

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning** , 2011, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 200 LAUREL LAKE DRIVE  
 City or town, state or country, and ZIP + 4  
 HUDSON, OH 44236

**D Employer identification number**  
34-1779303

**E Telephone number**  
(330)650-0681

**F Name and address of principal officer:** DAVID A. OSTER  
200 LAUREL LAKE DRIVE, HUDSON, OH 44236

**G Gross receipts \$** 803,203

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ LAURELLAKE.COM

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 1995

**M State of legal domicile:** OH

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION WAS ESTABLISHED TO SOLICIT, HOLD, INVEST AND ADMINISTER FUNDS, PROPERTY, AND INTERESTS, AND TO MAKE EXPENDITURES, TRANSFERS OR DISTRIBUTIONS TO OR FOR THE BENEFIT OF LAUREL LAKE RETIREMENT COMMUNITY.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	11
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	687,071	562,172
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,846	237,417
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,777	3,614
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	874,694	803,203
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	177,441	231,130
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,736		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	136,108	146,016
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	313,549	377,146
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	561,145	426,057	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	5,244,824	5,250,483
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,112,555	1,027,038
			4,132,269	4,223,445

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: DAVID OSTER, PRESIDENT  
Date: \_\_\_\_\_  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2011)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION WAS ESTABLISHED TO SOLICIT, HOLD, INVEST AND ADMINISTER FUNDS, PROPERTY, AND INTERESTS, AND TO MAKE EXPENDITURES, TRANSFERS OR DISTRIBUTIONS TO OR FOR THE BENEFIT OF LAUREL LAKE RETIREMENT COMMUNITY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 106,903 including grants of \$ 106,903 ) (Revenue \$ 0 )

PROVIDE RESOURCES TO LAUREL LAKE RETIREMENT COMMUNITY TO ENHANCE THE RESIDENTS' ENVIRONMENT AND LIFESTYLE.

**4b** (Code: ) (Expenses \$ 55,647 including grants of \$ 55,647 ) (Revenue \$ 0 )

PROVIDE RESOURCES TO LAUREL LAKE RETIREMENT COMMUNITY TO ASSIST FINANCIALLY AT-RISK RESIDENTS.

**4c** (Code: ) (Expenses \$ 50,000 including grants of \$ 50,000 ) (Revenue \$ 0 )

PROVIDE HEALTH SCREENINGS, HEALTH EDUCATION, AND ACTIVITIES FOR DISADVANTGED SENIORS

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 18,580 including grants of \$ 18,580 ) (Revenue \$ 0 )

**4e** Total program service expenses 231,130

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	<input type="checkbox"/>
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<input type="checkbox"/>	<input type="checkbox"/>
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b>	Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Enter the amount of reserves on hand	<input type="checkbox"/>	<input type="checkbox"/>
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MICHAEL D LESLEIN, 200 LAUREL LAKE DRIVE, HUDSON, OH 44236, (330)650-0681, FAX: (330)655-1700

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID OSTER PRESIDENT	4	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	159,373	20,552
(2) JOHN SHARP CHAIR	4	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(3) KENNETH CALDWELL SECRETARY	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(4) MICHAEL LESLEIN TREASURER	6	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	87,323	5,433
(5) CHARLES HAAKE TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(6) CHRISTOPHER GUANCIALE TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(7) ELLEN TRENT TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(8) FRANK FISHER VICE CHAIR	1	<input checked="" type="checkbox"/>						0	0	0
(9) RICHARD LEPPA TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(10) RUTH DEWOLFE TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(11) SR MARYANN GOLONKA, HM TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(12) THOMAS TOBIN TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(13) WILLIAM FISSINGER TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							0	246,696	25,985	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	246,696	25,985	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	20,000				
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	542,172				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		1,064				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		562,172				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	-----		0				
	<b>b</b>	-----		0				
	<b>c</b>	-----		0				
	<b>d</b>	-----		0				
	<b>e</b>	-----		0				
	<b>f</b>	All other program service revenue .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		237,417			237,417	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0				
	<b>5</b>	Royalties . . . . . ▶		0				
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>b</b>	Less: rental expenses				
			<b>c</b>	Rental income or (loss)	0	0		
			<b>d</b>	Net rental income or (loss) . . . . . ▶		0		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .				
			<b>c</b>	Gain or (loss) . . . . .	0	0		
			<b>d</b>	Net gain or (loss) . . . . . ▶		0		
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from fundraising events . ▶		0				
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from gaming activities . . ▶		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
		<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	PASS-THRU ON CHARITABLE TRUST	900099	3,614			3,614		
<b>b</b>	-----		0					
<b>c</b>	-----		0					
<b>d</b>	All other revenue . . . . .		0	0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,614					
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		803,203	0	0	241,031		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	231,130	231,130		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	77,732		38,866	38,866
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	4,200		4,200	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	37,847		37,847	
<b>g</b> Other . . . . .	14,599		7,300	7,299
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	6,905		1,381	5,524
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	686			686
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>FOOD &amp; ENTERTAINMENT</u> . . . . .	2,922		1,461	1,461
<b>b</b> <u>POSTAGE &amp; SHIPPING</u> . . . . .	1,125		225	900
<b>c</b> . . . . .	0			
<b>d</b> . . . . .	0			
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	377,146	231,130	91,280	54,736
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	431,353	<b>1</b>	161,034
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	528,357
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	<b>b</b> Less: accumulated depreciation . . . . .	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	1,912,661	<b>11</b>	1,711,399
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,847,276	<b>12</b>	2,794,348
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	53,534	<b>14</b>	55,345
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,244,824	<b>16</b>	5,250,483	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	107,404	<b>17</b>	129,869
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,005,151	<b>25</b>	897,169
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,112,555	<b>26</b>	1,027,038
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-196,798	<b>27</b>	108,784
	<b>28</b> Temporarily restricted net assets . . . . .	4,145,141	<b>28</b>	3,929,330
	<b>29</b> Permanently restricted net assets . . . . .	183,926	<b>29</b>	185,331
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	4,132,269	<b>33</b>	4,223,445
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,244,824	<b>34</b>	5,250,483	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	803,203
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	377,146
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	426,057
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,132,269
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-334,881
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	4,223,445

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>		✓
<b>3a</b>		✓
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	458,117	342,974	441,765	687,071	562,172	2,492,099
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	458,117	342,974	441,765	687,071	562,172	2,492,099
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						847,265
<b>6 Public support.</b> Subtract line 5 from line 4.						1,644,834

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	458,117	342,974	441,765	687,071	562,172	2,492,099
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	128,418	166,692	128,800	180,846	237,417	842,173
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	451,187	-409,888	-339,040	6,777	3,614	-287,350
<b>11 Total support.</b> Add lines 7 through 10						3,046,922
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	53.98 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	50.24 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV**

**Supplemental Information** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME		451,187	- 409,888	- 339,040	6,777	3,614	- 297,795
PART II, LINE 10	OTHER INCOME	THE AMOUNTS REPORTED ON SCHEDULE A, PART II, SECTION A, LINE 10 REPRESENT CHARITABLE TRUST FUND ADJUSTMENTS.						



**Schedule of Contributors**

**2011**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Name of the organization**

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.

**Employer identification number**

34-1779303

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (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 foundation

Check 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**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		\$ 250,750	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 64,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 43,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 35,600	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 25,050	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 21,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**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
7	----- ----- -----	\$ 20,110	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 17,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 11,100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 10,651	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**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
13		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,315	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,337	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**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
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 34-1779303
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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 information once. See instructions.) ► \$ \_\_\_\_\_  
 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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.

Employer identification number

34-1779303

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIV, describe how the organization reports conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Temporarily restricted endowment ▶ .....%

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				0
<b>b</b> Buildings				0
<b>c</b> Leasehold improvements				0
<b>d</b> Equipment				0
<b>e</b> Other				0

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 0



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) CHARITABLE TRUST FUNDS	2,794,348	END OF YEAR MARKET VALUE
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,794,348	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) GIFT ANNUITIES PAYABLE	897,169	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	897,169	

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments	<b>2a</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities	<b>2a</b>
<b>b</b>	Prior year adjustments	<b>2b</b>
<b>c</b>	Other losses	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

34-1779303

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) LAUREL LAKE RETIREMENT COMMUNITY 200 LAUREL LAKE DR., HUDSON, OH 44236	34-1481142	501(C)(3)	231,130				FUND RETIREMENT COMMUNITY PROGRAM
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[SEE NEXT PAGE](#)

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**Part IV****Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE FOUNDATION REQUIRES AN ANNUAL REPORT FROM EACH GRANTEE TO EVALUATE THE EXPENDITURE OF THE GRANT FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Employer identification number

34-1779303

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | ✓ |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | ✓ |
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | ✓ |
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID OSTER	(i)	0	0	0	0	0	0	0
1	(ii)	146,044	12,845	484	0	20,552	179,925	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III**

**Supplemental Information** Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
PART I, LINE 3	QUESTIONS REGARDING COMPENSATION	THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT, DAVID OSTER, IS DETERMINED BY HUMILITY OF MARY HEALTH PARTNERS (HMHP), A RELATED TAX-EXEMPT ORGANIZATION. HMHP UTILIZES A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY BOARD OR COMPENSATION COMMITTEE WHEN DETERMINING MR. OSTER'S COMPENSATION.



**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2011**

Open to Public Inspection

Name of the Organization <b>LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.</b>	Employer Identification Number <b>34-1779303</b>
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Return Reference	Identifier	Explanation				
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	PROVIDE RESOURCES TO LAUREL LAKE RETIREMENT COMMUNITY FOR JOB-RELATED EDUCATION AND TRAINING FOR ALL STAFF MEMBERS.				
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	THE SOLE MEMBER IS LAUREL LAKE RETIREMENT COMMUNITY				
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	CATHOLIC HEALTH PARTNERS APPROVES MEMBERS THAT ARE APPOINTED TO THE BOARD OF TRUSTEES. ALL MEMBERS OF THE BOARD OF TRUSTEES HAVE FULL VOTING RIGHTS.				
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	CERTAIN MATTERS REQUIRE APPROVAL OF THE CHP CORPORATE MEMBER, CHP GOVERNING BODY, OR CHP CEO. THE REGULATIONS OF THE ORGANIZATION DESCRIBE THE LEVEL OF APPROVAL REQUIRED FOR VARIOUS DECISIONS.				
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY THE CHP TAX DEPARTMENT AND REVIEWED BY MANAGEMENT. UPON REVIEW, THE FORM 990 IS APPROVED BY LAUREL LAKE RETIREMENT COMMUNITY'S AUDIT AND FINANCE COMMITTEES, THEN DISTRIBUTED TO THE FOUNDATION'S ENTIRE BOARD OF DIRECTORS.				
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	ALL BUSINESS TRANSACTIONS THAT MAY POTENTIALLY INVOLVE A CONFLICT OF INTEREST WITH BOARD MEMBERS OR EMPLOYEES ARE FIRST REVIEWED BY THE ORGANIZATION'S MANAGEMENT STAFF FOR APPROPRIATENESS. IF NECESSARY, A LEGAL REVIEW OF THE SITUATION WILL BE PERFORMED. IF THE INDIVIDUAL WITH THE CONFLICT IS A BOARD MEMBER, HE/SHE IS PROHIBITED FROM DISCUSSING OR VOTING WITH REGARD TO THE TRANSACTION.				
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION ACCEPTS REQUESTS FOR INFORMATION IN WRITTEN OR VERBAL FORM. DOCUMENTS REQUESTED ARE MAILED TO REQUESTOR.				
FORM 990, PART VII, SECTION A, COLUMN B	AVERAGE HOURS WORKED PER WEEK FOR RELATED ORGANIZATION	DAVID OSTER - 50 MICHAEL LESLEIN - 55 FRANK FISHER - 1 RICHARD LEPPA - 1 SR MARYANN GOLONKA, HM - 3 WILLIAM FISSINGER - 1				
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS</td> <td>- 334,881</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 334,881
(a) Description	(b) Amount					
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 334,881					

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.

Employer identification number

34-1779303

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CATHOLIC HEALTH PARTNERS (31-1161086) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HEALTHCARE SYSTEM PARENT	OH	501(C)(3)	11 - TYPE III - FI	N/A		✓
(2) CATHOLIC HEALTH PARTNERS FOUNDATION (20-1072726) 615 ELSINORE PLACE, CINCINNATI, OH 45202	FUNDRAISING	OH	501(C)(3)	7	CATHOLIC HEALTH PARTNERS		✓
(3) CATHOLIC HEALTHCARE PARTNERS HOUSING DEVELOPMENT (20-8943658) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD PARENT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(4) CATHOLIC HEALTHCARE PARTNERS RETIREMENT TRUST (31-6046304) 615 ELSINORE PLACE, CINCINNATI, OH 45202	RETIREMENT TRUST	OH	501(C)(3)	8	CATHOLIC HEALTH PARTNERS		✓
(5) COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM (27-0071694) 3700 KOLBE ROAD, LORAIN, OH 44053	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE II	CATHOLIC HEALTH PARTNERS		✓
(6) COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER (34-0714704) 3700 KOLBE ROAD, LORAIN, OH 44053	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		✓
(7) ALLEN MEDICAL CENTER (34-0864230) 200 WEST LORAIN ST, OBERLIN, OH 44074	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		✓

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

Cat. No. 50135Y

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Statement												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHP INSURANCE LTD (98-0621978) 615 ELSINORE PLACE, CINCINNATI, OH 45202	INSURANCE	CJ	N/A	C CORPORATION	N/A	N/A	N/A
(2) SISTERS OF MERCY WORKERS COMPENSATION SELF-INSURANCE TRUST (31-0990309) 615 ELSINORE PLACE, CINCINNATI, OH 45202	WORKERS COMPENSATION TRUST	MA	N/A	TRUST	N/A	N/A	N/A
(3) MHSWO HEALTH VENTURES INC. (31-1072139) 1 S. LIMESTONE ST, SPRINGFIELD, OH 45502	PHYSICIAN PRACTICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(4) NORTHPARKE MEDICAL COMMONS CONDO ASSN. (31-1391230) 333 N. LIMESTONE ST, SPRINGFIELD, OH 45503	REAL PROPERTY MGMNT	OH	N/A	C CORPORATION	N/A	N/A	N/A
(5) MERCY HEALTH AFFILIATES INC. (34-1372633) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	PHYSICIAN SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(6) PHYSICIAN'S HEALTH COLLABORATIVE (20-3986844) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	MEDICAL & HOSPITAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(7) NORTHSIDE CORPORATION (34-1318438) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	RESIDENT RENTALS	OH	N/A	C CORPORATION	N/A	N/A	N/A

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Sale of assets to related organization(s) . . . . .		✓
<b>g</b> Purchase of assets from related organization(s) . . . . .		✓
<b>h</b> Exchange of assets with related organization(s) . . . . .		✓
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part II**

**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION (34-1504558) 3700 KOLBE ROAD, LORAIN, OH 44053	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		✓
(9) COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS (34-1268828) 3700 KOLBE ROAD, LORAIN, OH 44053	MEDICAL OFFICE RENTAL	OH	501(C)(3)	9	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		✓
(10) ALLEN MEDICAL CENTER FOUNDATION (34-1675592) 200 WEST LORAIN ST, OBERLIN, OH 44074	FOUNDATION	OH	501(C)(3)	11 - TYPE I	ALLEN MEDICAL CENTER		✓
(11) ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING (36-4504991) 200 WEST LORAIN ST, OBERLIN, OH 44074	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - TYPE II	ALLEN MEDICAL CENTER		✓
(12) MERCY HEALTH PARTNERS OF SOUTHWEST OHIO (31-1063783) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(13) MERCY HEALTH PARTNERS OF SOUTHWEST OHIO FOUNDATION (31-1217563) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	FOUNDATION	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(14) MERCY HOSPITALS WEST (31-1091597) 2446 KIPLING AVENUE, CINCINNATI, OH 45239	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(15) MERCY HOSPITAL ANDERSON (31-0537085) 7500 STATE ROAD, CINCINNATI, OH 45255	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(16) THE SISTERS OF MERCY OF HAMILTON OHIO (31-0538532) 3000 MACK ROAD, FAIRFIELD, OH 45014	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(17) THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO (31-0830955) 3000 HOSPITAL DRIVE, BATAVIA, OH 45103	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(18) MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC. (31-1308729) 7010 ROWAN HILLS DR, CINCINNATI, OH 45227	RETIREMENT HOME	OH	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(19) MERCY SACRED HEART INC. (61-1318326) 2120 PAYNE STREET, LOUISVILLE, KY 40206	RETIREMENT HOME	KY	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(20) MERCY LONG TERM CARE INITIATIVE (31-1332491) 4915 CHARLESTOWN RD, NEW ALBANY, IN 47150	RETIREMENT HOME	IN	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) MERCY FRANCISCAN SOCIAL MINISTRIES INC. (31-1222942) 1800 LOGAN STREET, CINCINNATI, OH 45210	LOW INCOME HOUSING	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(22) MERCY FRANCISCAN AT ST RAPHAEL INC. (20-2934871) 610 HIGH STREET, HAMILTON, OH 45011	SERVICES TO THE POOR	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(23) COMMUNITY MERCY HEALTH SYSTEM (30-0272454) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(24) COMMUNITY MERCY HEALTH PARTNERS (31-0785684) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(25) THE COMMUNITY MERCY FOUNDATION (31-1443778) 1343 N. FOUNTAIN BLVD, SPRINGFIELD, OH 45504	FOUNDATION	OH	501(C)(3)	7	COMMUNITY MERCY HEALTH SYSTEM		✓
(26) C H HEALTH SERVICES COMPANY (31-1181984) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(27) CLARKE & CHAMPAIGN COUNTIES HEALTH INFORMATION EXCHANGE (26-0698515) 1150 E. HOME ROAD, SPRINGFIELD, OH 45503	MEDICAL INFORMATION EXCHANGE	OH	501(C)(3)	9	COMMUNITY MERCY HEALTH SYSTEM		✓
(28) THE WALLACE S MURRAY AND FRANCES RABBITS MURRAY MEMORIAL TRUST (34-6827136) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	INDIGENT MEDICAL CARE	OH	501(C)(3)	11 - TYPE I	N/A		✓
(29) MERCY HEALTH SYSTEM - NORTHERN REGION (34-1344482) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(30) MERCY PROPERTY HOLDINGS (30-0699825) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	TITLE HOLDING COMPANY	OH	501(C)(2)		MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(31) ST CHARLES MERCY HOSPITAL OF OREGON OHIO (34-4445373) 2600 NAVARRE AVENUE, OREGON, OH 43616	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(32) ST CHARLES MERCY HEALTH FOUNDATION (34-1414900) 2600 NAVARRE AVENUE, OREGON, OH 43616	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		✓
(33) RIVERSIDE MERCY HOSPITAL (31-1556401) 3404 W. SYLVANIA AVE, TOLEDO, OH 43623	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(34) MERCY HOME CARE INC. (34-1587572) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HOME HEALTHCARE	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(35) MERCY COLLEGE OF OHIO (34-1726619) 2221 MADISON AVENUE, TOLEDO, OH 43604	MEDICAL COLLEGE	OH	501(C)(3)	2	MERCY HEALTH SYSTEM - NORTHERN REGION		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(36) MERCY COLLEGE OF OHIO FOUNDATION INC. (14-1963204) 2221 MADISON AVENUE, TOLEDO, OH 43604	FOUNDATION	OH	501(C)(3)	11 - TYPE I	MERCY COLLEGE OF OHIO		✓
(37) MERCY HOSPITAL OF TIFFIN OHIO (34-4431174) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44883	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(38) MERCY TIFFIN HEALTH FOUNDATION (34-1499894) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44883	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MERCY HOSPITAL OF TIFFIN OHIO		✓
(39) THE SISTERS OF MERCY OF WILLARD OHIO (34-1577110) 110 EAST HOWARD ST, WILLARD, OH 44890	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(40) MERCY HOSPITAL OF WILLARD FOUNDATION (11-3742347) 110 EAST HOWARD ST, WILLARD, OH 44890	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	THE SISTERS OF MERCY OF WILLARD OHIO		✓
(41) ST VINCENT MERCY MEDICAL CENTER (34-4428250) 2213 CHERRY STREET, TOLEDO, OH 43608	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(42) ST VINCENT MERCY MEDICAL CENTER FOUNDATION (23-7393213) 2213 CHERRY STREET, TOLEDO, OH 43608	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST VINCENT MERCY MEDICAL CENTER		✓
(43) LIFESTAR AMBULANCE INC. (34-1354653) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	MEDICAL TRANSPORTATION	OH	501(C)(3)	11 - TYPE II	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(44) RSM MEDICAL FOUNDATION (34-1693671) 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(45) ST MARGUERITE D'YOUVILLE FOUNDATION II (13-4350655) 2213 CHERRY STREET, TOLEDO, OH 43608	FOUNDATION	OH	501(C)(3)	11 - TYPE II	CATHOLIC HEALTH PARTNERS		✓
(46) SIMON OUTREACH SERVICES (34-1383325) 2600 NAVARRE AVENUE, OREGON, OH 43616	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - TYPE II	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		✓
(47) FARLEY HEALTHCARE CORPORATION (34-1363204) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HEALTH SERVICES	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(48) ST RITA'S MEDICAL CENTER (34-1105619) 730 W. MARKET STREET, LIMA, OH 45801	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(49) SRHC FOUNDATION (34-1368429) 730 W. MARKET STREET, LIMA, OH 45801	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST RITA'S MEDICAL CENTER		✓
(50) NEW VISION MEDICAL LABORATORIES INC. (34-1937267) 750 W. HIGH ST STE 400, LIMA, OH 45801	MEDICAL LAB SERVICES	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST RITA'S MEDICAL CENTER		✓



(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(51) HUMILITY OF MARY HEALTH PARTNERS (34-0505560) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(52) THE ASSUMPTION VILLAGE (34-1013695) 9800 N. MARKET STREET, NORTH LIMA, OH 44452	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(53) HOSPICE OF THE VALLEY (34-1288745) 5190 MARKET STREET, YOUNGSTOWN, OH 44512	HOSPICE SERVICES	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(54) HUMILITY OF MARY DEVELOPMENT FOUNDATION (34-1826978) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	HUMILITY OF MARY HEALTH PARTNERS		✓
(55) HUMILITY HOUSE (34-1894783) 755 OHLTOWN ROAD, AUSTINTOWN, OH 44515	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(56) LAUREL LAKE RETIREMENT COMMUNITY INC. (34-1481142) 200 LAUREL LAKE DRIVE, HUDSON, OH 44236	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(57) LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION INC. (34-1779303) 200 LAUREL LAKE DRIVE, HUDSON, OH 44236	FOUNDATION	OH	501(C)(3)	7	LAUREL LAKE RETIREMENT COMMUNITY INC.		✓
(58) ST JOSEPH HEALTH CENTER AUXILIARY (34-6556121) 677 EASTLAND SE, WARREN, OH 44484	FUNDRAISING	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(59) MERCY HEALTH PARTNERS - LOURDES INC. (61-0600313) 1530 LONE OAK ROAD, PADUCAH, KY 42003	HOSPITAL	KY	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(60) LOURDES FOUNDATION INC. (61-1258960) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FOUNDATION	KY	501(C)(3)	7	MERCY HEALTH PARTNERS - LOURDES INC.		✓
(61) LOURDES HOSPITAL AUXILIARY GIFT SHOP (61-0927805) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FUNDRAISING	KY	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	LOURDES FOUNDATION INC.		✓
(62) MARCUM AND WALLACE MEMORIAL HOSPITAL INC. (61-0927491) 60 MERCY COURT, IRVINE, KY 40336	HOSPITAL	KY	501(C)(3)	3	MERCY HEALTH PARTNERS - LOURDES INC.		✓
(63) MARCUM AND WALLACE HOSPITAL FOUNDATION INC. (32-0026557) 60 MERCY COURT, IRVINE, KY 40336	FOUNDATION	KY	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MARCUM AND WALLACE MEMORIAL HOSPITAL INC.		✓
(64) MERCY HEALTH PARTNERS INC. (73-1627534) 900 EAST OAK HILL AVE, KNOXVILLE, TN 37917	REGIONAL PARENT	TN	501(C)(3)	11 - TYPE I	CATHOLIC HEALTH PARTNERS		✓
(65) MERCY HEALTH SYSTEM INC. (62-0480068) 900 EAST OAK HILL AVE, KNOXVILLE, TN 37917	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(66) ST MARY'S MEDICAL CENTER OF CAMPBELL COUNTY INC. (62-1817376) 923 EAST CENTRAL AVE, LAFOLLETTE, TN 37766	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(67) MERCY HEALTH PARTNERS FOUNDATION INC. (62-1247676) 900 EAST OAK HILL AVE, KNOXVILLE, TN 37917	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC.		✓
(68) JEFFERSON MEMORIAL HOSPITAL INC. (62-1660663) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(69) JEFFERSON MEMORIAL FOUNDATION INC. (62-1660666) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	FOUNDATION	TN	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	JEFFERSON MEMORIAL HOSPITAL INC.		✓
(70) ST MARY'S MEDICAL CENTER OF SCOTT COUNTY INC. (26-1535503) 18797 ALBERTA STREET, ONEIDA, TN 37841	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(71) THE BAPTIST HEALTH SYSTEM FOUNDATION INC. (58-1565290) 101 BLOUNT AVE BOX 1788, KNOXVILLE, TN 37920	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC.		✓
(72) BAPTIST HOSPITAL OF EAST TENNESSEE INC. (62-0506166) 137 BLOUNT AVE, KNOXVILLE, TN 37920	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(73) BAPTIST HOSPITAL OF COCKE COUNTY INC. (62-1133149) 435 SECOND STREET, NEWPORT, TN 37821	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(74) MERCY HEALTH AND REHABILITATION CENTER INC. (62-1592992) 3916 BOYDS BRIDGE PIKE, KNOXVILLE, TN 37917	REHAB CENTER	TN	501(C)(3)	9	MERCY HEALTH PARTNERS INC.		✓
(75) MERCY HEALTH PARTNERS - NORTHEAST REGION INC. (23-2813196) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	REGIONAL PARENT	PA	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(76) MERCY HEALTHCARE FOUNDATION (23-2972928) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	FOUNDATION	PA	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(77) MERCY HOSPITAL SCRANTON PA (24-0795456) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(78) MERCY COMMUNITY CARE CORPORATION (23-2310566) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	MEDICAL CARE	PA	501(C)(3)	9	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(79) MERCY MED-CARE INC. (23-2261991) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(80) MERCY HOSPITAL NANTICOKE (23-2604818) 128 W. WASHINGTON ST, NANTICOKE, PA 18634	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(81) MERCY HOSPITAL OF WILKES-BARRE (24-0795625) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(82) MERCY HEALTH CARE CENTER (23-2322809) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(83) MERCY TYLER HEALTH SYSTEMS (23-2772476) 880 SR 6W, TUNKHANNOCK, PA 18657	SUPPORTING ORG	PA	501(C)(3)	11 - TYPE II	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(84) MERCY TYLER HOSPITAL (24-0779665) 880 SR 6W, TUNKHANNOCK, PA 18657	HOSPITAL	PA	501(C)(3)	3	MERCY TYLER HEALTH SYSTEMS		✓
(85) MERCY TYLER HOME HEALTH SERVICES (23-2723529) 880 SR 6W, TUNKHANNOCK, PA 18657	IN-HOME MEDICAL CARE	PA	501(C)(3)	9	MERCY TYLER HEALTH SYSTEMS		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(86) SIENA SPRINGS (31-1052772) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(87) SIENA SPRINGS II (31-1591780) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(88) CHARLES MEADOW CORPORATION (34-1552671) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(89) CHARLES CREST CORPORATION (34-1399869) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(90) CHARLES CREST II CORPORATION (34-1714407) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(91) ST THERESA VILLAGE INC. (31-1411529) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(92) SACRED HEART VILLAGE INC. (31-1411531) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(93) SACRED HEART VILLAGE II INC. (61-1339396) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(94) SACRED HEART VILLAGE III INC. (61-1367719) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(95) MCAULEY MANOR INC. (31-1548500) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(96) DUBLIN MANOR INC. (02-0655254) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(97) MERCY MANOR INC. (61-1344092) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(98) ST MARY'S VILLA INC. (31-1548512) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(99) RIVERVIEW ST MARY'S INC. (62-1782683) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(100) ST MARY'S VILLA AT RIVERVIEW II INC. (31-1723287) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓

## Part III

## Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NWO INTEGRATED LABORATORIES, MERCY LLC (34-1898285) 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	LABORATORY SERVICES	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(2) TIFFIN AMBULATORY SURGICAL ASSOCIATES (37-1567866) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44833	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(3) MERCY HOSPITAL OF DEFIANCE, LLC (02-0701635) 1404 E. SECOND ST., DEFIANCE, OH 43512	HOSPITAL	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(4) WEST CENTRAL OHIO REGIONAL HEALTHCARE ALLIANCE (34-1817078) FORT AMANDA ROAD, LIMA, OH 45804	REG HOSPITALS	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(5) WEST CENTRAL OHIO SURGERY & ENDO CENTER (34-1868154) 770 W HIGH ST, SUITE 100, LIMA, OH 45801	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(6) NEW VISION MEDICAL LAB, LLC (34-1913433) 750 W HIGH STREET, LIMA, OH 45801	LAB SERVICES	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(7) WEST CENTRAL OHIO GROUP LTD. (34-1848147) 801 MEDICAL DRIVE, LIMA, OH 45804	ORTHOPEDIC HOSPITAL	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(8) KIDNEY SERVICES OF WEST CENTRAL OHIO (06-1644264) 750 W HIGH STREET, SUITE 100, LIMA, OH 45801	DIALYSIS CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(9) ST. ELIZABETH CARDIAC CATH LAB, LLC (30-0023795) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	CARDIAC CATH LAB	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(10) ST. ELIZABETH SOUTHWOODS IMAGING (26-1626482) 250 DEBARTOLO PLACE BLDG B, YOUNGSTOWN, OH 44512	DIAGNOSTIC IMAGING	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(11) UROLOGIC ONCOLOGY OF MAHONING VALLEY, LLC (26-2989686) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	RADIATION THERAPY	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(12) HMHP/USP SURGERY CENTERS, LLC (27-1953122) 15305 DALLAS PKWY, STE 1600, ADDISON, TX 75001	SURGERY CENTER	TX	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(13) OSC-HMHP, LLC (01-0724836) 6505 MARKET ST, BLDG B, STE 101, BOARDMAN, OH 44512	ORTHOPEDIC SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(14) LOURDES AMBULATORY SURGERY CENTER (61-1258960) 225 MEDICAL CENTER DRIVE, PADUCAH, KY 42003	SURGERY CENTER	KY	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(15) EAST TENNESSEE DIAGNOSTIC CENTER LLC (20-4773300) 1450 DOWELL SPRINGS BLVD, SUITE 250, KNOXVILLE, TN 37909	DIAGNOSTIC SERVICES	TN	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) ST. MARY'S AMBULATORY SURGERY CENTER, LLC (62-1757542) 1515 ST. MARY'S ST., KNOXVILLE, TN 37917	SURGERY CENTER	TN	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

**Part IV**
**Identification of Related Organizations Taxable as a Corporation or Trust (continued)**

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(8) MERCY WORK SOLUTIONS (30-0066340) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	WORKERS COMPENSATION	OH	N/A	C CORPORATION	N/A	N/A	N/A
(9) MERCY HEALTH SYSTEM PHO (34-1778321) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	MEDICAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(10) PHYSICIAN MANAGED CARE, INC. (34-1565320) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HEALTH SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(11) MCAULEY MANAGEMENT SERVICES INC. (34-1379037) 730 W. MARKET STREET, LIMA, OH 45801	PROPERTY RENTAL	OH	N/A	C CORPORATION	N/A	N/A	N/A
(12) LIMA MEDICAL SUPPLIES INC. (34-0944477) 730 W. MARKET STREET, LIMA, OH 45801	MEDICAL EQUIPMENT	OH	N/A	C CORPORATION	N/A	N/A	N/A
(13) COMMUNITY HEALTH PARTNERS ENTERPRISES INC. (34-1455525) 3700 KOLBE ROAD, LORAIN, OH 44053	HOLDING COMPANY	OH	N/A	C CORPORATION	N/A	N/A	N/A
(14) COMMUNITY HEALTH PARTNERS PHYSICIANS INC. (34-1803352) 3700 KOLBE ROAD, LORAIN, OH 44053	PHYSICIAN PRACTICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(15) AMC PHYSICIANS INC. (37-1439554) 200 W. LORAIN STREET, OBERLIN, OH 44074	PHYSICIAN SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(16) MERCY HEALTH VENTURES INC. (31-1185477) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	DIVERSIFIED ACTIVITIES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(17) MERCY FRANCISCAN AT WINTON WOODS I INC. (31-1658668) 10290 MILL ROAD, CINCINNATI, OH 45231	LOW-INCOME HOUSING	OH	N/A	C CORPORATION	N/A	N/A	N/A
(18) MERCY HEALTH MANAGEMENT INC. (61-1086762) 1530 LONE OAK ROAD, PADUCAH, KY 42003	MEDICAL OFFICES	KY	N/A	C CORPORATION	N/A	N/A	N/A
(19) HEALTH DYNAMICS INC. (62-1247729) 900 E. OAK HILL AVENUE, KNOXVILLE, TN 37917	MEDICAL EQUIPMENT SALES	TN	N/A	C CORPORATION	N/A	N/A	N/A
(20) HEALTH VENTURES INC. & SUBSIDIARIES (62-1175587) P O BOX 1788, KNOXVILLE, TN 37901	MEDICAL SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A
(21) ANNE KILCAWLEY CHRISTMAN FOUNDATION (35-6735706) 100 FEDERAL PLAZEA EAST, YOUNGSTOWN, OH 44503	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A
(22) RALPH EWE TRUST (34-6866422) 270 PARK AVENUE, NEW YORK, NY 10017	BENEFICIAL TRUST	NY	N/A	TRUST	N/A	N/A	N/A
(23) ELIZABETH HINES CATES TRUST (34-6515678) 1900 E 9TH STREET, CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A