Form **990-PF**

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning JUN 1. 2018 . and ending 31, 2019 A Employer identification number Name of foundation HCR MANOR CARE FOUNDATION, 52-2031975 nber and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 333 N. SUMMIT STREET, P.O. BOX 10086 419-252-5989 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 43699-0086 TOLEDO, OH G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 879, 150. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 984. JOHN NATION Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments ri indiana i e 24,891 24,891. Dividends and interest from securities 5a Gross rents PARTS TISSUES BY b Net rental income or (loss) -50,645. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,404,208. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances 医祖氏韧带 电自由放送器法 的是 逐級國際的 **由民国和特别的国际** b Less Cost of goods sold c Gross profit or (loss) "ALTO PROPERTY 11 Other income -5,770. 24,891. ANTENNA DE LA CONTRE Total Add lines 1 through 11 4,153 41,535 37,382 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 8,070. STMT 1 9,270. 1,200. **b** Accounting fees 7,240 7,240. 0. STMT c Other professional fees 17 Interest STMT 3 773 386. 387 18 Taxes 19 Depreciation and depletion 20 Occupancy 697. 0. 697. 21 Travel, conferences, and meetings 22 Printing and publications 64,681. STMT 4 64,743 62. 23 Other expenses Operating 24 Total operating and administrative 13,041 111,217. 124,258 expenses. Add lines 13 through 23 67,965. THE NORTH CHILD 67,620. Contributions, gifts, grants paid 25 Total expenses and ispursements 192,223 13,041 178,8<u>37</u>. dd lines 24 and 25 90 and the second of the second o Subtradilijõe 29 figmplija 12: -197,993. attiticizations. ess of revenue over expenses and dist 11,850.

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

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N/A

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Ē	art.	Balance Sheets Attached schedules and amounts in the description column should be for professive amounts only	Beginning of year		of year
- F-,	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	24,189.	123,349.	123,349.
	2	Savings and temporary cash investments	-		
	3	Accounts receivable ► 5,212.		PREMINDING TEXAS	
		Less: allowance for doubtful accounts	1,785.	5,212.	5,212.
	4	Pledges receivable			
	•	Less: allowance for doubtful accounts.			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable	Programme and the second of th		
	١.	Less; allowance for doubtful accounts	3 8 19 19 19	Han .	7 7 X 278 -
(A	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			~
As	-	Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 5	862,710.	727,420.	727,420.
	ı	Investments - corporate bonds STMT 6	168,636.	727,420. 23,169.	23,169.
	11	Investments - land, buildings, and equipment basis	The marker with the first formal to the first of the	And the contract of the contra	Ministrate of the first of the
	l ''	Less accumulated depreciation	3037 . 1 - 3 0 - 1	o y 1 1 mai - algres y	The second of the second
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis	3 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		THE WAY WILL SET TO SET TO SET TO
	• •	Less accumulated depreciation	2 30.11.0 2 4		
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	'`	instructions. Also, see page 1, item I)	1,057,320.	879,150.	879,150.
	17	Accounts payable and accrued expenses	11,858.	25,406.	
	18	Grants payable	,		
	19	Deferred revenue	-		
ties	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabiliti	21	Mortgages and other notes payable		,	A MITTER OF THE PROPERTY OF TH
<u>2</u> .	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	11,858.	25,406.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted	1,045,462.	853,744.	
or Fund Balance	25	Temporarily restricted			
Bal	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			The state of the s
let	30%	Total net assets or fund balances	1,045,462.	853,744.	
_	1	ก			
_	316	Yotal liabilities and net assets/fund balances	1,057,320.	879,150.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Toto	net assets or fund balances at beginning of year - Part II, column (a), line	20		<u></u>
ı			30		1,045,462.
•		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	-197,993.
		r increases not included in line 2 (itemize) UNREALIZED	CATN ON THURS		6,275.
		lines 1, 2, and 3	CELLI ON LIVED.	4 4	853,744.
		eases not included in line 2 (itemize)		5	0.000
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	Olumn (h) line 30	6	853,744.
<u>-</u>	ıvıd	nice assers of futio balances at end of year time 4 minus line 3) - Falt II, C	oranni (o), inie 30	0	Form 990-PF (2018)

6 Enter 1% of net investment income (1% of Part I, line 27b)
7 Add lines 5 and 6
8 Enter qualifying distributions from Part XII, line 4
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.

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112,846.

178,837.

119.

See the Part VI instructions.

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	6,	2				
Eorm	990-PF (2018) HCR MANOR CARE FOUNDATION, INC			52-	2031975	Page 4
	rt VI: Excise Tax Based on Investment Income (Section 4940)	(a). 494	0(b), 4940(e), or 49			
Ь	Exempt operating foundations described in section 4940(d)(2), check here and en			· : 4:	1	
	Date of ruling or determination letter: (attach copy of letter if nece			, "		-172
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		- 1	1	2,2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	119.
_	of Part I, line 27b			g[, g, s,		FE . TETE T
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I, I	ine 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other			2		0.
3	Add lines 1 and 2			3		119.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ners, enter	-0-)	4		0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5		<u>119.</u>
6	Credits/Payments:			Ang [#]		ارات دار بازی این
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	764.			1, 723
	Exempt foreign organizations - tax withheld at source	6b	0.	AND		and to make the
	Tax paid with application for extension of time to file (Form 8868)	6c	0.			* " " " " " " " " " " " " " " " " " " "
	Backup withholding erroneously withheld	6d	0.	د آم ^ا آمام در		
	Total credits and payments. Add lines 6a through 6d			7		764.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	hed		8		0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		<u> </u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		645 5444	10		645. 0.
	Enter the amount of line 10 to be: Credited to 2019 estimated tax rt VII#A** Statements Regarding Activities		645. Refunded ►	11		- 0 .
-	74, 33	ation or div	t it participate or intervene	<u></u>	[∌∜:] Ye	s No
Id	During the tax year, did the foundation attempt to influence any national, state, or local legisla any political campaign?	allon or un	I it participate or intervene	111	1a	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	es? See th	e instructions for the defini	tion	1b	
Ū	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of				£ 1, 40 , 1	
	distributed by the foundation in connection with the activities.	any maio	naio pasnonos s			
c	Did the foundation file Form 1120-POL for this year?				1c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:				- 1-
_	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers.		0.			: [] - []
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition			•		The second of th
	managers. ▶ \$ 0.	,				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	S?			2	X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument,	articles of incorporation, or	•		Z 2 , * =1 , * == z
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3	<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	>			4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A 4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:			#####################################	
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory	airections	that conflict with the state	iaw	- V	<u>1</u>
_	remain in the governing instrument?	-4- D U	! (-)! D! \\(\O\)		6 X 7 X	
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II,	coi. (c), and Part XV		1 A	- 1 _y- '-
0.	Enter the states to which the foundation reports or with which it is requested. See instruction	ıc >				1.3 1.1.3
oa	Enter the states to which the foundation reports or with which it is registered. See instruction OH	· _				
.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney Gen	eral (or designate)		*	
U	of each state as required by General Instruction G? If "No," attach explanation	orney dell	wai (ur ucsigliale)		8b X	A P ', *
٥	Is the foundation claiming status as a private operating foundation within the meaning of sections.	tion 4949/	1)(3) or 4942(1)(5) for calar	ndar	OU 21	
3	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp			Jui	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule				10	$+\bar{x}$
					Form 990-P	F (2018)

Pa	rt 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	11		Х
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	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.HCR-MANORCARE.COM			
14	The books are in care of ► ERIC TALBERT Telephone no. ►419-25	2-5	951	
	Located at ► 333 N. SUMMIT STREET, TOLEDO, OH ZIP+4 ►43	604		
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	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		12.4	
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person? Yes X No			
	(6)			
	(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)? Yes X No			
	for the benefit or use of a disqualified person)? (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.) Yes X No			
h	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	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
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	ľ		
	before the first day of the tax year beginning in 2018?	1c		Х
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)):	ł		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ļ		
	before 2018? Yes X No	ł		
	If "Yes," list the years	1		
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	1		
	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	2b		\vdash
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<u> </u>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			İ
	• •			
D	If "Yes," did it have excess business holdings in 2018 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 2018.) N/A	3b		
An	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	"		
J	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	X
	Fo	m 99 0)-PF	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contini}	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No		.
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		•	
any voter registration drive?		Y6	s X No		·
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y6	s X No		:
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or fe	or			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instr		-	N/A	ь	
Organizations relying on a current notice regarding disaster assistance, check			▶□ 「		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			
expenditure responsibility for the grant?		I/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a premium of the foundation of the foundation of the year.	personal benefit contract?			ib	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?	Y6	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribi			,_	b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$					
excess parachute payment(s) during the year?	, ,,		es X No		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Mar		•		
Paid Employees, and Contractors	·				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Exp account,	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account,	nces
SEE STATEMENT 7		41,535.	0.		0.
	1				
	7				
	1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, o	enter "NONE."			
() North and address of each application and many than OFO 000	(b) Title, and average hours per week	(-) Commonton	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowa	nces
NONE					
	1		•		
	1				
	1				
	1				
		1			
	1				
Total number of other employees paid over \$50,000		•	▶		0
	 	-	Form	990-PF	(2018)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	908,342.
Ь	Average of monthly cash balances	1b	74,081.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	982,423.
е	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	982,423.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,736.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	967,687.
6	Minimum investment return. Enter 5% of line 5	6	48,384.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	48,384.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	119.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	48,265.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	48,265.
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	48,265.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	178,837.
Ь	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:		
а	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	178,837.
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	119.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	178,718.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for th	e section

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	T			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2017	2017	2018
1 Distributable amount for 2018 from Part XI,				40 065
line 7				48,265.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:				
, ,, ,		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 54,940.				
b From 2014 94,446.				
c From 2015 108,031.				
d From 2016 82,063.				
e From 2017 82,742.				
f Total of lines 3a through e	422,222.			
4 Qualifying distributions for 2018 from	, , , , , , , , , , , , , , , , , , , ,			
Part XII, line 4: ►\$ 178,837.		1		
a Applied to 2017, but not more than line 2a	İ		0.	į
b Applied to undistributed income of prior				
vears (Election required - see instructions)		0.		
, , ,				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	· ·			48,265.
d Applied to 2018 distributable amount	130,572.			40,203.
e Remaining amount distributed out of corpus				0.
5 Excess distributions carryover applied to 2018 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	552,794.			
b Prior years' undistributed income. Subtract	33277310			
-		0.		
line 4b from line 2b				
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract			-	· · · · · · · · · · · · · · · · · · ·
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013	54,940.			
not applied on line 5 or line 7	34,340.			
9 Excess distributions carryover to 2019.	107 951			
Subtract lines 7 and 8 from line 6a	497,854.	,		
10 Analysis of line 9:				
a Excess from 2014 b Excess from 2015 2015 2016 2017 2018 2018				
c Excess from 2016 82,063.				
d Excess from 2017 82,742.				
e Excess from 2018 130,572.		·		Form 990-PF (2018)
823581 12-11-18				Form 330-PF (2018)

823581 12-11-18

	OR CARE FOU)31975 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part VI	I-A, question 9)	N/A	_
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2018, enter the date of t	the ruling	 		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for		· · · · · · · · · · · · · · · · · · ·			
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
• •					
line 4 for each year listed				-	
d Amounts included in line 2c not		1			
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			\		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		ļ <u>.</u>			<u></u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					· · · · · · · · · · · · · · · · · · ·
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,				`	\
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		,			
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during the					
1 Information Regarding Foundatio	n Managers:		-		
a List any managers of the foundation who	-	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed in					•
NONE				· · · · · · · · · · · · · · · · · · ·	
b List any managers of the foundation who			or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	il.			
NONE				 .	
2 Information Regarding Contributi		• • • • • • • • • • • • • • • • • • • •	-		
Check here ► if the foundation o	•	•	-	•	ests for funds. If
the foundation makes gifts, grants, etc.,				··········	
a The name, address, and telephone numb		e person to whom applic	ations should be address	sed:	
WILLIAM WHITE, 419-2					
333 N. SUMMIT STREET				9-0086	
b The form in which applications should b SEE ATTACHED GRANT II		tion and materials they sl	nould include:		
c Any submission deadlines: SEE ATTACHED GRANT II	NFORMATION				
d Any restrictions or limitations on awards		al areas, charitable fields,	kinds of institutions, or o	other factors;	
SEE ATTACHED GRANT II			·		

HCR MANOR CARE FOUNDATION, 52-2031975 Page 11 Form 990-PF (2018) Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AESOP'S ATTIC EMPLOYEE VOLUNTEER ₽C GRANT 70 HIGH ST KYNETON VIC, AUSTRALIA 500. ALZHEIMERS ASSOCIATION ÞС 2018 WALK TO END 7900 W. 78TH ST. ALZHEIMERS EDINA, MN 55439 2,500. EMPLOYEE VOLUNTEER ALZHEIMERS ASSOCIATION PC 7900 W. 78TH ST. GRANT 500. EDINA, MN 55439 AMERICAN CANCER SOCIETY ÞC EMPLOYEE VOLUNTEER 5211 MADISON RD GRANT CINCINNATI, OH 45227 500. ÞС EMPLOYEE VOLUNTEER AMERICAN CANCER SOCIETY RELAY FOR LIFE OF GREATER LUCAS COUNTY GRANT 248 PARK AVE W MANSFIELD, OH 44902 500. SEE CONTINUATION SHEET(S) 67,620. ▶ 3a Tota! b Approved for future payment PROCEEDS FROM CASUAL AMERICAN HEART ASSOCIATION ÞС 5455 N HIGH STREET FRIDAYS 345. COLUMBUS, OH 43214

3b

345.

Total

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual,	F	D	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION		PC	HEART WALK	
4331 KEYSTONE DR D MAUMEE, OH 43537				1,500
ARTS COMMISSION OF GREATER TOLEDO		PC	MATCHING GIFTS	
TOLEDO, OH 43604				50
ATHOLTON BOOSTERS ASSOCIATION 6520 FREETOWN RD COLUMBIA, MD 21044		PC	MATCHING GIFTS	50
				30
BALD EAGLE ART LEAGUE P.O. BOX 1102 WILLAMSPORT, PA 17701		PC	EMPLOYEE VOLUNTEER GRANT	500
BOWLING GREEN CURLING CLUB 19901 N. DIXIE HIGHWAY BOWLING GREEN, OH 43402		PC	EMPLOYEE VOLUNTEER GRANT	500
BOYS AND GIRLS CLUB OF NORTHWEST OHIO 2250 N. DETROIT AVE TOLEDO, OH 43606		PC	MATCHING GIFTS	650
CARNEGIE MUSEUMS OF PITTSBURGH		PC	MATCHING GIFTS	
PITTSBURGH, PA 15213				100
CHILDREN'S THEATRE WORKSHOP 2417 COLLINGWOOD BLVD		PC	EMPLOYEE VOLUNTEER GRANT	
TOLEDO, OH 43620				500
CHINESE ASSOCIATION OF GREATER TOLEDO P.O. BOX 350445 FOLEDO, OH 43635		PC	EMPLOYEE VOLUNTEER GRANT	500
COLORADO MESA UNIVERSITY FOUNDATION		PC	MATCHING GIFTS	
1450 N. 12TH STREET GRAND JUNCTION, CO 81501 Total from continuation sheets				250 63,120

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo		1		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
TRUE GUARDE COUNCIL PAY COOME OF		PC	EMPLOYEE VOLUNTEER	
ERIE SHORES COUNCIL BOY SCOUTS OF AMERICA		FC	GRANT	
5600 W. SYLVANIA AVE				
TOLEDO, OH 43623				500
ETA NU EDUCATION FOUNDATION		PC	EMPLOYEE VOLUNTEER	
20064 PALM ISLAND DRIVE			GRANT	500.
BOCA RATON, FL 33498				300.
FIRST LUTHERAN CHURCH - LINUS PROJECT		PC	EMPLOYEE VOLUNTEER	
604 W. BROADWAY ST.			GRANT	
DECORAH, IA 52101		,		500
FOOD FOR THOUGHT		PC	TAILGATE FUNDRAISING	
316 ADAMS STREET			EVENT	
TOLEDO, OH 43604				2,000
GIRL SCOUTS OF WESTERN PA		PC	EMPLOYEE VOLUNTEER	
30 ISAELLA ST #107			GRANT	500,
PITTSBURGH, PA 15212		-		300,
GREAT LAKES RABBIT SANCTUARY		PC	EMPLOYEE VOLUNTEER	
P.O. BOX 7			GRANT	
WHITTAKER, MI 48190				500.
LUCAS COUNTY SADDLE HORSE ADVISORY		PC	EMPLOYEE VOLUNTEER	
COMMITTEE			GRANT	
7726 JEFFERS ROAD				
WHITEHOUSE, OH 43571				500
von pracup TVa			ENDLOYEE NOLIDIMEED	
MIN PINS AND MORE RESCUE INC 6736 SE 77TH ST		PC	EMPLOYEE VOLUNTEER GRANT	
BERRYTON, KS 66409			P.2011	500.
MOBILE MEALS OF TOLEDO		PC	UNRESTRICTED GRANT	
2200 JEFFERSON AVE				4 000
TOLEDO, OH 43604		 		1,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY		PC	CORPORATE OFFICE	
401 TOMAHAWK DR.			CHARITABLE EVENT	
MAUMEE, OH 43537				2,000.
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient OLD BEDFORD VILLAGE PC EMPLOYEE VOLUNTEER GRANT 220 SAWBLADE ROAD 500. BEDFORD, PA 15522 PAGEANTRY ARTS CONCEPTS PC EMPLOYEE VOLUNTEER 5100 CHARDONNAY DR GRANT CORAL SPRINGS, FL 33067 500. PROJECT IAM FOUNDATION - ACOUSTICS PC EMPLOYEE VOLUNTEER FOR AUTISM GRANT 3818 FRAMPTON TOLEDO, OH 43614 500. IN HONOR OF JOAN READ FOR LITERACY, INC. ÞС 325 N. MICHIGAN STREET VERHOFF'S SUPPORT 1,000. TOLEDO, OH 43604 RELEASING THE WATERS PC EMPLOYEE VOLUNTEER 800 JACKSON ST GRANT 500. MADISON, IL 62060 SPCA OF LUZERNE COUNTY ₽C EMPLOYEE VOLUNTEER GRANT 524 E. MAIN STREET 500. WILKES-BARRE, PA 18702 EMPLOYEE VOLUNTEER PC STANDARDBRED RETIREMENT FOUNDATION 353 SWEETMANS LANE, SUITE 101 GRANT MILLSTONE TOWNSHIP, NJ 08535 500. PC RACE FOR THE CURE SUSAN G. KOMEN NORTHWEST OHIO 3100 W. CENTRAL AVE 2,500. TOLEDO, OH 43606 SUSAN G. KOMEN NORTHWEST OHIO ÞС MATCHING GIFTS 3100 W. CENTRAL AVE 150. TOLEDO, OH 43606 THE ADAM BLAKEY HOLIDAY FOUNDATION ÞС EMPLOYEE VOLUNTEER GRANT 2109 MORGAN CREEK DR 500. FORT WAYNE, IN 46808 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor THE ARTS COMMISSION OF GREATER TOLEDO PC MATCHING GIFTS 1838 PARKWOOD AVE 150. TOLEDO, OH 43604 THE LEUKEMIA AND LYMPHOMA SOCIETY ÞС EMPLOYEE VOLUNTEER 6111 OAK TREE BLVD SUITE 130 GRANT 500. INDEPENDENCE, OH 44131 EMPLOYEE VOLUNTEER THE LYCOMING COUNTY SPECIAL OLYMPICS Ьc P.O. BOX 265 GRANT 500. MONTOURSVILLE, PA 17754 ÞС EMPLOYEE VOLUNTEER THE SANCTUARY WHERE GOD'S LOVE IS OUR LOVE GRANT 164 NORTHMORE BLVD 500. CUYAHOGA FALLS, OH 44221 THE SHEPHERDS HOUSE INC ÞС EMPLOYEE VOLUNTEER 1854 NE DIVISION ST GRANT BEND, OR 97708 500. THE UNIVERSITY CHURCH ÞС 2018 VEGGIE TRAILS 5K 4747 HILL AVE 1,000. TOLEDO, OH 43615 THE UNIVERSITY OF OKLAHOMA FOUNDATION ÞС MATCHING GIFTS P.O. BOX 258856 200. OKLAHOMA CITY, OK 73125 ÞС 2018 OVER THE EDGE THE VICTORY CENTER EVENT 5532 CENTRAL AVE B TOLEDO, OH 43615 1,000. TOLEDO AREA HUMANE SOCIETY ÞС UNRESTRICTED GRANT 827 ILLINOIS AVE 1,000. MAUMEE, OH 43537 MATCHING GIFTS TOLEDO CHORAL SOCIETY ÞС P.O.BOX 66 TOLEDO, OH 43697 500. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual,	Faur dakara	Durana of seed as	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
TOLEDO DAY NURSERY		₽C	MATCHING GIFTS	
2211 JEFFERSON AVE			Michigan Giris	
TOLEDO, OH 43604			1	25
TOLEDO MUSEUM OF ART		PC	MATCHING GIFTS	
2445 MONROE BOX 1013				
TOLEDO, OH 43620				75
TOLEDO MUSEUM OF ART		PC	MATCHING GIFTS	
2445 MONROE BOX 1013				150
TOLEDO, OH 43620				150
TOLEDO SPORT AND SOCIAL CLUB		PC	2018 BUMP, SET, SPLAT EVENT	
P.O. BOX 189 HOLLAND, OH 43528			EVENT	500
HOBBAND, ON 13320				
TOLEDO ZOO		PC	MATCHING GIFTS	
P.O. BOX 140130				
TOLEDO, OH 43614				250
TOLEDO ZOO		PC	MATCHING GIFTS	
P.O. BOX 140130				
TOLEDO, OH 43614				200
TOLEDO ZOOLOGICAL SOCIETY FOUNDATION		PC	MATCHING GIFTS	
2700 BROADWAY ST				
TOLEDO, OH 43609				92
UNIVERSITY OF MONTANA		PC	MATCHING GIFTS	
P.O. BOX 7159 MISSOULA, MT 59807				200
aribboom, ar 35007				
UNIVERSITY OF NORTH CAROLINA		PC	EMPLOYEE VOLUNTEER	
321 S COLUMBIA ST			GRANT	
CHAPEL HILL, NC 27516				500
UNIVERSITY OF TOLEDO FOUNDATION		PC	MATCHING GIFTS	
2801 W. BANCROFT ST		1		400
TOLEDO, OH 43606	L	<u> </u>		400

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient UNIVERSITY OF TOLEDO FOUNDATION ÞС MATCHING GIFTS 2801 W. BANCROFT ST TOLEDO, OH 43606 500. UNIVERSITY OF TOLEDO FOUNDATION Ьc MATCHING GIFTS 2801 W. BANCROFT ST TOLEDO, OH 43606 25. UNIVERSITY OF TOLEDO FOUNDATION ÞС MATCHING GIFTS 2801 W. BANCROFT ST TOLEDO, OH 43606 700. WGTE PUBLIC MEDIA PC MATCHING GIFTS 1270 SOUTH DETROIT AVENUE TOLEDO, OH 43614 120. WGTE PUBLIC MEDIA MATCHING GIFTS 1270 SOUTH DETROIT AVENUE 120. TOLEDO, OH 43614 WILD ONES - OAK OPENINGS CHAPTER EMPLOYEE VOLUNTEER GRANT 4139 GIRDHAM RD 500. SWANTON, OH 43558 WREATHS ACROSS AMERICA ÞС EMPLOYEE VOLUNTEER PO BOX 249 GRANT COLUMBIA FALLS, ME 04623 500. THE UNIVERSITY OF TOLEDO FOUNDATION MATCHING GIFTS 2801 W. BANCROFT ST 650. TOLEDO, OH 43606 MICHIGAN RADIO РC MATCHING GIFTS 535 W WILLIAM ST, SUITE 110 ANN ARBOR, MI 48103 110. TOLEDO ZOO ÞС MATCHING GIFTS P.O. BOX 140130 100. TOLEDO, OH 43614 Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,		D	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
				•
FOLEDO ZOO		PC	MATCHING GIFTS	
P.O. BOX 140130				
TOLEDO, OH 43614				200
METROPARKS TOLEDO		₽C	MATCHING GIFTS	
5100 W CENTRAL AVENUE			EATCHING GILLS	
TOLEDO, OH 43615				68
TOLEDO JAZZ ORCHESTRA		PC	MATCHING GIFTS	
P.O. BOX 353123 TOLEDO, OH 43635				50
,				
TOLEDO AREA HUMANE SOCIETY		PC	MATCHING GIFTS	
827 ILLINOIS AVE				
MAUMEE, OH 43537				120
TOLEDO ZOO		PC	MATCHING GIFTS	
P.O. BOX 140130				1,750
TOLEDO, OH 43614				1,750
BEECHWOOD EDUCATIONAL FOUNDATION		PC	MATCHING GIFTS	
50 BEECHWOOD RD			MICHING GITTS	•
FT MITCHELL, KY 41017				200
ST. URSULA ACADEMY		PC	MATCHING GIFTS	
4025 INDIAN RD TOLEDO, OH 43606				500
TOLEDO OPERA ASSOCIATION		PC	MATCHING GIFTS	
425 JEFFERSON AVE #601				
TOLEDO, OH 43604				25
ATHOLTON HIGH SCHOOL PTSA		PC	MATCHING GIFTS	
6520 FREETOWN RD				
COLUMBIA, MD 21044		 		35
DEECUMOOD EDUCATIONAL EQUINDATION		DC.	MATCHING GIFTS	
BEECHWOOD EDUCATIONAL FOUNDATION 50 BEECHWOOD RD		PC	MATCHING GIFTS	
FT MITCHELL, KY 41017				100
Total from continuation sheets				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ARTHRITIS FOUNDATION		₽C	JINGLE BELL RUN	
1207 HARVARD BLVD				
TOLEDO, OH 43614				2,50
TOLEDO MUSEUM OF ART		₽C	MATCHING GIFTS	
2445 MONROE BOX 1013				
TOLEDO, OH 43620				10
WGTE PUBLIC MEDIA		PC	MATCHING GIFTS	
1270 SOUTH DETROIT AVENUE				
TOLEDO, OH 43614				25
MICHIGAN RADIO		PC	MATCHING GIFTS	
535 W WILLIAM ST, SUITE 110				
ANN ARBOR, MI 48103				15
VALENTINE THEATRE		PC	MATCHING GIFTS	
410 ADAMS ST				
TOLEDO, OH 43604			-	2
TEAM CMMD FOUNDATION		PC	EMPLOYEE VOLUNTEER	
750 W LINCOLN HWY			GRANT	
EXTON, PA 19341				50
STAGES FAMILY INC		₽C	EMPLOYEE VOLUNTEER	
333 N. SUMMIT STREET, PO BOX 10086			GRANT	
TOLEDO, OH 43699				50
WE ARE RARE INC		₽C	EMPLOYEE VOLUNTEER	
4208 CHATEAU RD			GRANT	
ORLANDO, FL 32808				50
JOURNEYS THE ROAD HOME		₽C	EMPLOYEE VOLUNTEER	
1140 E NORTHWEST HIGHWAY			GRANT	
PALATINE, IL 60074			-	50
STATELINE BOYS AND GIRLS CLUB		PC	EMPLOYEE VOLUNTEER	
1851 MOORE STREET			GRANT	
BELOIT , WI 53511		<u> </u>		50
Total from continuation sheets		L		

3 Grants and Contributions Paid During the Y			,	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	711100111
NAOMI INC		PC	EMPLOYEE VOLUNTEER	
2321 WARREN STREET			GRANT	5
TOLEDO, OH 43620				
NIGHTINGGALES HARVEST		PC	EMPLOYEE VOLUNTEER	
2820 W ALEXIS RD			GRANT	
FOLEDO, OH 43613				51
CURTAIN CALL THEATRE		PC	EMPLOYEE VOLUNTEER	
11112 FRONT ST			GRANT	
MOKENA, IL 60448				50
BARBERTON AREA COMMUNITY MINISTRIES		PC	EMPLOYEE VOLUNTEER	
939 NORTON AVE			GRANT	
BARBERTON, OH 44203				50
SUSAN G. KOMEN MISSOURI		PC	EMPLOYEE VOLUNTEER	
1002 HI POINTE PL			GRANT	
ST. LOUIS, MO 63117				50
GREAT LAKES RABBIT SANCTUARY		PC	EMPLOYEE VOLUNTEER	
P.O. BOX 7			GRANT	E/
WHITTAKER, MI 48190				50
HABITAT FOR HUMANITY		PC	EMPLOYEE VOLUNTEER	
1310 CONANT STREET			GRANT	
MAUMEE, OH 43537			,	50
JAIN CENTER OF CENTRAL OHIO		PC	EMPLOYEE VOLUNTEER	
5683 S OLD STATE RD			GRANT	·
LEWIS CENTER, OH 43035				50
JUNIOR LEAGUE OF GREENVILLE INC		PC	EMPLOYEE VOLUNTEER	
120 GREENACRE RD			GRANT	
GREENVILLE, SC 29607				50
IVY EDUCATIONAL FOUNDATION		PC	EMPLOYEE VOLUNTEER	
P.O. BOX 426			GRANT	
WEST PALM BEACH, FL 33402	<u> </u>			5(

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
PARMA ANIMAL SHELTER INC		PC	EMPLOYEE VOLUNTEER	
6260 STATE RD			GRANT	
PARMA, OH 44134				51
MT SINAI SEVENTH DAY ADVENTIST CHURCH		PC	EMPLOYEE VOLUNTEER	•
217-10 93RD AVENUE			GRANT	
QUEENS VILLAGE, NY 11428				5
412 FOOD RESCUE		PC	EMPLOYEE VOLUNTEER	
6140 STATION ST			GRANT	
PITTSBURGH, PA 15206				50
GRASS LAKE YOUTH WRESTLING CLUB		PC	EMPLOYEE VOLUNTEER	
PO BOX 176			GRANT	· .
GRASS LAKE, MI 49240				50
SAVE MONROE STRAYS		PC	EMPLOYEE VOLUNTEER	
11375 S STONEY CREEK RD CARLETON, MI 48117			GRANT	5(
CARDETON, MI 4011/				3.0
MALE ADMY DIAMEDY HOLIDAY HOLDDAMION				
THE ADAM BLAKEY HOLIDAY FOUNDATION 2109 MORGAN CREEK DR		PC	EMPLOYEE VOLUNTEER GRANT	
FORT WAYNE IN 46808			BRANT	50
,				
STATELINE BOYS AND GIRLS CLUB		PC	EMPLOYEE VOLUNTEER	
1851 MOORE STREET			GRANT	
BELOIT , WI 53511				5(
MCKEESPORT ALLIANCE CHURCH		PC	EMPLOYEE VOLUNTEER	
938 SUMMIT ST			GRANT	
MCKEEPSORT, PA 15132				50
•				
BOY SCOUT TROOP 190		PC	EMPLOYEE VOLUNTEER	
333 N. SUMMIT STREET, PO BOX 10086			GRANT	
TOLEDO, OH 43699				50
ROSCOMMON PROJECT GRADUATION		₽C	EMPLOYEE VOLUNTEER	
10600 OAKWOOD DR			GRANT	
ROSCOMMON, MI 48653 Total from continuation sheets				50

3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
AMERICAN CANCER SOCIETY		PC	EMPLOYEE VOLUNTEER	
5211 MADISON RD CINCINNATI, OH 45227			GRANT	500
BEINSTRUMENTAL FOUNDATION PO BOX 8519		₽C	EMPLOYEE VOLUNTEER GRANT	
TOLEDO, OH 43623				500
TOLEDO ZOO		PC	MATCHING GIFTS	
P.O. BOX 140130 TOLEDO, OH 43614				90
METROPARKS TOLEDO 5100 W CENTRAL AVENUE		PC	MATCHING GIFTS	
TOLEDO, OH 43615				100
THE ARTS COMMISSION OF GREATER TOLEDO		PC	MATCHING GIFTS	
1838 PARKWOOD AVE TOLEDO, OH 43604				150
NEW AVENUES TO INDEPENDENCE INC 17608 EUCLID AVE		PC	GENERAL GRANT	
CLEVELAND, OH 44112				1,000
GUITARS FOR VETS		PC	GENERAL GRANT	
P.O. BOX 617 MILWAUKEE, WI 53201				10,000
ZACH HODGES		PC	EMPLOYEE VOLUNTEER	
333 N. SUMMIT STREET, PO BOX 10086 TOLEDO, OH 43699			GRANT	390

Part XVI-A Analysis of Income-Producing Activities
--

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a					
b		_	 		
C					
d					
e			<u> </u>		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	24,891.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			 		·
than inventory	:		18	-50,645.	
9 Net income or (loss) from special events			+ - 1	00,0201	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
•	- 				
b	_ [
C	I I		 		
d	-		1 1-	+	
12 Subtotal. Add columns (b), (d), and (e)	- 	0.	1	-25,754.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>		13	-25,754.
(See worksheet in line 13 instructions to verify calculations.	1			· · ·	20,,010
Tode worksheet in line 13 instructions to verny calculations.					

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ■	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
i	

Form **990-PF** (2018)

Form 990-PF (ATION, INC			2031975	Pa	ge 13
Part XVII			sfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable		
4 Did the e	Exempt Organ		of the following	a with any other property	on described in sect	uon 501/a)		Yes	No
	•			g with any other organizati i to political organizations?		1011 30 1(6)			
•	s from the reporting found	•							
(1) Cast	1						1a(1)		Х
(2) Othe	er assets						1a(2)		X
	nsactions:								لــِـا
` '	s of assets to a noncharita						1b(1)		X
V- /	chases of assets from a no	•	organization				1b(2) 1b(3)		X
	tal of facilities, equipment, nbursement arrangements						1b(4)		X
	ns or loan guarantees						1b(5)		X
	ormance of services or me	embership or fundrai	sing solicitatio	ns			1b(6)		X
c Sharing	of facilities, equipment, ma	ailing lists, other asse	ets, or paid em	ployees			1c		_X_
				dule. Column (b) should a				ets,	
				d less than fair market val	ue in any transaction	or sharing arrangem	ient, show in		
(a) Line no	d) the value of the goods, (b) Amount involved	·		exempt organization	(d) Description	n of transfers, transaction	s and sharing arr	angemen	
(4)2	(4) / 1111041111111111111111111111111111111	(6)	N/A	- Grown provide a garman and a	(0)		-,		
			-1,70						
	· · · · · ·								
									
2a Is the fou	undation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
	n 501(c) (other than sectio						Yes	X	No
b If "Yes," o	complete the following sch								
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rel	ationship		
	N/A								
									
					1				
				accompanying schedules and s			May the IRS	liscuss ti	nis
Sign Here	Senier, it is add, someon, and de	Cal	pad (olid lila)	taxpayer) is based on all inform	-		return with the shown below	? See ins	er str
💆				17/8/2020		NTHROPY OF	X Yes	<u> </u>	No
	nature of officer or trustee Print/Type preparer's na		Preparer's si	Date /	Title Date	Check If	PTIN		
	Trino Type preparer 5 ft	arrig	i Topalei 3 Si	Augraio	Jaio	self- employed			
Paid	JENNIFER C	OLEMAN	JENNIF	ER COLEMAN	06/17/20	, -,	P00743	188	
Preparer	Firm's name ► CLI					Firm's EIN ► 41			
Use Only									
	Firm's address ► 45			CLE NW					0.0
	CANTON, OH 44718					Phone no. (33	30) 497	-200	JU

Form **990-PF** (2018)

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

OMB No 1545-0047

2018

Name of the organization Employer identification number

HCR MANOR CARE FOUNDATION, INC 52-2031975

Organization type (check one)

•	•••	
Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General	Rule	
X	=	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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 ine 1 Complete Parts I and II
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter he purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.
but it mi	ust answer "No" on I	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e 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) (2018)

Name of organization

Employer identification number

IVAILE OF O	ganization	Employer identification number
HCR MA	ANOR CARE FOUNDATION, INC	52-2031975
Partil !	Contributors (see instructions) Use duplicate copies of Part I if additional space is	needed
		(-)

	Continuations (see instructions) Ose duplicate copies of Part III additional	space is fielded	
(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	\$9,980.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions

823452 11-08-18

Name of organization

Employer identification number

	HCR	MANOR	CARE	FOUNDATION,	INC
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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
	,		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization HCR MANOR CARE FOUNDATION, INC 52-2031975 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 Part III 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1	
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	9,270.	1,200.		8,070.
TO FORM 990-PF, PG 1, LN 16B	9,270.	1,200.		8,070.
FORM 990-PF (THER PROFES	SIONAL FEES	S	TATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES - MORGAN STANLEY	7,240.	7,240.		0.
TO FORM 990-PF, PG 1, LN 16C	7,240.	7,240.		0.
		D.C.		
FORM 990-PF	TAX	ES	S'	TATEMENT 3
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	773.	386.		387.
TO FORM 990-PF, PG 1, LN 18	773.	386.		387.

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	125.	62.		63.
DUES & SUBSCRIPTIONS SOFTWARE SUBSCRIPTIONS &	6,250.	0.		6,250.
PURCHASES OFFICE SUPPLIES, EXPENSES, &	12,147.	0.		12,147.
POSTAGE	907.	0.		907.
IT PURCHASE SERVICES	11,940.	0.		11,940.
PURCHASED SERVICES CUSTOMER SERVICE	23,185.	0.		23,185.
APPRECIATION	3.	0.		3.
ADVERTISING & MARKETING	9,386.	0.		9,386.
LICENSES AND PERMITS	800.	0.		800.
TO FORM 990-PF, PG 1, LN 23	64,743.	62.		64,681.

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY SPDR DOUBLELINE TR TACT ETF	23,805.	23,805.
MORGAN STANLEY JOHN HANCOCK MULTI FACT MID	38,053.	38,053.
MORGAN STANLEY SPDR SER TRUST BBG BCL	140,728.	140,728.
MORGAN STANLEY UTILITIES SEL SECT SPDR FUND	24,174.	24,174.
MORGAN STANLEY VANGUARD SMALL CAP ETF	14,839.	14,839.
MORGAN STANLEY INVESCO S&P EMER MRKS LOW VOL	37,389.	37,389.
MORGAN STANLEY ISHARES S&P 500 VAL ETF	22,568.	22,568.
MORGAN STANLEY ISHARES TIPS BOND ETF	16,253.	16,253.
MORGAN STANLEY PIMCO ENHANCED SHRT MTRT EXC	101,812.	101,812.
MORGAN STANLEY SPDR BBG BAR INVES GRADE FLTG	46,741.	46,741.
MORGAN STANLEY GOLDMAN ACTIVEBETA US LC ETF	138,195.	138,195.
MORGAN STANLEY GOLDMAN ACTIVEBETA EUR EQ ETF	30,875.	30,875.
MORGAN STANLEY GOLDMAN ACTIVEBETA INT	91,988.	91,988.
TOTAL TO FORM 990-PF, PART II, LINE 10B	727,420.	727,420.

FORM 990-PF CORPORATE BO	CORPORATE BONDS	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY HENNESSY JAPAN INST	23,169.	23,169.
TOTAL TO FORM 990-PF, PART II, LINE 10C	23,169.	23,169.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 7	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE	
RICK RUMP 333 N. SUMMIT STREET TOLEDO, OH 43604	PRESIDENT 2.00	0.	0.	0.	
DANIEL KIGHT 333 N. SUMMIT STREET TOLEDO, OH 43604	VICE PRESIDENT 2.00	0.	0.	0.	
ERIC TALBERT 333 N. SUMMIT STREET TOLEDO, OH 43604	TREASURER 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	41,535.	0.	0.	
RUTH HANCOCK 333 N. SUMMIT STREET TOLEDO, OH 43604	DIRECTOR 2.00	0.	0.	0.	
ANDREW DEFOSSES 333 N. SUMMIT STREET TOLEDO, OH 43604	DIRECTOR 2.00	0.	0.	0.	
JULIE BECKERT 333 N. SUMMIT STREET TOLEDO, OH 43604	DIRECTOR 2.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAG	EE 6, PART VIII	41,535.	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 taxexempt 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

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.♥ 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.

page 2 of 3



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 Tolonbonn	

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, 2016
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.

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page 1 of 5

• 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

1

How to Apply

- 1. Subruit Online Application
- Choose Emplayee Volumeer Grant Program"
- (a) Navigata to wew.ingives.org.
 (b) Clack on Tarphoyee Programs.
 (c) Choose Tarphoyee Volumes G.
 (d) Choose Tarphoyee Volumes G.
 (d) Print copy of orline completed fit
- Print copy of online completed form.
- (a) Employee provides printed copy of online Obtain Voluntaes Organization Verification
- (b) Volumber organization representative complete application to voluntaer organization.
- Volunteer organization returns verified application to the program exidense listed on back of this brochum E

Applications are only eligible for consideration when both the online application has been submitted and the volumes

If you are unable to submit an explication online, please organization werlification has been received.

correct HCR ManuCare Gives at 677,329,9500 for guidence.

Arrest application deadline is Jenneny Elia

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 Statement Attached and Made Part of

tor nitite mitermation picase call

877.329.9500

or visit our website

hergives.org



Einiployee Voluniceer — GRANT PROGRAM ——

HCR Manor Care

Toledo, OH 43659-0086 PO Box 10085

gives@hcr-manorcare.com



Employes Volumineer - GRANT PROGRAM -



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