

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **2013**, 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**  
 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 province, country, and ZIP or foreign postal code  
**HUDSON, OH 44236**

**D** Employer identification number  
**34-1481142**

**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 \$ **25,609,783**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ **0928**

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

**J** Website: ▶ **WWW.LAURELLAKE.ORG**

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

**L** Year of formation: **1989** **M** State of legal domicile: **OH**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>LAUREL LAKE EXTENDS THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES. LAUREL LAKE ACCOMPLISHES THIS PURPOSE BY DEMONSTRATING BEHAVIORS REFLECTING OUR CORE VALUES OF COMPASSION, EXCELLENCE, HUMAN DIGNITY,</b>		
	<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>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>394</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>142</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 144,548	<b>Current Year</b> 616,974
	<b>9</b>	Program service revenue (Part VIII, line 2g)	22,940,575	23,512,172
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	678,385	1,480,637
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,763,508	25,609,783
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,867,414	9,608,151
	<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) ▶ <b>0</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,976,094	11,413,075
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,843,508	21,021,226	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,920,000	4,588,557	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 68,177,584	<b>End of Year</b> 84,262,200
	<b>21</b>	Total liabilities (Part X, line 26)	61,863,601	84,262,200
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,313,983	0

**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 A. OSTER, EXECUTIVE DIRECTOR** 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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

THE PRIMARY EXEMPT PURPOSE OF LAUREL LAKE RETIREMENT COMMUNITY (LLRC) IS TO EXTEND THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES WITH EMPHASIS ON PEOPLE WHO ARE POOR AND UNDER-SERVED. LLRC ACCOMPLISHES THIS PURPOSE BY DEMONSTRATING OUR CORE VALUES OF COMPASSION, EXCELLENCE, HUMAN DIGNITY, JUSTICE, SACREDNESS OF LIFE AND SERVICE.

**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 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 \$ 8,691,101 including grants of \$ 0 ) (Revenue \$ 10,504,413 )

PROVIDE HOUSING, ENVIRONMENTAL SERVICES, AND EDUCATIONAL AND ENTERTAINMENT ACTIVITIES FOR INDEPENDENT RESIDENTS.

**4b** (Code: ) (Expenses \$ 7,498,232 including grants of \$ 0 ) (Revenue \$ 9,588,759 )

PROVIDE SKILLED NURSING LONG-TERM CARE FOR RESIDENTS TO INCLUDE HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.

**4c** (Code: ) (Expenses \$ 3,353,580 including grants of \$ 0 ) (Revenue \$ 3,399,000 )

PROVIDE ASSISTED LIVING LONG-TERM CARE FOR RESIDENTS TO INCLUDE HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 437,248 including grants of \$ 0 ) (Revenue \$ 20,000 )

**4e** Total program service expenses ▶ 19,980,161

**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 checked="" type="checkbox"/>	<input 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, for escrow or custodial account liability; 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 and XII . . . . .</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 and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 type="checkbox"/>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		✓
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25a</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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .		✓
<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, Part II, III, or IV, and Part 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> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

**Section A. Governing Body and Management**

		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>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</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     Other (explain in Schedule O)
- 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 or note to any line 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 (list any hours for related organizations below dotted line)	(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) KATHLEEN HOOVER TREASURER	3	✓		✓				0	0	0
(2) KEN JORDAN SECRETARY	2	✓		✓				0	0	0
(3) JAMES MCKAY CHAIR	4	✓		✓				0	0	0
(4) STEPHANIE FALLCREEK VICE CHAIR	2	✓		✓				0	0	0
(5) FRANK FISHER TRUSTEE	1	✓						0	0	0
(6) JIMMY SUTPHIN TRUSTEE	1	✓						0	0	0
(7) LIZ MURPHY TRUSTEE	1	✓						0	0	0
(8) SR. ANDRIENE IHNOT, HM TRUSTEE	1	✓						0	0	0
(9) MELODIE MORGAN-MINOTT, MD TRUSTEE	1	✓						0	0	0
(10) JOHN SUSANY TRUSTEE	1	✓						0	0	0
(11) SR. BARBARA NOBLE, HM TRUSTEE	1	✓						0	0	0
(12) CLINT SIMMONS TRUSTEE	1	✓						0	0	0
(13) WILLIAM FISSINGER TRUSTEE	1	✓						0	0	0
(14) ROBERT KENT TRUSTEE	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JOHN DAMPEER TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(16) ROBERT SHRODER TRUSTEE, CEO HMHP	2	<input checked="" type="checkbox"/>						0	0	0
(17) MICHAEL DENK TRUSTEE	1	<input checked="" type="checkbox"/>						0	0	0
(18) MICHAEL LESLEIN DIRECTOR OF FINANCE & IT	49			<input checked="" type="checkbox"/>				96,070	0	1,431
(19) DAVID OSTER EXECUTIVE DIRECTOR	46			<input checked="" type="checkbox"/>				168,066	0	7,927
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								264,136	0	9,358
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								264,136	0	9,358

**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 **▶ 1**

	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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<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>		<input checked="" type="checkbox"/>

**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
SELECT REHABILITATION, P. O. BOX 809056, CHICAGO, IL 60680-9056	PHYSICAL THERAPY	785,819
TED KNIGHT AND SONS CONSTRUCTION, 620 TEREX ROAD, HUDSON, OH 44236	CONSTRUCTION SERVICES	415,264
AMERICAN MEDICAL PERSONNEL, 717 SOUTH MAIN STREET, NORTH CANTON, OH 44720	TEMPORARY CLINICAL STAFFING	147,806
SLEIGHT OF HAND, INC., 107 RIDGE SIDE COURT, MONROE FALLS, OH 44262	HAIR STYLING/SALON SERVICES	106,051

**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 **▶ 4**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>					
	<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>	616,974				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		616,974				
<b>Program Service Revenue</b>	<b>2a</b> <u>ANCILLARY SERVICES REVENUE</u>		<b>Business Code</b>				
			900099	472,155	472,155		
	<b>b</b> <u>RESIDENT SERVICES</u>			623000	18,893,363	18,893,363	
	<b>c</b> <u>INCOME FROM ACTIVITIES</u>			900099	4,146,654	4,146,654	
	<b>d</b> -----				0		
	<b>e</b> -----				0		
	<b>f</b> All other program service revenue .				0	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . .				23,512,172		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,480,637		1,480,637	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents . . . . .		(i) Real				
	<b>b</b> Less: rental expenses . . . . .		(ii) Personal				
	<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				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		(ii) Other				
	<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			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> -----			0				
<b>b</b> -----			0				
<b>c</b> -----			0				
<b>d</b> All other revenue . . . . .			0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions. . . . .			25,609,783	23,512,172	0	1,480,637	

**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).

Check if Schedule O contains a response or note to any line 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	0			
<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	273,758	205,319	68,439	
<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	7,425,828	7,277,311	148,517	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,908	126,330	2,578	
<b>9</b> Other employee benefits	1,084,573	1,062,881	21,692	
<b>10</b> Payroll taxes	695,084	681,182	13,902	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	628,839	628,839		
<b>b</b> Legal	0			
<b>c</b> Accounting	57,395		57,395	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,304,218	1,304,218	0	0
<b>12</b> Advertising and promotion	239,633	236,558	3,075	
<b>13</b> Office expenses	95,908	86,317	9,591	
<b>14</b> Information technology	105,140	105,140		
<b>15</b> Royalties	0			
<b>16</b> Occupancy	4,629,382	4,170,775	458,607	
<b>17</b> Travel	50,328	45,295	5,033	
<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	18,348	16,513	1,835	
<b>20</b> Interest	1,436,164	1,436,164		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	2,338,826	2,104,943	233,883	
<b>23</b> Insurance	165,179	148,661	16,518	
<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>	0			
<b>b</b> FRANCHISE FEE	328,561	328,561		
<b>c</b> PROVISION FOR BAD DEBTS	15,154	15,154		
<b>d</b>	0			
<b>e</b> All other expenses	0	0	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,021,226	19,980,161	1,041,065	0
<b>26</b> Joint costs. 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**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	958	<b>1</b>	1,050
	<b>2</b> Savings and temporary cash investments . . . . .	7,315,784	<b>2</b>	6,758,871
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	716,713	<b>4</b>	4,338,799
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other 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). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<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 . . . . .	29,849	<b>9</b>	367,329
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,116,150		
	<b>b</b> Less: accumulated depreciation . . . . .	10b 36,642,089	40,592,892	<b>10c</b> 65,474,061
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	18,683,472	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	2,400,741
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	837,916	<b>15</b>	4,921,349
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	68,177,584	<b>16</b>	84,262,200	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,908,988	<b>17</b>	3,427,956
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	30,345,573	<b>19</b>	28,121,011
	<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> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	25,073,832	<b>23</b>	48,896,192
	<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 . . . . .	2,535,208	<b>25</b>	3,817,041
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	61,863,601	<b>26</b>	84,262,200
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	6,313,983	<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	6,313,983	<b>33</b>	0
<b>34</b> Total liabilities and net assets/fund balances . . . . .	68,177,584	<b>34</b>	84,262,200	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,609,783
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,021,226
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,588,557
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,313,983
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-10,902,540
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	0

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> 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.		
<b>3a</b> 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>b</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.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization <b>LAUREL LAKE RETIREMENT COMMUNITY</b>	Employer identification number <b>34-1481142</b>
---------------------------------------------------------------------	-----------------------------------------------------

**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)(vii)**. (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—Non-functionally integrated
- 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?

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F      Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</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 type="checkbox"/>
<b>b 33 1/3% support test—2012.</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—2013.</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—2012.</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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156,273	210,027	163,665	144,548	616,974	1,291,487
<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 . . . .	22,074,124	22,308,350	21,767,111	22,940,575	23,511,998	112,602,158
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	22,230,397	22,518,377	21,930,776	23,085,123	24,128,972	113,893,645
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						113,893,645

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .	22,230,397	22,518,377	21,930,776	23,085,123	24,128,972	113,893,645
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	242,877	211,499	255,460	121,759	1,480,637	2,312,232
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	242,877	211,499	255,460	121,759	1,480,637	2,312,232
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	22,473,274	22,729,876	22,186,236	23,206,882	25,609,609	116,205,877
<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 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.01 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.86 %

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.98 %
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.13 %
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

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

OMB No. 1545-0047

**2013**

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number

34-1481142

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY	<b>Employer identification number</b> 34-1481142
-----------------------------------------------------------------	-----------------------------------------------------

**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	----- ----- -----	\$ ----- 127,961	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 16,711	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 114,862	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 67,956	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 95,847	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 60,958	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY	<b>Employer identification number</b> 34-1481142
-----------------------------------------------------------------	-----------------------------------------------------

**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	----- ----- -----	\$ 19,093	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 58,857	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> LAUREL LAKE RETIREMENT COMMUNITY	<b>Employer identification number</b> 34-1481142
-----------------------------------------------------------------	-----------------------------------------------------

**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	<b>Employer identification number</b> 34-1481142
-----------------------------------------------------------------	-----------------------------------------------------

**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)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

LAUREL LAKE RETIREMENT COMMUNITY

34-1481142

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: Question, Answer. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... 2a Total number of conservation easements, 2b Total acreage restricted, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 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..., 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..., 9 In Part XIII, 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: Question, Answer. 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 XIII, 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 XIII.
- 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

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

	(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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		3,598,580		3,598,580
<b>b</b> Buildings		86,137,782	28,858,260	57,279,522
<b>c</b> Leasehold improvements		2,604,794	1,368,461	1,236,333
<b>d</b> Equipment		7,988,739	5,311,933	2,676,806
<b>e</b> Other		1,786,255	1,103,435	682,820
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,474,061

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	449,903
(2) AMOUNT HELD BY BOND TRUSTEE	4,471,446
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>4,921,349</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED REAL ESTATE TAX NET OF CURRENT	414,978	
(3) REFUNDABLE ENTRANCE FEES	3,402,063	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,817,041</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and descriptions. Total revenue calculated at the end.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include line numbers and descriptions. Total expenses calculated at the end.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.



**Part XIII**

**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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation
SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENTS FINANCIAL REPORTING	LAUREL LAKE DOES NOT REPORT ANY AMOUNTS IN THE FINANCIAL STATEMENTS SINCE THE EASEMENT IS ONLY A COMMITMENT NOT TO BUILD ON WETLAND AREAS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

34-1481142

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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)                 </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<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 and Title		(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				
1	(i)	151,704	15,731	631	2,833	5,094	175,993	0
	(ii)	0	0	0	0	0	0	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
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	THE COMPENSATION OF THE ORGNIZATION'S EXECUTIVE DIRECTOR, 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 THE BOARD OR COMPENSATION COMMITTEE WHEN DETERMINING MR. OSTER'S COMPENSATION
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS	THE ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION FOR LISTED INDIVIDUALS. THE ORGANIZATION'S BOARD OF TRUSTEES ESTABLISHES OBJECTIVE THRESHOLDS FOR QUALITY, COMMUNITY BENEFIT, AND FINANCIAL PERFORMANCE WHICH MUST BE ACHIEVED FOR INCENTIVES TO BE AWARDED. THE BOARD ALSO ESTABLISHES THRESHOLD, TARGET, AND MAXIMUM LEVELS FOR INCENTIVE AWARD AWARDS. WITH THESE ESTABLISHED PARAMETERS, THE BOARD DETERMINES THE CEO'S INCENTIVE AWARD. INCENTIVE AWARDS FOR OTHER LISTED INDIVIDUALS ARE DETERMINED BY THE CEO AND DISCLOSED TO THE BOARD. THE BOARD MAY AUTHORIZE MODIFIED AWARDS WHEN APPROPRIATE IN ITS JUDGEMENT.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number

34-1481142

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF SUMMIT, OHIO	34-6002767	86605HBA7	12/30/2013	14,280,000	TO FINANCE THE ACQUISITION, CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF LLRC.		✓		✓		✓
B											
C											
D											

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	0			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	14,280,000			
4 Gross proceeds in reserve funds . . . . .	461,813			
5 Capitalized interest from proceeds . . . . .	308,388			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	285,600			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	13,224,199			
10 Capital expenditures from proceeds . . . . .	0			
11 Other spent proceeds . . . . .	0			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	2013			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		✓		
15 Were the bonds issued as part of an advance refunding issue? . . . . .		✓		
16 Has the final allocation of proceeds been made? . . . . .	✓			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		✓						
<b>b</b> Exception to rebate? . . . . .		✓						
<b>c</b> No rebate due? . . . . .		✓						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .	0							
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage (Continued)**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		✓						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		✓						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	✓							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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**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.

**2013**

Open to Public Inspection

Name of the Organization  
**LAUREL LAKE RETIREMENT COMMUNITY**

Employer Identification Number  
**34-1481142**

Return Reference	Identifier	Explanation						
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$ 437,248 INCLUDING GRANTS OF \$ 0)(REVENUE \$ 20,000)  PROVIDE COMMUNITY OUTREACH SERVICES TO UNDERSERVED PERSONS THROUGH OUR MISSION ACTIVITIES IN COOPERATION WITH LOCAL RELIGIOUS ORGANIZATIONS.						
FORM 990, PART VI, LINE 15A	POLICIES	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND ALL OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY HUMILITY OF MARY HEALTH PARTNERS, A RELATED TAX-EXEMPT ORGANIZATION.						
FORM 990, PART VI, SEC A, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	EFFECTIVE DECEMBER 31, 2013 THE ORGANIZATION'S MEMBERSHIP WAS PURCHASED BY A RELATED ORGANIZATION, LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC., FROM ITS FORMER MEMBER, CATHOLIC HEALTH PARTNERS.						
FORM 990, PART VI, SEC A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	CATHOLIC HEALTH PARTNERS WAS THE SOLE MEMBER FOR MOST OF THE YEAR. LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION BECAME THE SOLE MEMBER OF LAUREL LAKE RETIREMENT COMMUNITY, INC. AS OF DECEMBER 31, 2013.						
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY LAUREL LAKE RETIREMENT COMMUNITY'S ACCOUNTING STAFF AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. THEN THE FORM 990 IS PRESENTED TO HW & CO., CPAS, LAUREL LAKE'S INDEPENDENT AUDITORS, FOR REVIEW AND APPROVAL. THE APPROVED 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.						
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	ALL BOARD MEMBERS ARE COVERED BY THE CATHOLIC HEALTH PARTNERS (CHP) CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURE ON AN ANNUAL BASIS. ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY CHP CORPORATE COMPLIANCE OFFICER. AT THE BEGINNING OF EACH BOARD MEETING, ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. BOARD MEMBERS DETERMINED TO HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISION-MAKING FOR THE TRANSACTION IN WHICH THE CONFLICT EXISTS.						
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.						
FORM 990, PART XI, LINE 9	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>TRANSFER OF ASSETS PER MEMBER SUBSTITUTION TRANSFER AGREEMENT WITH CATHOLIC HEALTH PARTNERS AT 12-31-2013</td> <td>- 10,808,954</td> </tr> <tr> <td>CAPITAL ASSETS TRANSFERRED FROM FOUNDATION</td> <td>- 93,586</td> </tr> </tbody> </table>	(a) Description	(b) Amount	TRANSFER OF ASSETS PER MEMBER SUBSTITUTION TRANSFER AGREEMENT WITH CATHOLIC HEALTH PARTNERS AT 12-31-2013	- 10,808,954	CAPITAL ASSETS TRANSFERRED FROM FOUNDATION	- 93,586
(a) Description	(b) Amount							
TRANSFER OF ASSETS PER MEMBER SUBSTITUTION TRANSFER AGREEMENT WITH CATHOLIC HEALTH PARTNERS AT 12-31-2013	- 10,808,954							
CAPITAL ASSETS TRANSFERRED FROM FOUNDATION	- 93,586							



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

34-1481142

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

(a) Name, address, and EIN (if applicable) 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" on 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) 2013

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

(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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" on Form 990, Part IV, line 34, 35b, 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> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</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 related organization	(b) Transaction type (a-s)	(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" on Form 990, Part IV, line 37.

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

(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 sections 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 - FI	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 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		✓
(11) MERCY HEALTH PARTNERS OF SOUTHWEST OHIO (31-1063783) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III - FI	CATHOLIC HEALTH PARTNERS		✓
(12) 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		✓
(13) MERCY HOSPITALS WEST (31-1091597) 2446 KIPLING AVENUE, CINCINNATI, OH 45239	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(14) MERCY HOSPITAL ANDERSON (31-0537085) 7500 STATE ROAD, CINCINNATI, OH 45255	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(15) 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		✓
(16) 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		✓
(17) 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		✓
(18) 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		✓
(19) 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		✓
(20) 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		✓

(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
					OHIO		
(21) 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		✓
(22) COMMUNITY MERCY HEALTH SYSTEM (30-0272454) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III - FI	CATHOLIC HEALTH PARTNERS		✓
(23) COMMUNITY MERCY HEALTH PARTNERS (31-0785684) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(24) THE COMMUNITY MERCY FOUNDATION (31-1443778) 1343 N. FOUNTAIN BLVD, SPRINGFIELD, OH 45504	FOUNDATION	OH	501(C)(3)	7	COMMUNITY MERCY HEALTH SYSTEM		✓
(25) C H HEALTH SERVICES COMPANY (31-1181984) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(26) 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		✓
(27) 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		✓
(28) MERCY HEALTH SYSTEM - NORTHERN REGION (34-1344482) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III - FI	CATHOLIC HEALTH PARTNERS		✓
(29) MERCY PROPERTY HOLDINGS (30-0699825) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	TITLE HOLDING COMPANY	OH	501(C)(2)		MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(30) 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		✓
(31) ST CHARLES MERCY HEALTH FOUNDATION (34-1414900) 2600 NAVARRE AVENUE, OREGON, OH 43616	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		✓
(32) RIVERSIDE MERCY HOSPITAL (31-1556401) 3404 W. SYLVANIA AVE, TOLEDO, OH 43623	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(33) MERCY HOME CARE INC. (34-1587572) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HOME HEALTHCARE	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(34) MERCY COLLEGE OF OHIO (34-1726619) 2221 MADISON AVENUE, TOLEDO, OH 43604	MEDICAL COLLEGE	OH	501(C)(3)	2	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(35) 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		✓
(36) MERCY HOSPITAL OF TIFFIN OHIO (34-4431174)	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH		✓

(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
45 ST LAWRENCE DRIVE, TIFFIN, OH 44883					SYSTEM - NORTHERN REGION		
(37) MERCY TIFFIN HEALTH FOUNDATION (34-1499894) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44883	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	MERCY HOSPITAL OF TIFFIN OHIO		✓
(38) 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		✓
(39) MERCY HOSPITAL OF WILLARD FOUNDATION (11-3742347) 110 EAST HOWARD ST, WILLARD, OH 44890	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	THE SISTERS OF MERCY OF WILLARD OHIO		✓
(40) ST VINCENT MERCY MEDICAL CENTER (34-4428250) 2213 CHERRY STREET, TOLEDO, OH 43608	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(41) ST VINCENT MERCY MEDICAL CENTER FOUNDATION (23-7393213) 2213 CHERRY STREET, TOLEDO, OH 43608	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	ST VINCENT MERCY MEDICAL CENTER		✓
(42) 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		✓
(43) RSM MEDICAL FOUNDATION (34-1693671) 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(44) 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		✓
(45) 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		✓
(46) FARLEY HEALTHCARE CORPORATION (34-1363204) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HEALTH SERVICES	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(47) ST RITA'S MEDICAL CENTER (34-1105619) 730 W. MARKET STREET, LIMA, OH 45801	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(48) SRHC FOUNDATION (34-1368429) 730 W. MARKET STREET, LIMA, OH 45801	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	ST RITA'S MEDICAL CENTER		✓
(49) 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 - FI	ST RITA'S MEDICAL CENTER		✓
(50) HUMILITY OF MARY HEALTH PARTNERS (34-0505560) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(51) 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		✓

(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
(52) HOSPICE OF THE VALLEY (34-1288745) 5190 MARKET STREET, YOUNGSTOWN, OH 44512	HOSPICE SERVICES	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(53) HUMILITY OF MARY DEVELOPMENT FOUNDATION (34-1826978) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	FOUNDATION	OH	501(C)(3)	11 - TYPE III - FI	HUMILITY OF MARY HEALTH PARTNERS		✓
(54) HUMILITY HOUSE (34-1894783) 755 OHLTOWN ROAD, AUSTINTOWN, OH 44515	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(55) 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		✓
(56) 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.		✓
(57) ST JOSEPH HEALTH CENTER AUXILIARY (34-6556121) 677 EASTLAND SE, WARREN, OH 44484	FUNDRAISING	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(58) MERCY HEALTH PARTNERS - LOURDES INC. (61-0600313) 1530 LONE OAK ROAD, PADUCAH, KY 42003	HOSPITAL	KY	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(59) LOURDES FOUNDATION INC. (61-1258960) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FOUNDATION	KY	501(C)(3)	7	MERCY HEALTH PARTNERS - LOURDES INC.		✓
(60) LOURDES HOSPITAL AUXILIARY GIFT SHOP (61-0927805) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FUNDRAISING	KY	501(C)(3)	11 - TYPE III - FI	LOURDES FOUNDATION INC.		✓
(61) 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.		✓
(62) MARCUM AND WALLACE HOSPITAL FOUNDATION INC. (32-0026557) 60 MERCY COURT, IRVINE, KY 40336	FOUNDATION	KY	501(C)(3)	11 - TYPE III - FI	MARCUM AND WALLACE MEMORIAL HOSPITAL INC.		✓
(63) 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		✓
(64) MERCY HEALTH SYSTEM INC. (62-0480068) 900 EAST OAK HILL AVE, KNOXVILLE, TN 37917	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(65) 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.		✓
(66) 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.		✓
(67) JEFFERSON MEMORIAL HOSPITAL INC. (62-1660663) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(68) JEFFERSON MEMORIAL FOUNDATION INC. (62-1660666) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	FOUNDATION	TN	501(C)(3)	11 - TYPE III - FI	JEFFERSON MEMORIAL HOSPITAL INC.		✓
(69) 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.		✓
(70) BAPTIST HOSPITAL OF EAST TENNESSEE INC. (62-0506166) 137 BLOUNT AVE, KNOXVILLE, TN 37920	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
(71) BAPTIST HOSPITAL OF COCKE COUNTY INC. (62-1133149) 435 SECOND STREET, NEWPORT, TN 37821	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(72) MERCY HEALTH PARTNERS - NORTHEAST REGION INC. (23-2813196) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	REGIONAL PARENT	PA	501(C)(3)	11 - TYPE III - FI	CATHOLIC HEALTH PARTNERS		✓
(73) MERCY HEALTHCARE FOUNDATION (23-2972928) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	FOUNDATION	PA	501(C)(3)	11 - TYPE III - FI	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(74) MERCY HOSPITAL SCRANTON PA (24-0795456) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(75) 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.		✓
(76) MERCY MED-CARE INC. (23-2261991) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(77) MERCY HOSPITAL NANTICOKE (23-2604818) 128 W. WASHINGTON ST, NANTICOKE, PA 18634	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(78) 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.		✓
(79) MERCY HEALTH CARE CENTER (23-2322809) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(80) 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.		✓
(81) MERCY TYLER HOSPITAL (24-0779665) 880 SR 6W, TUNKHANNOCK, PA 18657	HOSPITAL	PA	501(C)(3)	3	MERCY TYLER HEALTH SYSTEMS		✓
(82) 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		✓

**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	
(2) TIFFIN AMBULATORY SURGICAL ASSOCIATES (37-1567866) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44833	AMBULATORY SURGERY CENTER	OH						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	
(4) 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	
(5) NEW VISION MEDICAL LAB, LLC (34-1913433) 750 W HIGH STREET, LIMA, OH 45801	LAB SERVICES	OH						N/A		N/A	N/A	
(6) WEST CENTRAL OHIO GROUP LTD. (34-1848147) 801 MEDICAL DRIVE, LIMA, OH 45804	ORTHOPEDIC HOSPITAL	OH						N/A		N/A	N/A	
(7) 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	
(8) ST. ELIZABETH CARDIAC CATH LAB, LLC (30-0023795) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	CARDIAC CATH LAB	OH						N/A		N/A	N/A	
(9) ST. ELIZABETH SOUTHWOODS IMAGING (26-1626482) 250 DEBARTOLO PLACE BLDG B, YOUNGSTOWN, OH 44512	DIAGNOSTIC IMAGING	OH						N/A		N/A	N/A	
(10) UROLOGIC ONCOLOGY OF MAHONING VALLEY, LLC (26-2989686) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	RADIATION THERAPY	OH						N/A		N/A	N/A	
(11) HMHP/USP SURGERY CENTERS, LLC (27-1953122) 15305 DALLAS PKWY, STE 1600, ADDISON, TX 75001	SURGERY CENTER	TX						N/A		N/A	N/A	
(12) 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	
(13) LOURDES AMBULATORY SURGERY CENTER (61-1258960) 225 MEDICAL CENTER DRIVE, PADUCAH, KY 42003	SURGERY CENTER	KY						N/A		N/A	N/A	
(14) 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	

## 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(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 MEDICAL MANAGEMENT SERVICES (31-1640789) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	DIVERSIFIED ACTIVITIES	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(18) 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		✓
(19) 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		✓
(20) 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		✓
(21) 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		✓
(22) ANNE KILCAWLEY CHRISTMAN FOUNDATION (35-6735706) 100 FEDERAL PLAZA EAST, YOUNGSTOWN, OH 44503	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A		✓
(23) RALPH EWE TRUST (34-6866422) 270 PARK AVENUE, NEW YORK, NY 10017	BENEFICIAL TRUST	NY	N/A	TRUST	N/A	N/A	N/A		✓
(24) ELIZABETH HINES CATES TRUST (34-6515678) PNC 1900 E. 9TH ST, CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A		✓
(25) WILLIS PARK TRUST (34-6519904) PNC 1900 E. 9TH ST, CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A		✓
(26) ERMA GIBSON BALDWIN TRUST (34-6515566) PNC 1900 E. 9TH ST, CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	TRUST	N/A	N/A	N/A		✓