiate any amor	unts paid to the	e client in connection with this	representa	ation (including refunds		
by either electronic means	s or paper checks). Additionally, unless the appropriate box(e ax returns or return information to a third party, substitute an	s) below are cl	hecked, the representative(s) is	s (are) not	authorized to execute a		
Disclosure to third p		Signing	abien.	,c/164403,	ni sifin centani ray territiis		
Carro Discission of all of	allos, Carrier of add representative (5),		otom,				
Other acts authorize	ų.		/saa	instruction	is for more information)		
	lled return preparer cannot sign any document for a taxpayer	and many and			•		
only represent taxpavers t	to the extent provided in section 10.3(d) of Treasury Departme	and may omy i	n. 230 (Circular 230). An enroll	siwauons. led retiremi	An enrolled actuary may		
only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided							
	230. See the line 5 instructions for restrictions on tax matters		nost cases, the student practit	ioner's (lev	rel k) authority is		
limiteu (for example, they	may only practice under the supervision of another practition to the acts otherwise authorized in this power of attorney:	er).					

6	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney aniomatically revokes all earlier
	power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this
	document. If you do not want to revoke a prior power of attorney, check here
	YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

D[]

> IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

trusted on behalf of the takpayer, i certify that I have the authorit, to execute this form on behalf of the takpayer.

Of Con Style

3/18/14

Signature of taxpayer. If a tax matter concerns a year in which a joint return was fried, the husband and write most each file a separate power of attorney even if the same representative(s) is (are being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or

EXECUTIVE DIRECTOR

A. THOMAS STROBL

Pilk Ni mare

AULTMAN HOME FOR AGED WOMEN, INC.

Print name of taxpayer from in eit it other than it dividual

Part II

Declaration of Representative

th der penalties of perjury, i declare that,

- I am not currently under suspension or disbarment from practice before the internal Revenue Service,
 - I am aware of regulations contained in Circular 236 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service,
 - I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there, and
 - o I am one of the tollowing
 - Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent enrolled as an agent under the requirements of Circular 230
 - d. Officer a bona fide officer of the taxpayer's organization.
 - Full-Time Employee a full-time employee of the taxpayer.
 - f Family Member a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
 - g Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
 - h Unenrolled Return Proparer Your authority to practice before the internal Revenue Service is simited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - Registered Tax Return Preparer registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the Instructions.
 - k Student Attorney or CPA receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LTC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
 - ► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part it.

Note. For nesignations diff, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more

information. Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (If applicable). See Instructions for Part II for more information.	Signature	Date
В	он	25347	Library Course	8 .3 14
В	OH	18843	Many Elizabeth Wiefet	8-13-14

Form 2848 (Rev. 3-2012)

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