

Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

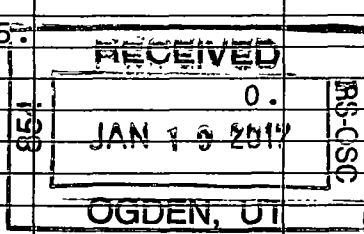
2015

Open to Public Inspection

For calendar year 2015 or tax year beginning JUN 1, 2015, and ending MAY 31, 2016

| | | |
|---|--|--|
| Name of foundation HCR MANOR CARE FOUNDATION, INC | | A Employer identification number 52-2031975 |
| Number and street (or P O box number if mail is not delivered to street address) 333 N. SUMMIT STREET, P.O. BOX 10086 | Room/suite | B Telephone number 419-252-5989 |
| City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43699-0086 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,159,891. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 22,109. | | N/A | |
| 2 Check <input type="checkbox"/> If the foundation is not required to attach Sch B | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | 26,006. | 26,006. | | |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | -29,645. | | | |
| b Gross sales price for all assets on line 6a 838,615. | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 0. | | |
| 8 Net short-term capital gain | | | | | |
| 9 Income modifications | | | | | |
| 10a Gross sales less returns and allowances | | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | | 117. | 0. | | STATEMENT 1 |
| 12 Total. Add lines 1 through 11 | | 18,587. | 26,006. | | |
| 13 Compensation of officers, directors, trustees, etc | | 37,178. | 0. | | 37,178. |
| 14 Other employee salaries and wages | | | | | |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees | | | | | |
| b Accounting fees STMT 2 | | 2,200. | 0. | | 2,200. |
| c Other professional fees STMT 3 | | 9,828. | 9,828. | | 0. |
| 17 Interest | | | | | |
| 18 Taxes | | | | | |
| 19 Depreciation and depletion | | | | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | 3,510. | 0. | | 3,510. |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 4 | | 48,755. | 0. | | 48,755. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 101,471. | 9,828. | | 91,643. |
| 25 Contributions, gifts, grants paid | | 77,693. | | | 77,193. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 179,164. | 9,828. | | 168,836. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | -160,577. | | | |
| b Net investment income (if negative, enter -0-) | | | 16,178. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |



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LHA For Paperwork Reduction Act Notice, see instructions.

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only | | Beginning of year | End of year | |
|--|--|---|----------------|-----------------------|-------------|------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| Assets | 1 Cash - non-interest-bearing | | | 16,411. | 69,738. | 69,738. |
| | 2 Savings and temporary cash investments | | | | | |
| | 3 Accounts receivable ▶ | | | | | |
| | Less: allowance for doubtful accounts ▶ | | | | | |
| | 4 Pledges receivable ▶ | | | | | |
| | Less: allowance for doubtful accounts ▶ | | | | | |
| | 5 Grants receivable | | | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | | | |
| | 7 Other notes and loans receivable ▶ | | | | | |
| | Less: allowance for doubtful accounts ▶ | | | | | |
| | 8 Inventories for sale or use | | | | | |
| | 9 Prepaid expenses and deferred charges | | | 900. | 749. | 749. |
| | 10a Investments - U.S. and state government obligations | | | | | |
| | b Investments - corporate stock STMT 5 | | | 1,122,306. | 1,033,381. | 1,033,381. |
| | c Investments - corporate bonds STMT 6 | | | 218,769. | 56,023. | 56,023. |
| | 11 Investments - land, buildings, and equipment: basis ▶ | | | | | |
| Less accumulated depreciation ▶ | | | | | | |
| 12 Investments - mortgage loans | | | | | | |
| 13 Investments - other | | | | | | |
| 14 Land, buildings, and equipment: basis ▶ | | | | | | |
| Less accumulated depreciation ▶ | | | | | | |
| 15 Other assets (describe ▶) | | | | | | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | | | 1,358,386. | 1,159,891. | 1,159,891. | |
| Liabilities | 17 Accounts payable and accrued expenses | | | 9,635. | 28,415. | |
| | 18 Grants payable | | | 500. | 500. | |
| | 19 Deferred revenue | | | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| | 21 Mortgages and other notes payable | | | | | |
| | 22 Other liabilities (describe ▶) | | | | | |
| | 23 Total liabilities (add lines 17 through 22) | | | 10,135. | 28,915. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> | | | | | |
| | 24 Unrestricted | | | 1,348,251. | 1,130,976. | |
| | 25 Temporarily restricted | | | | | |
| | 26 Permanently restricted | | | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | | | |
| | 27 Capital stock, trust principal, or current funds | | | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | | | |
| 30 Total net assets or fund balances | | | 1,348,251. | 1,130,976. | | |
| 31 Total liabilities and net assets/fund balances | | | 1,358,386. | 1,159,891. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,348,251. |
| 2 Enter amount from Part I, line 27a | 2 | -160,577. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 1,187,674. |
| 5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS | 5 | 56,698. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,130,976. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a MORGAN STANLEY | | 06/01/15 | 05/31/16 |
| b MORGAN STANLEY | | 06/01/15 | 05/31/16 |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 413,652. | | 463,970. | -50,318. |
| b 424,963. | | 404,290. | 20,673. |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|--------------------------------------|---|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | -50,318. |
| b | | | 20,673. |
| c | | | |
| d | | | |
| e | | | |

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 **2** **-29,645.**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c).
If (loss), enter -0- in Part I, line 8 **3** **N/A**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2014 | 159,963. | 1,387,595. | .115281 |
| 2013 | 126,953. | 1,459,472. | .086986 |
| 2012 | 144,267. | 1,455,514. | .099118 |
| 2011 | 150,399. | 1,482,250. | .101467 |
| 2010 | 277,160. | 1,643,358. | .168655 |

2 Total of line 1, column (d) **2** **.571507**

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years **3** **.114301**

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 **4** **1,219,339.**

5 Multiply line 4 by line 3 **5** **139,372.**

6 Enter 1% of net investment income (1% of Part I, line 27b) **6** **162.**

7 Add lines 5 and 6 **7** **139,534.**

8 Enter qualifying distributions from Part XII, line 4 **8** **168,836.**

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|--|----|------|------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 162. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 162. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 162. |
| 6 Credits/Payments: | | | |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | 150. | |
| b Exempt foreign organizations - tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 150. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 12. | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| 1c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |

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Part VII-A Statements Regarding Activities (continued)

| | Yes | No |
|--|-----|----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HCR-MANORCARE.ORG</u> | X | |
| 14 The books are in care of ► <u>ERIC TALBERT</u> Telephone no. ► <u>419-252-5951</u> Located at ► <u>333 N. SUMMIT STREET, TOLEDO, OH</u> ZIP+4 ► <u>43604</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A | | |
| 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► | | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|--|-----|----|
| 1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | 1b | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____ | 2b | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 7 | | 37,178. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

[illegible]

Total number of others receiving over \$50,000 for professional services

0

| | |
|--|--|
| Total number of others receiving over \$50,000 for professional services | |
| Part IX-A | Summary of Direct Charitable Activities |

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | | |
|---|-----|--|
| 1 | N/A | |
| 2 | | |
| 3 | | |
| 4 | | |

| | |
|------------------|---|
| Part IX-B | Summary of Program-Related Investments |
|------------------|---|

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
|---|--|--------|
| 1 | N/A | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| | All other program-related investments. See instructions. | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0 |

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|---|-----------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 1,189,872. |
| b | Average of monthly cash balances | 1b | 48,036. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,237,908. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,237,908. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 18,569. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,219,339. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 60,967. |

Part XI**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|---|-----------|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 60,967. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | 2a | 162. |
| b | Income tax for 2015. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 162. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 60,805. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 60,805. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 60,805. |

Part XII**Qualifying Distributions** (see instructions)

| | | | |
|----------|---|-----------|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 168,836. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 168,836. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 162. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 168,674. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 60,805. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | 198,548. | | | |
| b From 2011 | 77,317. | | | |
| c From 2012 | 74,366. | | | |
| d From 2013 | 54,940. | | | |
| e From 2014 | 94,446. | | | |
| f Total of lines 3a through e | 499,617. | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ | 168,836. | | | |
| a Applied to 2014, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2015 distributable amount | | | | 60,805. |
| e Remaining amount distributed out of corpus | 108,031. | | | |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 607,648. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 | 198,548. | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 409,100. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 | 77,317. | | | |
| b Excess from 2012 | 74,366. | | | |
| c Excess from 2013 | 54,940. | | | |
| d Excess from 2014 | 94,446. | | | |
| e Excess from 2015 | 108,031. | | | |

| | |
|----------|---|
| Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) |
|----------|---|

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section
- ☐
- 4942(i)(3) or
- ☐
- 4942(i)(5)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|-----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| 2ND MILE MINISTRIES 1650 MARGARET ST JACKSONVILLE, FL 32204 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| AESOP'S ATTIC 70 HIGH ST KYNETON VIC, AUSTRALIA | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ALZHEIMERS ASSOCIATION 7900 W. 78TH ST. EDINA, MN 55439 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| AMERICAN CANCER SOCIETY 5211 MADISON RD CINCINNATI, OH 45227 | | PC | EMPLOYEE VOLUNTEER GRANT | 2,000. |
| AMERICAN HEART ASSOCIATION 5455 N HIGH STREET COLUMBUS, OH 43214 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 1,500. |
| Total | | | SEE CONTINUATION SHEET(S) ▶ 3a | 77,193. |
| b Approved for future payment | | | | |
| BIKE TO THE BAY 401 TOMAHAWK DR. MAUMEE, OH 43537 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 500. |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 500. |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|--------------|----------|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

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



10/20/16

PRESIDENT

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

RODERICK J.
MACLACHLAN

Preparer's signature

Natalie Munk

Date _____

10/13/16

Check ☐ self-employed

PTIN

P00332503

Firm's name ► CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ► ONE SEAGATE, SUITE 2650
TOLEDO, OH 43604-1558

Phone no. (419) 244-3711

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

HCR MANOR CARE FOUNDATION, INC**52-2031975**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

HCR MANOR CARE FOUNDATION, INC**52-2031975****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | HCR MANORCARE 333 N. SUMMIT ST. TOLEDO, OH 43604 | \$ 21,880. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

HCR MANOR CARE FOUNDATION, INC**52-2031975****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization

Employer identification number

HCR MANOR CARE FOUNDATION, INC**52-2031975****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--------------------------------------|----------------|
| AMERICAN RED CROSS 995 E. BROAD ST COLUMBUS, OH 43205 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| AMERICAN ROSE SOCIETY TOLEDO ROSE SOCIETY 5403 ELMER DR TOLEDO, OH 43615 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ARTHRITIS FOUNDATION 3740 RIDGE MILL DR HILLIARD, OH 43026 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 2,500. |
| BAPS CHARITIES 81 SUTTONS LANE PISCATAWAY, NJ 08854 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| BOYS AND GIRLS CLUB OF NORTHWEST OHIO 2250 N. DETROIT AVE TOLEDO, OH 43606 | | PC | MATCHING GIFTS | 400. |
| CARENET 3231 CENTRAL PARK WEST DRIVE TOLEDO, OH 43617 | | PC | GENERAL FOUNDATION | 2,500. |
| CARNEGIE MUSEUMS OF PITTSBURGH 4400 FORBES AVE PITTSBURGH, PA 15213 | | PC | MATCHING GIFTS | 100. |
| CHINESE ASSOCIATION OF GREATER TOLEDO P.O. BOX 350445 TOLEDO, OH 43635 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| COMMUNITY RESIDENCE CORPORATION 301 W MICHIGAN AVE, SUITE 102 YPSILANTI, MI 48197 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| CORNELL LAW SCHOOL MYRON TAYLOR HALL ITHACA, NY 14853 | | PC | MATCHING GIFTS | 2,000. |
| Total from continuation sheets | | | | 72,193. |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--------------------------------------|--------|
| DARDEN SCHOOL FOUNDATION P.O. BOX 6550 CHARLOTTESVILLE, VA 22906 | | PC | MATCHING GIFTS | 2,000. |
| DOWN SYNDROME ASSOCIATION OF GREATER TOLEDO P.O. BOX 298 SYLVANIA, OH 43560 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| FIRST LUTHERAN CHURCH - COMMUNITY DINNER 604 W. BROADWAY ST. DECORAH, IA 52101 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| FOCUS 2283 ASHLAND AVE TOLEDO, OH 43620 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| GEORGE STEINBRENNER HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC 5575 W. LUTZ LAKE FERN ROAD LUTZ, FL 33558 | | PC | MATCHING GIFTS | 1,000. |
| GREAT LAKES RABBIT SANCTUARY P.O. BOX 7 WHITTAKER, MI 48190 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| HAZEL GREEN AREA RESCUE SQUAD 108 N MAIN ST CUBA CITY, WI 53807 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| HOSANNA EVANGELICAL ALLIANCE CHURCH 548 CORTEX LN DELRAY BEACH, FL 33445 | | PC | EMPLOYEE VOLUNTEER GRANT | 1,000. |
| LEGAL AID OF WESTERN OHIO, INC. AND ADVOCATES FOR BASIC LEGAL EQUALITY, INC 525 JEFFERSON AVE, STE 400 TOLEDO, OH 43604 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 2,000. |
| LUCAS COUNTY COURT APPOINTED SPECIAL ADVOCATE 1801 SPIELBUSCH AVE TOLEDO, OH 43604 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--------------------------------------|--------|
| MIAMI UNIVERSITY 107 ROUDEBUSH HALL OXFORD, OH 45056 | | PC | MATCHING GIFTS | 60. |
| MONSEY BEIS CHAYA MUSHKA HIGH SCHOOL 25 S. MONSEY RD MONSEY, NY 10952 | | PC | MATCHING GIFTS | 4,000. |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115 | | PC | MATCHING GIFTS | 400. |
| PARMA EARLY CHILDHOOD PTA 2302 GRANTWOOD PARMA, OH 44134 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| PARTNERS IN EDUCATION 608 MADISON TOLEDO, OH 43604 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 2,500. |
| READ FOR LITERACY, INC. 325 N. MICHIGAN STREET TOLEDO, OH 43604 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 2,500. |
| ROBERTA'S HOUSE 1900 N. BROADWAY BALTIMORE, MD 21213 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| SENIOR CENTERS, INC 2308 JEFFERSON AVE TOLEDO, OH 43604 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| SOUTH JERSEY DREAM CENTER INC 1415 SWAN LANE MULLICA HILL, NJ 08062 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| SPCA OF LUZERNE COUNTY 524 E. MAIN STREET WILKES-BARRE, PA 18702 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|--------|
| ST. RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD RD CINCINNATI, OH 45215 | | PC | MATCHING GIFTS | 100. |
| STANDARD BRED RETIREMENT FOUNDATION 353 SWEETMANS LANE, SUITE 101 MILLSTONE TOWNSHIP, NJ 08535 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| THE ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE TOLEDO, OH 43604 | | PC | MATCHING GIFTS | 1,500. |
| TOLEDO AREA BICYCLISTS 3358 NORDIC WAY DR MAUMEE, OH 43537 | | NC | EMPLOYEE VOLUNTEER GRANT | 1,000. |
| TOLEDO BOTANICAL GARDEN 5403 ELMER DR TOLEDO, OH 43615 | | PC | MATCHING GIFTS | 55. |
| TOLEDO MUSEUM OF ART 2445 MONROE BOX 1013 TOLEDO, OH 43620 | | PC | MATCHING GIFTS | 250. |
| TOLEDO REPERTOIRE THEATRE 16 10TH STREET TOLEDO, OH 43604 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| TOLEDO ZOO P.O. BOX 140130 TOLEDO, OH 43614 | | PC | MATCHING GIFTS | 250. |
| TRI COUNTY ANIMAL RESCUE 3350 NORTH EST SECOND AVE BOCA RATON, FL 33431 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| UNIVERSITY OF MONTANA P.O. BOX 7159 MISSOULA, MT 59807 | | PC | MATCHING GIFTS | 150. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--------------------------------------|--------|
| UNIVERSITY OF PITTSBURGH PARK PLAZA, 128 NORTH CRAIG STREET PITTSBURGH, PA 15260 | | PC | MATCHING GIFTS | 1,200. |
| UNIVERSITY OF TOLEDO FOUNDATION 2801 W. BANCROFT ST TOLEDO, OH 43606 | | PC | MATCHING GIFTS | 2,570. |
| WGTE PUBLIC MEDIA 1270 SOUTH DETROIT AVENUE TOLEDO, OH 43614 | | PC | MATCHING GIFTS | 480. |
| TOLEDO SPORT AND SOCIAL CLUB P.O. BOX 189 HOLLAND, OH 43528 | | NC | CORPORATE OFFICE CHARITABLE EVENT | 500. |
| TOLEDO ZOOLOGICAL SOCIETY FOUNDATION 2700 BROADWAY ST TOLEDO, OH 43609 | | PC | MATCHING GIFTS | 400. |
| THE UNIVERSITY OF OKLAHOMA FOUNDATION P.O. BOX 258856 OKLAHOMA CITY, OK 73125 | | PC | MATCHING GIFTS | 320. |
| TOLEDO STREETS NEWSPAPER 316 N. MICHIGAN STREET TOLEDO, OH 43604 | | PC | MATCHING GIFTS | 400. |
| THE BEECHWOOD EDUCATIONAL FOUNDATION, INC 1702 MADERO DRIVE THE VILLAGES, FL 32159 | | PC | MATCHING GIFTS | 200. |
| THE REGENTS OF THE UNIVERSITY OF MICHIGAN 18 ANMAL RES FCLTY 18 ANN ARBOR, MI 48109 | | PC | MATCHING GIFTS | 60. |
| TOLEDO DAY NURSERY 2211 JEFFERSON AVE TOLEDO, OH 43604 | | PC | MATCHING GIFTS | 25. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| PERRYSBURG VOCAL MUSIC BOOSTERS 13385 ROACHTON RD PERRYSBURG, OH 43551 | | PC | MATCHING GIFTS | 50. |
| EMMANUEL CHRISTIAN SCHOOL 4607 W. LASKEY RD TOLEDO, OH 43623 | | PC | MATCHING GIFTS | 300. |
| SCHEDER ARBORETUM & GARDENS 19255 W. PORTAGE RIVER SOUTH RD ELMORE, OH 43416 | | PC | MATCHING GIFTS | 250. |
| UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W. LEXINGTON ST BALTIMORE, MD 21201 | | PC | MATCHING GIFTS | 150. |
| UNIVERSITY OF VIRGINIA DARDEN SCHOOL OF BUSINESS 100 DARDEN BLVD CHARLOTTESVILLE, VA 22903 | | PC | MATCHING GIFTS | 300. |
| ACROSS AMERICA BOXER RESCUE P.O. BOX 2237 BURNSVILLE, MN 55337 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| AGILITY ANGELS, INC 5737 DENNISON RD TOLEDO, OH 43615 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| CURE PSP 404 5TH AVENUE NEW YORK, NY 10001 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| FAKO ELEMENTS CULTURAL ASSOCIATION 9618 WASHINGTON AVE LAUREL, MD 20723 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| FIRST PRESBYTERIAN CHURCH OF MONROE MI 108 WASHINGTON ST MONROE, MI 48161 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| FRIENDS OF JUVENILE COURT 20 N. ST CLAIR STREET TOLEDO, OH 43604 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| JUNIOR ACHIEVEMENT OF NORTHWEST OHIO 2239 CHEYENNE BLVD TOLEDO, OH 43614 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| LUTHERAN CHURCH OF THE HOLY COMMUNION 2110 CHESTNUT ST PHILADELPHIA, PA 19103 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| LUTHERAN METROPOLITAN MINISTRY 4515 SUPERIOR AVE CLEVELAND, OH 44103 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| RAY OF HOPE CENTER 14933 E 9 MILE RD EASTPOINTE, MI 48021 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| RIVERBEND EQUINE THERAPY SERVICES, INC 12150 S. RIVER ROAD GRAND RAPIDS, OH 43522 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ST. LOUIS AFFILIATE OF SUSAN G. KOMEN BREAST CANCER 601 DIELMAN INDUSTRIAL DRIVE ST. LOUIS, MO 63132 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| THE LYCOMING COUNTY SPECIAL OLYMPICS P.O. BOX 265 MONTICELLO, PA 17754 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| THE SHEPHERDS HOUSE INC 1854 NE DIVISION ST BEND, OR 97708 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| UNITED WAY OF LEE COUNTY 7273 CONCOURSE DR FORT MYERS, FL 33908 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|--------|
| WASHINGTON COUNTY SPECIAL OLYMPICS P.O. BOX 427 BEAVERTON, OR 47075 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| WHITEHOUSE HISTORICAL SOCIETY 740 JACKSON PL NW WASHINGTON, DC 20006 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| WILDWOOD ENVIRONMENTAL ACADEMY 1546 DARTFORD RD MAUMEE, OH 43537 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| WOOD COUNTY CASA 11120 E GYPSY LANE RD BOWLING GREEN, OH 43402 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| CHRIST UNITED METHODIST CHURCH 5757 STARR AVE OREGON, OH 43616 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| DRAVOSBURG VOLUNTEER FIRE DEPT #1 598 RAVINE ST DRAVOSBURG, PA 15034 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ERIE SHORES COUNCIL BOY SCOUTS OF AMERICA 5600 W. SYLVANIA AVE TOLEDO, OH 43623 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| FORT WAYNE ANIMAL CARE AND CONTROL 3020 HILLEGAS RD FORT WAYNE, IN 46808 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| GIRL SCOUTS OF WISCONSIN SOUTHEAST 131 S 69TH ST MILWAUKEE, WI 53214 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| GIRL SCOUTS OF WESTERN PA 30 ISABELLA ST #107 PITTSBURGH, PA 15212 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| HUMANE SOCIETY OF LEBANON COUNTY 150 N RAMONA RD MYERSTOWN, PA 17067 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVE NEW YORK, NY 10018 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| OPERATION WARM 6 DICKINSON DR CHADDS FORD, PA 19317 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| OREGON READS AT COY ELEMENTARY 3604 PICKLE RD OREGON, OH 43616 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| OUR LADY OF LORETTO PARISH 404 W MAIN ST BROWNSDALE, MN 55918 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| PARTY WITH A PURPOSE 89 RIVER ST HOBOKEN, NJ 07030 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| PITTSBURGH BLACK NURSES IN ACTION P.O. BOX 5544 PITTSBURGH, PA 15206 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| PROJECT OPEN HAND 730 POLK ST SAN FRANCISCO, CA 94109 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ALZHEIMER'S & DEMENTIA SERVICES OF NORTHERN IN 922 E COLFAX AVE SOUTH BEND, IN 46617 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ROCKET LITTLE LEAGUE BASEBALL ASSOCIATION 539 US ROUTE 15 HWY WILLIAMSPORT, PA 17701 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--------------------------------------|--------|
| SPECIALLY ADAPTED RESOURCE CLUBS 1820 MICHAEL FARADAY DRIVE RESTON, VA 20190 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| ST. ANDREW'S EPISCOPAL CHURCH 306 N DIVISON ST ANN ARBOR, MI 48104 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| TAKE EM OUTDOORS 1141 COTTAGE GROVE AVE GREEN BAY, WI 54313 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| UNIONVILLE VILLAGE IMPROVEMENT ASSOCIATION P.O. BOX 587 UNIONVILLE, CT 06085 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| YOUNG ENTREPRENEURS ACADEMY LEADERSHIP LYNCHBURG 2015 MEMORIAL AVE LYNCHBURG, VA 24501 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| SUSAN G. KOMEN NORTHWEST OHIO 3100 W. CENTRAL AVE TOLEDO, OH 43606 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 5,000. |
| BECOME ONE COMMUNITY FOUNDATION 2611 BISBANE DR HOUSTON, TX 77014 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| RELEASING THE WATERS 800 JACKSON ST MADISON, IL 62060 | | PC | EMPLOYEE VOLUNTEER GRANT | 500. |
| LIGHTHOUSE BRAND 111 EAST 59TH STREET NEW YORK, NY 10022 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 623. |
| ALZHEIMERS ASSOCIATION 7900 W. 78TH ST. EDINA, MN 55439 | | PC | CORPORATE OFFICE CHARITABLE EVENT | 2,500. |
| Total from continuation sheets | | | | |

3 Grants and Contributions Paid During the Year (Continuation)

| | | | |
|-------------|--------------|-----------|---|
| FORM 990-PF | OTHER INCOME | STATEMENT | 1 |
|-------------|--------------|-----------|---|

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| IRS REFUND | 117. | 0. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 117. | 0. | |

| | | | |
|-------------|-----------------|-----------|---|
| FORM 990-PF | ACCOUNTING FEES | STATEMENT | 2 |
|-------------|-----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES | 2,200. | 0. | | 2,200. |
| TO FORM 990-PF, PG 1, LN 16B | 2,200. | 0. | | 2,200. |

| | | | |
|-------------|-------------------------|-----------|---|
| FORM 990-PF | OTHER PROFESSIONAL FEES | STATEMENT | 3 |
|-------------|-------------------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| INVESTMENT MANAGEMENT FEES - MORGAN STANLEY | 9,828. | 9,828. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 9,828. | 9,828. | | 0. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 4 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| BANK CHARGES | 474. | 0. | | 474. |
| ADVERTISING AND MARKETING | 392. | 0. | | 392. |
| DUES & SUBSCRIPTIONS | 8,951. | 0. | | 8,951. |
| SOFTWARE SUBSCRIPTIONS & PURCHASES | 4,488. | 0. | | 4,488. |
| OFFICE SUPPLIES, EXPENSES, & POSTAGE | 422. | 0. | | 422. |

| | | | |
|-----------------------------|---------|----|---------|
| LICENSES AND FEES | 450. | 0. | 450. |
| IT PURCHASE SERVICES | 157. | 0. | 157. |
| PURCHASED SERVICES | 30,373. | 0. | 30,373. |
| CUSTOMER SERVICE | | | |
| APPRECIATION | 172. | 0. | 172. |
| PRINTING & STATIONARY | 2,456. | 0. | 2,456. |
| MISCELLANEOUS | 420. | 0. | 420. |
| TO FORM 990-PF, PG 1, LN 23 | 48,755. | 0. | 48,755. |

| | | | |
|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE STOCK | STATEMENT | 5 |
|-------------|-----------------|-----------|---|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|--|------------|-------------------|
| MORGAN STANLEY ISHARES INTERIM CREDIT BD ETF | 66,795. | 66,795. |
| MORGAN STANLEY ISHARES MSCI JAPAN ETF | 45,038. | 45,038. |
| MORGAN STANLEY ISHARES S&P 500 GROWTH ETF | 158,192. | 158,192. |
| MORGAN STANLEY ISHARES S&P 500 VALUE ETF | 169,200. | 169,200. |
| MORGAN STANLEY ISHARES S&P MID-CAP 400 V ETF | 45,525. | 45,525. |
| MORGAN STANLEY ISHARES SMALL CAP 600 G ETF | 45,334. | 45,334. |
| MORGAN STANLEY PIMCO 1-5 YEAR U.S. TIPX IDX FD | 33,381. | 33,381. |
| MORGAN STANLEY VANGUARD EUROPEAN MSCI ETF | 113,408. | 113,408. |
| MORGAN STANLEY WISDOMTREE TRUST INDIA | 55,700. | 55,700. |
| MORGAN STANLEY IQ HEDGE MULTI-STRAT TRACKER | 55,661. | 55,661. |
| MORGAN STANLEY ISHARES 1-3 YEAR CREDIT BD EFT | 78,070. | 78,070. |
| MORGAN STANLEY ISHARES MSCI PAC EX-JPN ETF | 33,374. | 33,374. |
| MORGAN STANLEY SPDR DOUBLELINE TR TACT ETF | 66,942. | 66,942. |
| MORGAN STANLEY UTILITIES SEL SECT SPDR FUND | 33,619. | 33,619. |
| MORGAN STANLEY VANGUARD TOTAL INTL BOND EFT | 33,142. | 33,142. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 1,033,381. | 1,033,381. |

| | | | |
|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE BONDS | STATEMENT | 6 |
|-------------|-----------------|-----------|---|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|--|------------|-------------------|
| MORGAN STANLEY FEDERATED FLTNG RT STRT INC | 56,023. | 56,023. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 56,023. | 56,023. |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| RICK RUMP 333 N. SUMMIT STREET TOLEDO, OH 43604 | PRESIDENT 2.00 | 0. | 0. | 0. |
| ERIC TALBERT 333 N. SUMMIT STREET TOLEDO, OH 43604 | TREASURER 2.00 | 0. | 0. | 0. |
| DAN KIGHT 333 N. SUMMIT STREET TOLEDO, OH 43604 | DIRECTOR 2.00 | 0. | 0. | 0. |
| MARTIN ALLEN 333 N. SUMMIT STREET TOLEDO, OH 43604 | DIRECTOR 2.00 | 0. | 0. | 0. |
| GRIFFIN JULIUS 333 N. SUMMIT STREET TOLEDO, OH 43604 | DIRECTOR 2.00 | 0. | 0. | 0. |
| WILLIAM WHITE 333 N. SUMMIT STREET TOLEDO, OH 43604 | SECRETARY 8.00 | 37,178. | 0. | 0. |
| RUTH HANCOCK 333 N. SUMMIT STREET TOLEDO, OH 43604 | DIRECTOR 2.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 37,178. | 0. | 0. |

Statement Attached and Made Part of
HCR Manor Care Foundation, Inc.
Form 990-PF – Part XV, Lines 2b, 2c & 2d
For the tax year ended May 31, 2015
FEIN: 52-2031975

HCR ManorCare Foundation

Grant Guidelines

Eligibility

The HCR ManorCare Foundation makes grants exclusively to organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. While not a requirement for approval, strong preference is given to organizations whose service areas are in proximity to HCR ManorCare facilities.

HCR ManorCare currently operates in 33 states: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin.

The HCR ManorCare Foundation does not support the following:

- Fundraising events
- Advertising
- Individuals
- For-profit organizations
- Building or capital campaigns
- Political purposes or campaigns
- Endowment funds
- Multiple year grants
- Overhead fees
- General purpose/operating grants

Application Process

Step One:

Grant Application

Grant applications are accepted on a rolling basis. The HCR ManorCare Foundation Board of Directors makes grant decisions in June and December of each year. If your organization and program support the HCR ManorCare Foundation's mission statement and meeting funding criteria, a grant application may be submitted. Applications are accepted only through the online application process. You may complete this process by simply accessing the Online Application link that immediately follows this page. Again, please note that we recommend that you submit your grant application by either April 1st or October 1st in order to be eligible for consideration at the Board of Directors meeting in June and December.

Step Two:

Foundation Reviews Grant Application

Upon submission, grant seekers will be notified that their grant application has been received. Applications undergo a preliminary review by Foundation staff. Additional information or a site visit may be requested as part of this review process. Those grant applications that meet the Foundation's criteria and funding priorities will be forwarded to the Board of Directors and slated for consideration at the next biannual meeting. Applicants whose projects do not meet these criteria will be notified, and their applications will be withdrawn from the approval process.

Step Three:

Foundation Notifies Grant Applicant of Grant Decisions

Determination of awards will take place upon or shortly subsequent to review by the Board of Directors. Grant seekers will be notified of the Foundation's decisions within one month of the Board of Directors meeting at which their application was considered. Grants will be awarded within two weeks of notification.

HCR Manor Care
F o u n d a t i o n

GRANT APPLICATION WORKSHEET

COVER SHEET INFORMATION

Request Date: _____

Legal name of organization applying: _____
(Should be same as on IRS determination letter)

Organization Address: _____

City/State/Zip: _____

Organization Telephone Number: _____ Fax Number: _____

Organization Web Site : _____

501c3 Identification Number: _____

Organization Mission: _____

Organization Annual Budget: _____

Primary Contact Name: _____ Primary Contact Title: _____

Primary Contact Telephone: _____ Primary Contact Email: _____

Executive Director Name: _____ Executive Director Telephone: _____

Executive Director Email: _____

Project Name: _____

Project Geographic Area Served: _____

Project Request Amount: \$ _____

Any previous funding from HCR Manor Care Foundation? _____ If yes, what? _____

GRANT APPLICATION WORKSHEET

I. COVER SHEET

II. PROPOSAL INFORMATION:

Executive Summary (1/2 page)

- ✓ Nature and size of problem to be addressed (supported by data with sources)
- ✓ Project goals (Broad programmatic goals)
- ✓ Measurable project objectives
- ✓ Action plan with time line (specific activities to be implemented)
- ✓ Target population (who and how many individuals will be served)
- ✓ Expected outcomes of the project (what will have changed after the project is implemented)
- ✓ Evaluation plan (how will you measure the project's success?)
- ✓ Collaborations (what other organization's are partnering on the project?)
- ✓ Project leaders (names, positions and a brief description of qualifications)

III. BUDGET/FINANCIALS:

- ✓ Project budget (include both income and expenses for project)
- ✓ Sources, amounts and status of project support (include and indicate both solicited and committed funds)
- ✓ Specific budget expenses that will be fulfilled by an HCR Manor Care Foundation grant?
- ✓ Would you be willing to accept less than your full grant request?
- ✓ Budget priority items (in the event that we are unable to meet your full request, please indicate priority items in the grant budget)
- ✓ Long term funding plan (how will you fund the project after this year?)
- ✓ Financial statements or Form 990

IV. GENERAL ORGANIZATION INFORMATION:

- ✓ Organization history
- ✓ Brief description of organization's other current programs
- ✓ Board of Directors (list names and affiliations)

V. MISCELLANEOUS:

- ✓ Involvement of any HCR Manor Care employees or residents in your project/agency (List name, position and facility/office location)

This document is provided to grant applicants only for pre-submission planning. Official grant applications are only accepted on-line. You may obtain an on-line grant application by visiting our website at www.hcr-manorcare.org.

HCR ManorCare

Community Care Fund

HCR ManorCare is committed to enhancing the quality of life in the communities it serves. The HCR ManorCare Community Fund provides financial support to community nonprofit organizations which provide services, support and education that improve the quality of life for the patients and residents of HCR ManorCare facilities.

Eligible organizations should meet the following criteria:

- The organization and proposed project must provide services, support and/or education to patients and residents of HCR ManorCare facilities. Examples include:
 - An organization that coordinates the visitation of therapy dogs to HCR ManorCare patients or residents.
 - An organization that provides educational material about a topic which is relevant to patients' health conditions.
 - An organization that provides artistic opportunities for HCR ManorCare patients or residents.
- The organization should have an established relationship with an HCR ManorCare location or present a plan for collaboration with the local HCR ManorCare location as a part of the grant application.
- The organization must be recognized by the Internal Revenue Service as tax exempt under section 501(c)(3) and are public charities under section 509(a) of the IRS Code. Organizations must have a valid employer identification number (EIN) or be an instrument of a state or local government under IRS Section 170(c)(1).
- The Community Care Fund will support programs, general operational support and fundraising efforts for organizations that meet the program mission.

Ineligible organizations and programs include:

- Professional associations
- Labor organizations
- Political and lobbying organizations
- Social organizations or other organizations supported by individuals for the benefit of themselves such as bridge clubs, bowling teams, ski clubs, fraternities and athletic teams
- Programs directly involved with supporting the sacramental ministries or administrative work of religious organizations (religious organizations are eligible if the programs are for non-sectarian purposes and are available to and used by the general public)
- Trade organizations
- Private foundations

- Organizations that represent a conflict of interest for employees or the company, or may involve the company in controversial public issues

Grant Amounts

Grant amounts are awarded up to \$500.

Grant Application Process

Printed materials announcing the HCR ManorCare Community Care Fund will be sent to targeted nonprofit organizations in the Lehigh Valley market. Materials will describe the program and include a grant application.

If an organization meets the program criteria and wishes to apply for funding, they will submit a grant application to the HCR ManorCare Foundation.

Grant Decisions

Grant applications will be received and screened for eligibility by the HCR Manor Care Foundation staff.

Eligible grant applications will be compiled and presented to an employee review committee, which will be comprised of 1 representative from front-line staff for each of the Lehigh Valley locations, as well as regional representatives from operations, marketing or human resources.

Prior to meeting to select grant recipients, the employee review committee will be trained on the parameters of the program and how to review grant applications. Service on the employee review committee will provide leadership development opportunities and generate good-will among employee participants because they will be an integral part of guiding community involvement of their location.

The employee review committee will meet to select grant recipients. Following the selection, the HCR Manor Care Foundation will prepare grant award materials and grant payment.

Marketing/Communications

In order to accomplish the objective of demonstrating HCR ManorCare's commitment to its local communities, the program will be marketed at the community level.

- Community Care Fund branding will be developed with the option for local customization through a changeable tag-line.
- Brochures and grant applications will be created and provided to local markets for distribution.
- Media kits, press releases and public promotional event templates with HCR ManorCare Community Care Fund branding will be created for use by the local marketing staff. Marketing opportunities will include print, radio, television and outdoor advertising.
- A website will be established highlighting the program.



Community Care Fund
Therapy • Support • Assistance

Grant Application Summary Sheet

| | |
|--|--|
| Organization Name | |
| Organization Mission | |
| Grant Request Date | |
| Name of HCR ManorCare location organization is working with | |
| Description of how organization improves the quality of life of HCR ManorCare residents | |
| Additional Comments | |
| How did organization hear about the CCF? | |
| Name of HCR ManorCare employee who referred organization (if any) | |
| Contact Name | |
| Contact Email | |
| Contact Telephone | |

Statement Attached and Made Part of
HCR Manor Care Foundation, Inc.
Form 990-PF – Part XV, Lines 2b, 2c & 2d
For the tax year ended May 31, 2015
FEIN: 52-2031975



Corporate Office Charitable Event Giving Application Guidelines

What is corporate office charitable event giving?

The corporate office charitable event giving program is the vehicle for employees to obtain company support of charitable events in the northwest Ohio community. The program is designed to encourage the participation of a group of employees from the HCR ManorCare corporate office in support of a charitable organization that meets the program mission.

What is included if a request is selected for support?

If selected for support, the following is provided:

- Up to \$2,500 donation to organization. The level of support is based on a number of items, including the degree of employee participation and the event budget.
- If appropriate for the type of event, T-shirts with the Heartland logo for event participants who raise or contribute at least \$15 to the non-profit organization.
- Ability to promote event and recruit participants for one week on the 6th floor.
- Featured on promotional signage in lobby during predetermined times.
- Inclusion in e-mails from the Community Relations department announcing corporate office charitable event giving recipients.

Any and all publicity related to the event will be coordinated through the Community Relations department.

What are team captain requirements?

In order to request corporate office charitable event giving support, the applicant must be willing to serve as the team captain, which includes managing the participation in the event. Team captains commit to the following:

- Submitting a request for HCR ManorCare Gives grant support.
- Serving as the liaison between the Community Relations Department and the non-profit organization.
- Recruiting event participants.
- Collecting and processing participant entry fees, if necessary.
- If choosing to promote the event on the 6th floor, scheduling and committing him- or herself and/or volunteers to monitor the display table on the 6th floor from 11:30 am – 1:00 pm for one week prior to the event registration deadline.
- Gathering T-shirt sizes and/or number of water bottles and reporting this information to the Community Relations department by the designated date.
- Providing the Community Relations department with event information and the organization's logo to include on promotional posters and the Community Relations-distributed e-mail.
- Organizing and communicating with team participants about the logistics of the event.
- Attending the event and handling the event booth, if applicable.

Who is eligible to request support?

- Corporate office employees classified as full-time who are in good standing, with at least one year of continuous company service.

What organizations are eligible?

- Non-profit organizations that are recognized by the Internal Revenue Service as tax exempt under section 501 c (3) and are a public charity under section 509(a) of the IRS Code. Organizations must have a valid employer identification number (EIN) or be an instrument of a state or local government under IRS Section 170 c (1).
- Organizations must align with our company's focus on health care, disease treatment and research, senior care and end-of-life or palliative care.

What kinds of organizations are excluded?

Ineligible organizations and program events include, but are not limited to, events related to or associated with:

- Programs directly involved with supporting the sacramental ministries or administrative work of religious organizations (*religious organizations are eligible if the programs are for secular purposes and are available to and used by the general public*).
- Professional associations.
- Political and lobbying organizations.
- Social organizations or other organizations supported by individuals for the benefit of themselves such as bridge clubs, bowling teams, ski clubs, fraternities and athletic teams.
- Trade organizations.
- Private foundations.
- Organizations that represent a conflict of interest for employees or the company or may involve the company in a controversial public issue.

How does an employee apply for corporate charitable event giving support?

Requests are submitted on-line through the HCR ManorCare Gives website (www.hcrgives.org).

Whom do I contact if I have questions?

Community Relations Department
HCR ManorCare, 9th Floor
1-800-427-1902, extension 5989
Gives@hcr-manorcare.com

Corporate Office Charitable Event Giving Program

Employee Information

Employee ID number *

First Name *

Last Name *

Corporate Office Department *

Employee's Work Telephone Number *

Nonprofit Organization Information

Organization Legal Name *

Also Known As Name

Address *

City *

State *

Zip Code *

Phone Number

Fax

Organization Email Address

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Organization Website Address

Describe the nonprofit organization's mission and work. *

Event InformationName of Event * Date of Event *

Have you ever received company support for this event before?

Team Captain Responsibilities

In order to request corporate office charitable giving support, the applicant must be willing to serve as the team captain, which includes managing the participation in the event. Team captains commit to the following:

- Submitting a request for company support
- Serving as the liaison between Community Relations Department and the nonprofit organization
- Recruiting event participants
- Collecting and processing participant entry fees, if necessary
- If he or she chooses to promote the event on the 6th floor, scheduling and committing him- or herself or volunteers to monitor the display table on the 6th floor from 11:30 am - 1:00 pm for one week prior to the event registration deadline.
- Gathering t-shirt sizes and reporting this information to Community Relations department by designated date
- Providing Community Relations department with event information and logo to include on promotional posters, HCR ManorCare Gives website and Community Relations distributed email
- Organizing and communicating with team participants about the logistics of the event
- Attending the event and handling event booth if necessary

Are you willing to fulfill the duties of team captain? *

Do you currently have any team members recruited? *

Further comments/explanation

[Need assistance with this form?](#)



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SUPPORT

How to Apply

1. Submit Online Application

- Navigate to www.hcrmanorcare.org.
- Click on "Employee Programs".
- Choose "Employee Volunteer Grant Program".
- Choose "Click here to apply".
- Print copy of online completed form.

2. Obtain Volunteer Organization Verification

- Employee provides printed copy of online application to volunteer organization.
- Volunteer organization representative completes verification section.
- Volunteer organization returns verified application to the program address listed on back of this brochure.

Applications are only eligible for consideration after both the online application has been submitted and the volunteer organization verification has been received.

If you are unable to submit an application online, please contact HCR ManorCare Cares at 877.329.9500 for guidance.

Annual application deadline is January 15th.

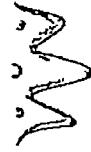
Statement Attached and Made Part of
HCR Manor Care Foundation, Inc.
Form 990-PF - Part XV, Lines 2b, 2c & 2d
For the tax year ended May 31, 2015
FEIN: 52-2031975

For more information please call

877.329.9500

or visit our website

hcrives.org



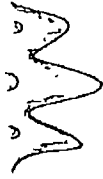
**Employee Volunteer
— GRANT PROGRAM —**

HCR ManorCare

PO Box 10086
Toledo, OH 43699-0086

(Phone) 877 329 9500
(Fax) 419 754 2290

gives@hcr-manorcare.com



**Employee Volunteer
— GRANT PROGRAM —**



GIVING

**back to your
community**

the BIG PICTURE building strong communities

HCR ManorCare is committed to enhancing the quality of life in the communities we serve. Our employees demonstrate this commitment when they volunteer their time, talents and energies to non-profit organizations in their communities. HCR ManorCare gives its people the opportunity to recognize these ongoing efforts and to provide a financial resource to non-profit organizations in these communities through the Employee Volunteer Grant Program.

The HCR ManorCare Gives Employee Volunteer Grant Program supports HCR ManorCare employees who make a serious commitment to actively volunteering with non-profit organizations in their communities. Through this program, employees who volunteer may apply for a cash grant to support the non-profit organizations they assist. The Employee Volunteer Grant Program reaches deep within the communities where our employees live and work by supporting the causes important to them.



supporting
the efforts
of our

EMPLOYEES

HCR ManorCare is committed to enhancing the quality of life in local communities. Through the Employee Volunteer Grant Program, we recognize and financially support the efforts of our employees volunteering their time and talents to local non-profit organizations.



Page 2 of 3

EMPLOYEE ELIGIBILITY

In order to apply for a grant, an employee must be classified as a full or part-time HCR ManorCare employee (as defined in the Employee Handbook) in good standing, with at least one year of continuous company service. An employee must also be an active, non-compensated volunteer at the non-profit organization for which he or she is applying for a grant.

GRANT AMOUNTS

Each grant will be \$500. Employees may apply for one \$500 grant per year.

ORGANIZATION ELIGIBILITY

Organizations recognized by the Internal Revenue Service as tax exempt under section 501(c)(3) and are public charities under section 509(a) of the IRS Code are eligible. Organizations must have a valid employer identification number (EIN) or be an instrument of a state or local government under IRS Section 170(c)(1).

ORGANIZATION EXCLUSIONS

- Ineligible organizations and programs include:
 - a. Programs directly involved with supporting the sacramental ministries or administrative work of religious organizations (religious organizations are eligible if the programs are for secular purposes and are available to and used by the general public)
 - b. Professional associations
 - c. Labor organizations
 - d. Political and lobbying organizations
 - e. Social organizations or other organizations supported by individuals for the benefit of themselves such as bridge clubs, bowling teams, ski clubs, fraternities and athletic teams
 - f. Trade organizations
 - g. Private foundations
 - h. Organizations that represent a conflict of interest for employees or the company, or may involve the company in controversial public issues
 - i. Public or private schools for non academic purposes

GRANT DECISIONS

- An employee review committee will review and select grant recipients. The committee comprises diverse members from across the company's business and operating groups. Among considerations in making grant decisions will be the following:
 - a. Number of grant applications received
 - b. Time committed as a volunteer
 - c. Nature of volunteer activity
 - d. Number of grants employee has received in the past
 - e. Length of time employee has been a volunteer with the organization
- A board of directors will evaluate the review committee recommendations and make final determinations on grant recipients. Grants will be announced in the spring each year.

Employee Volunteer Grant Application

| | |
|------------------------------|--|
| Employee Contact Information | |
| Employee ID Number * | |
| First Name * | |
| Last Name * | |
| E-mail Address * | |
| Telephone Number | |
| Mobile Telephone Number | |

| | |
|---|--|
| Nonprofit Organization Information | |
| Nonprofit Organization Legal Name * | |
| Nonprofit Organization Address * | |
| Nonprofit Organization City * | |
| Nonprofit Organization State * <small>Please select</small> | |
| Nonprofit Organization Zip Code * | |
| Nonprofit Organization Email Address | |
| Nonprofit Organization Telephone | |
| Nonprofit Organization Federal Tax ID Number * | |
| Please describe the nonprofit's mission and work * | |

| | |
|--|--|
| Employee Involvement with Nonprofit Organization | |
| On what date did you begin working for this nonprofit organization? * | |
| Number of volunteer hours within the last 12 months * | |
| What program/activity within the nonprofit organization do you volunteer for? * | |
| Do you verify that all of the information provided in this application is accurate? * <small>Please select</small> | |

| | |
|--|--|
| Nonprofit Organization Contact Section | |
| First Name | |
| Last Name | |
| Title | |
| Telephone Number | |
| Email Address | |

| | |
|--------|--------------------|
| Cancel | Submit Application |
|--------|--------------------|