PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, 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): 200 LAUREL LAKE DRIVE | Room/suite

City or town, state or country, and ZIP + 4: HUDSON, OH 44236

D Employer identification number: 34-1481142

E Telephone number: (330)650-0681

G Gross receipts $ 24,845,676

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.LAURELLAKE.COM

H(c) Group exemption number ▶ 0928

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: 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, JUSTICE, SACREDNESS OF LIFE, AND SERVICE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	421
6	Total number of volunteers (estimate if necessary)	6	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	156,273	210,027
	9	Program service revenue (Part VIII, line 2g)	22,074,124	22,308,350
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302,636	1,150,294
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,533,033	23,668,671
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,434,938	9,148,235
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,392,691	10,312,553
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,827,629	19,460,788
	19	Revenue less expenses. Subtract line 18 from line 12	1,705,404	4,207,883
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	65,560,554	64,723,426
	21	Total liabilities (Part X, line 26)	70,256,914	64,708,641
	22	Net assets or fund balances. Subtract line 21 from line 20	-4,696,360	14,785

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 | Date

▶ DAVID A OSTER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2010)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 BEHAVIORS REFLECTING 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,683,336 including grants of $) (Revenue $ 11,416,281)

PROVIDE HOUSING, ENVIRONMENTAL SERVICES, AND EDUCATIONAL AND ENTERTAINMENT ACTIVITIES FOR 338 INDEPENDENT RESIDENTS.

4b (Code:) (Expenses $ 6,806,600 including grants of $) (Revenue $ 7,378,596)

PROVIDE SKILLED NURSING LONG-TERM CARE FOR 70 RESIDENTS TO INCLUDE HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.

4c (Code:) (Expenses $ 3,026,082 including grants of $) (Revenue $ 3,530,049)

PROVIDE ASSISTED LIVING LONG-TERM CARE FOR 62 RESIDENTS TO INCLUDE HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 18,516,018

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✔
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✔
5	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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	✔	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✔
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
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? *If "Yes," complete Schedule D, Part VII*	11b	✔	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✔
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		✔
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		✔
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		✔
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		✔
17	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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✔
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✔
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

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

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	421			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	✔	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✔
b	If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a 15			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 14			
2	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?		2		✔
3	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? . .		3		✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		✔
6	Does the organization have members or stockholders?		6	✔	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	✔	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✔	
b	Each committee with authority to act on behalf of the governing body?		8b	✔	
9	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*		9		✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(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) MICHAEL DENK TRUSTEE	1	✔						0	0	0
(6) WILLIAM FISSINGER TRUSTEE	1	✔						0	0	0
(7) CLINT SIMMONS TRUSTEE	1	✔						0	0	0
(8) JOHN DAMPEER TRUSTEE	1	✔						0	0	0
(9) FRANK FISHER TRUSTEE	1	✔						0	0	0
(10) MELODIE MORGAN-MINOTT, MD TRUSTEE	1	✔						0	0	0
(11) JOHN SUSANY TRUSTEE	1	✔						0	0	0
(12) SR. BARBARA NOBLE, HM TRUSTEE	1	✔						0	0	0
(13) LIZ MURPHY TRUSTEE	1	✔						0	0	0
(14) SR. ANDRIENE IHNOT, HM TRUSTEE	1	✔						0	0	0
(15) ROBERT SHRODER TRUSTEE, CEO HMHP	2	✔						0	764,290	86,772
(16) JIMMY SUTPHIN 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) ROBERT KENT TRUSTEE	1	✔						0	0	0
(18) MICHAEL LESLEIN DIRECTOR OF FINANCE & IT	49			✔				81,713	0	6,332
(19) DAVID OSTER EXECUTIVE DIRECTOR	46			✔				157,414	0	19,908
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b **Sub-total** ▶								239,127	764,290	113,012
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								239,127	764,290	113,012

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✔
4 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? *If "Yes," complete Schedule J for such individual*	4	✔	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✔

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.

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	47,063			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	162,964			
	g	Noncash contributions included in lines 1a-1f: $ 210,027					
	h	**Total.** Add lines 1a–1f ▶		210,027			
Program Service Revenue			Business Code				
	2a	ANCILLARY SERVICES REVENUE	900099	437,665			437,665
	b	RESIDENT SERVICES	623000	17,958,883	17,958,883		
	c	INCOME FROM ACTIVITIES	900099	3,911,802	3,911,802		
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		22,308,350			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		211,499			211,499
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less: rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,115,800 /				
	b	Less: cost or other basis and sales expenses	1,177,005 / 0				
	c	Gain or (loss)	938,795 / 0				
	d	Net gain or (loss) ▶		938,795			938,795
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from fundraising events ▶		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less: cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory ▶		0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d ▶		0			
	12	**Total revenue.** See instructions. ▶		23,668,671	21,870,685	0	1,587,959

Part IX Statement of Functional Expenses

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

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	265,367	199,025	66,342	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	6,962,059	6,817,823	144,236	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	142,019	139,179	2,840	
9 Other employee benefits	1,179,217	1,155,633	23,584	
10 Payroll taxes	599,573	587,582	11,991	
11 Fees for services (non-employees):				
a Management	198,948	198,948		
b Legal	-831		-831	
c Accounting	43,684		43,684	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	988,885	988,885		
12 Advertising and promotion	157,060	154,953	2,107	
13 Office expenses	209,167	188,250	20,917	
14 Information technology	57,934	57,934		
15 Royalties	0			
16 Occupancy	4,018,289	3,625,225	393,064	
17 Travel	34,449	31,004	3,445	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	18,108	16,297	1,811	
20 Interest	1,952,300	1,952,300		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,214,280	1,992,852	221,428	
23 Insurance	101,519	91,367	10,152	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	0			
b FRANCHISE FEE	329,464	329,464		
c PROVISION FOR BAD DEBTS	-10,703	-10,703		
d	0			
e	0			
f All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24f	19,460,788	18,516,018	944,770	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1,375	1	25,360
	2	Savings and temporary cash investments			8,302,685	2	6,491,676
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,241,497	4	612,815
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	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)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			104,231	9	39,078
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	70,106,859			
	b	Less: accumulated depreciation	10b	29,748,686	41,921,314	10c	40,358,173
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			13,980,539	12	16,626,833
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,913	15	569,491
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			65,560,554	16	64,723,426
Liabilities	17	Accounts payable and accrued expenses			2,598,001	17	2,449,053
	18	Grants payable				18	
	19	Deferred revenue			30,063,960	19	28,292,950
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			37,594,953	25	33,966,638
	26	**Total liabilities.** Add lines 17 through 25			70,256,914	26	64,708,641
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			-4,696,360	27	14,785
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-4,696,360	33	14,785
	34	Total liabilities and net assets/fund balances			65,560,554	34	64,723,426

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,668,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,460,788
3	Revenue less expenses. Subtract line 2 from line 1	3	4,207,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,696,360
5	Other changes in net assets or fund balances (explain in Schedule O)	5	503,262
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,785

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✔
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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number: 34-1481142

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** 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 **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2009.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** 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 **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				156,273	210,027	366,300
2 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 . . .	21,011,281	21,699,454	22,065,459	22,074,124	22,308,350	109,158,668
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	21,011,281	21,699,454	22,065,459	22,230,397	22,518,377	109,524,968
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						109,524,968

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	21,011,281	21,699,454	22,065,459	22,230,397	22,518,377	109,524,968
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	294,579	472,844	450,758	242,877	211,499	1,672,557
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	294,579	472,844	450,758	242,877	211,499	1,672,557
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	21,305,860	22,172,298	22,516,217	22,473,274	22,729,876	111,197,525

14 **First five years.** 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 **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.5 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	98.41 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) . . .	17	1.5 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	1.59 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization	**Employer identification number**
LAUREL LAKE RETIREMENT COMMUNITY	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 1/3 % 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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
LAUREL LAKE RETIREMENT COMMUNITY	34-1481142

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 47,063	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)
2		$ 48,000	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)
3		$ 8,105	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)
4		$ 31,250	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)
5		$ 15,020	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)
6		$ 60,589	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LAUREL LAKE RETIREMENT COMMUNITY	34-1481142

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	EQUIPMENT	$ 47,063	12/31/2009
2	CAPITAL IMPROVEMENT TO RENTED RESIDENCE	$ 48,000	9/22/2010
3	CAPITAL IMPROVEMENT TO RENTED RESIDENCE	$ 8,105	5/3/2010
4	CAPITAL IMPROVEMENT TO RENTED RESIDENCE	$ 31,250	2/25/2010
5	CAPITAL IMPROVEMENT TO RENTED RESIDENCE	$ 15,020	6/25/2010
6	CAPITAL IMPROVEMENT TO RENTED RESIDENCE	$ 60,589	12/16/2010

Name of organization	Employer identification number
LAUREL LAKE RETIREMENT COMMUNITY	34-1481142

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number: 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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☑ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	45
c	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,441,027		4,441,027
b Buildings		58,570,322	24,496,426	34,073,896
c Leasehold improvements				0
d Equipment		7,095,510	5,252,260	1,843,250
e Other				0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				40,358,173

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITIES/FIXED INCOME SECURITIES	16,626,833	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	16,626,833	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE - CURRENT	1,697,551
(3) CAPITAL LEASE - LONG TERM	65,783
(4) ENTRANCE FEE DEPOSITS	542,779
(5) NOTE PAYABLE TO RELATED PARTY	31,660,525
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	33,966,638

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

SEE NEXT PAGE

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

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

Compensation Information

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number: 34-1481142

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		✔
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✔	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID OSTER	(i)	143,798	13,341	275	0	19,908	177,322	0
1	(ii)	0	0	0	0	0	0	0
ROBERT SHRODER	(i)	0	0	0	0	0	0	0
2	(ii)	394,135	160,841	209,314	62,781	23,991	851,062	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE CHP SERP PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE. IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INTEREST CREDITS. PARTICIPANTS VEST 50%, 75% AND 100% IN THEIR ACCOUNTS AFTER 5, 6, AND 7 YEARS OF SERVICE, RESPECTIVELY. VESTING OCCURS EARLIER FOR DEATH OR TOTAL DISABILITY OR REACHING AGE 60 WHILE EMPLOYED, OR INVOLUNTARY TERMINATION OF EMPLOYMENT, WITHIN 24 MONTHS AFTER A CHANGE IN CONTROL OF THE ORGANIZATION OR DUE TO POSITION ELIMINATION. PAYMENTS DURING EMPLOYMENT ARE MADE FOR REQUIRED TAX WITHHOLDINGS. PAYMENT OF VESTED BALANCE IN A LUMP SUM OCCURS AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR AS FOLLOWS: ROBERT SHRODER $178,540.
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.
PART I, LINE 3	QUESTIONS REGARDING COMPENSATION	THE COMPENSATION OF THE ORGANIZATION'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 BOARD OR COMPENSATION COMMITTEE WHEN DETERMINING DAVID'S COMPENSATION.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization: LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number: 34-1481142

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EQUIPMENT AND LAND IMPROVEMENTS)	✔	9	47,063	COST
26	Other ▶ (CAPITAL IMPROVEMENTS TO RENTED P)	✔	5	162,964	COST
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		✔
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
PART II	EXPLANATION FOR COLUMN (B)	THE AMOUNTS DISCLOSED IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule O (Form 990)
Department of Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the Organization
LAUREL LAKE RETIREMENT COMMUNITY

Employer Identification Number
34-1481142

Return Reference	Identifier	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	CATHOLIC HEALTH PARTNERS (CHP) IS THE SOLE MEMBER OF LAUREL LAKE RETIREMENT COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	CATHOLIC HEALTH PARTNERS, THE SOLE MEMBER, HAS THE RIGHT TO APPROVE AND REMOVE BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	CERTAIN MATTERS REQUIRE APPROVAL OF THE CHP CORPORATE MEMBER, CHP GOVERNING BODY, OR CHP CEO. THE REGULATIONS OF THE ORGANIZATION DESCRIBE THE LEVEL OF APPROVAL REQUIRED FOR VARIOUS DECISIONS
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY CHP'S TAX DEPARTMENT AND REVIEWED BY MANAGEMENT. THEN THE FORM 990 IS PRESENTED TO THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE (ACRC) FOR REVIEW AND APPROVAL. THE APPROVED 990 WAS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION 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, SECTION C, LINE 19	PUBLIC DISCLOSURE	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990 PART VII SECTION A COLUMN (B)	AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS BY LISTED PERSONS	ROBERT SCHRODER 50 MICHAEL LESLEIN 6 DAVID OSTER 4 FRANK FISHER 1
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description: NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS **(b)** Amount: 503,262
PART VI, SECTION B, LINES 15A & 15B	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.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number: 34-1481142

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) CATHOLIC HEALTH PARTNERS (31-1161086) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HEALTHCARE SYSTEM PARENT	OH	501(C)(3)	11 - TYPE III - FI	N/A		✔
(2) CATHOLIC HEALTHCARE 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) SISTERS OF MERCY WORKERS COMPENSATION SELF-INSURANCE TRUST (31-0990309) 615 ELSINORE PLACE, CINCINNATI, OH 45202	TRUST ADMINISTRATION	OH	501(C)(3)	11 - TYPE I	CATHOLIC HEALTH PARTNERS		✔
(6) 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		✔
(7) 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		✔

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHP INSURANCE LTD (98-0621978) 615 ELSINORE PLACE, CINCINNATI, OH 45202	INSURANCE	CJ	N/A	C CORPORATION	N/A	N/A	N/A
(2) HEALTHSPAN INC. (31-1431434) 225 PICTORIA DRIVE STE 320, CINCINNATI, OH 45246	PPO	OH	N/A	C CORPORATION	N/A	N/A	N/A
(3) MHSWO HEALTH VENTURES INC. (31-1072139) 1 S. LIMESTONE ST, SPRINGFIELD, OH 45502	PHYSICIAN PRACTICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(4) NORTHPARKE MEDICAL COMMONS CONDO ASSN. (31-1391230) 333 N. LIMESTONE ST, SPRINGFIELD, OH 45503	REAL PROPERTY MGMNT	OH	N/A	C CORPORATION	N/A	N/A	N/A
(5) MERCY HEALTH AFFILIATES INC. (34-1372633) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	PHYSICIAN SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(6) PHYSICIAN'S HEALTH COLLABORATIVE (20-3986844) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	MEDICAL & HOSPITAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A
(7) NORTHSIDE CORPORATION (34-1318438) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	RESIDENT RENTALS	OH	N/A	C CORPORATION	N/A	N/A	N/A

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

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

			Yes	No
1	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?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to other organization(s)	1b		✔
c	Gift, grant, or capital contribution from other organization(s)	1c	✔	
d	Loans or loan guarantees to or for other organization(s)	1d		✔
e	Loans or loan guarantees by other organization(s)	1e	✔	
f	Sale of assets to other organization(s)	1f		✔
g	Purchase of assets from other organization(s)	1g		✔
h	Exchange of assets	1h		✔
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✔
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✔
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		✔
n	Sharing of paid employees	1n	✔	
o	Reimbursement paid to other organization for expenses	1o	✔	
p	Reimbursement paid by other organization for expenses	1p	✔	
q	Other transfer of cash or property to other organization(s)	1q		✔
r	Other transfer of cash or property from other organization(s)	1r		✔

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	C	47,063	GAAP
(2)	LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, INC.	P	130,378	GAAP
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			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) ALLEN MEDICAL CENTER (34-0864230) 200 WEST LORAIN ST, OBERLIN, OH 44074	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		✓
(9) COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION (34-1504558) 3700 KOLBE ROAD, LORAIN, OH 44053	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		✓
(10) 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		✓
(11) ALLEN MEDICAL CENTER FOUNDATION (34-1675592) 200 WEST LORAIN ST, OBERLIN, OH 44074	FOUNDATION	OH	501(C)(3)	11 - TYPE I	ALLEN MEDICAL CENTER		✓
(12) 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		✓
(13) MERCY HEALTH PARTNERS OF SOUTHWEST OHIO (31-1063783) 4600 MCAULEY PLACE, CINCINNATI, OH 45242	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(14) 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		✓
(15) MERCY HOSPITALS WEST (31-1091597) 2446 KIPLING AVENUE, CINCINNATI, OH 45239	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(16) MERCY HOSPITAL ANDERSON (31-0537085) 7500 STATE ROAD, CINCINNATI, OH 45255	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(17) 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		✓
(18) 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		✓
(19) CLERMONT MERCY FOUNDATION (31-1514749) 3000 HOSPITAL DRIVE, BATAVIA, OH 45103	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(20) 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		✓
(21) 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		✓
(22) 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		✓
(23) PROVIDENCE RETIREMENT HOME AUXILIARY (20-4664839) 4915 CHARLESTOWN RD, NEW ALBANY, IN 47150	SUPPORTING ORG	IN	501(C)(3)	11 - TYPE II	MERCY LONG TERM CARE INITIATIVE		✓
(24) MERCY FRANCISCAN SOCIAL MINISTRIES INC. (31-1222942) 1800 LOGAN STREET, CINCINNATI, OH 45210	LOW INCOME HOUSING	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		✓
(25) 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		✓
(26) COMMUNITY MERCY HEALTH SYSTEM (30-0272454) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(27) COMMUNITY MERCY HEALTH PARTNERS (31-0785684) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(28) THE COMMUNITY MERCY FOUNDATION (31-1443778) 1343 N. FOUNTAIN BLVD, SPRINGFIELD, OH 45504	FOUNDATION	OH	501(C)(3)	7	COMMUNITY MERCY HEALTH SYSTEM		✓
(29) COMMUNITY HOSPITAL HEALTH SERVICES COMPANY (31-1181984) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		✓
(30) 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		✓
(31) THE WALLACE S MURRAY AND FRANCES RABBITTS MURRAY MEMORIAL TRUST (34-6827136) ONE S. LIMESTONE ST, SPRINGFIELD, OH 45502	INDIGENT MEDICAL CARE	OH	501(C)(3)	11 - TYPE I	N/A		✓
(32) MERCY HEALTH SYSTEM - NORTHERN REGION (34-1344482) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	REGIONAL PARENT	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(33) 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		✓
(34) ST CHARLES MERCY HEALTH FOUNDATION (34-1414900) 2600 NAVARRE AVENUE, OREGON, OH 43616	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		✓

(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
(35) RIVERSIDE MERCY HOSPITAL (31-1556401) 3404 W. SYLVANIA AVE, TOLEDO, OH 43623	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(36) MERCY HOME CARE INC. (34-1587572) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HOME HEALTHCARE	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(37) MERCY COLLEGE OF NORTHWEST OHIO (34-1726619) 2221 MADISON AVENUE, TOLEDO, OH 43604	MEDICAL COLLEGE	OH	501(C)(3)	2	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(38) MERCY COLLEGE OF NORTHWEST OHIO FOUNDATION INC. (14-1963204) 2221 MADISON AVENUE, TOLEDO, OH 43604	FOUNDATION	OH	501(C)(3)	11 - TYPE I	MERCY COLLEGE OF NORTHWEST OHIO		✓
(39) MERCY HOSPITAL OF TIFFIN OHIO (34-4431174) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44883	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(40) MERCY TIFFIN HEALTH FOUNDATION (34-1499894) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44883	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MERCY HOSPITAL OF TIFFIN OHIO		✓
(41) 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		✓
(42) MERCY HOSPITAL OF WILLARD FOUNDATION (11-3742347) 110 EAST HOWARD ST, WILLARD, OH 44890	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	THE SISTERS OF MERCY OF WILLARD OHIO		✓
(43) ST VINCENT MERCY MEDICAL CENTER (34-4428250) 2213 CHERRY STREET, TOLEDO, OH 43608	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(44) ST VINCENT MERCY MEDICAL CENTER FOUNDATION (23-7393213) 2213 CHERRY STREET, TOLEDO, OH 43608	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST VINCENT MERCY MEDICAL CENTER		✓
(45) 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		✓
(46) RSM MEDICAL FOUNDATION (34-1693671) 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(47) 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		✓
(48) 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		✓

(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
(49) FARLEY HEALTHCARE CORPORATION (34-1363204) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HEALTH SERVICES	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		✓
(50) ST RITA'S MEDICAL CENTER (34-1105619) 730 W. MARKET STREET, LIMA, OH 45801	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(51) SRHC FOUNDATION (34-1368429) 730 W. MARKET STREET, LIMA, OH 45801	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST RITA'S MEDICAL CENTER		✓
(52) NEW VISION MEDICAL LABORATORIES INC. (34-1937267) 750 W. HIGH ST STE 400, LIMA, OH 45801	MEDICAL LAB SERVICES	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	ST RITA'S MEDICAL CENTER		✓
(53) HUMILITY OF MARY HEALTH PARTNERS (34-0505560) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(54) 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		✓
(55) HOSPICE OF THE VALLEY (34-1288745) 5190 MARKET STREET, YOUNGSTOWN, OH 44512	HOSPICE SERVICES	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(56) HUMILITY OF MARY DEVELOPMENT FOUNDATION (34-1826978) 1044 BELMONT AVENUE, YOUNGSTOWN, OH 44501	FOUNDATION	OH	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	HUMILITY OF MARY HEALTH PARTNERS		✓
(57) HUMILITY OF MARY INFORMATION SYSTEMS (34-1452943) 250 FEDERAL PLAZA EAST, YOUNGSTOWN, OH 44501	INFORMATION SERVICES	OH	501(C)(3)	11 - TYPE II	HUMILITY OF MARY HEALTH PARTNERS		✓
(58) HUMILITY HOUSE (34-1894783) 755 OHLTOWN ROAD, AUSTINTOWN, OH 44515	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(59) 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.	✓	
(60) ST JOSEPH HEALTH CENTER AUXILIARY (34-6556121) 677 EASTLAND SE, WARREN, OH 44484	FUNDRAISING	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		✓
(61) MERCY HEALTH PARTNERS - LOURDES INC. (61-0600313) 1530 LONE OAK ROAD, PADUCAH, KY 42003	HOSPITAL	KY	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		✓
(62) LOURDES FOUNDATION INC. (61-1258960) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FOUNDATION	KY	501(C)(3)	7	MERCY HEALTH PARTNERS - LOURDES INC.		✓
(63) LOURDES HOSPITAL AUXILIARY GIFT SHOP (61-0927805) 1530 LONE OAK ROAD, PADUCAH, KY 42003	FUNDRAISING	KY	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	LOURDES FOUNDATION INC.		✓
(64) 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.		✓
(65) MARCUM AND WALLACE HOSPITAL FOUNDATION INC. (32-0026557) 60 MERCY COURT, IRVINE, KY 40336	FOUNDATION	KY	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MARCUM AND WALLACE MEMORIAL HOSPITAL INC.		✓

(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
(66) 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		✓
(67) MERCY HEALTH SYSTEM INC. (62-0480068) 900 EAST OAK HILL AVE, KNOXVILLE, TN 37917	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(68) 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.		✓
(69) 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.		✓
(70) JEFFERSON MEMORIAL HOSPITAL INC. (62-1660663) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(71) JEFFERSON MEMORIAL FOUNDATION INC. (62-1660666) 110 HOSPITAL DRIVE, JEFFERSON CITY, TN 37760	FOUNDATION	TN	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	JEFFERSON MEMORIAL HOSPITAL INC.		✓
(72) 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.		✓
(73) THE BAPTIST HEALTH SYSTEM FOUNDATION INC. (58-1565290) 101 BLOUNT AVE BOX 1788, KNOXVILLE, TN 37920	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC.		✓
(74) BAPTIST HOSPITAL OF EAST TENNESSEE INC. (62-0506166) 137 BLOUNT AVE, KNOXVILLE, TN 37920	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(75) BAPTIST HOSPITAL WEST INC. (62-1870324) 10820 PARKSIDE DRIVE, KNOXVILLE, TN 37934	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(76) BAPTIST HOSPITAL OF COCKE COUNTY INC. (62-1133149) 435 SECOND STREET, NEWPORT, TN 37821	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC.		✓
(77) MERCY HEALTH AND REHABILITATION CENTER INC. (62-1592992) 3916 BOYDS BRIDGE PIKE, KNOXVILLE, TN 37917	REHAB CENTER	TN	501(C)(3)	9	MERCY HEALTH PARTNERS INC.		✓
(78) MERCY HEALTH PARTNERS - NORTHEAST REGION INC. (23-2813196) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	REGIONAL PARENT	PA	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	CATHOLIC HEALTH PARTNERS		✓
(79) MERCY HEALTHCARE FOUNDATION (23-2972928) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	FOUNDATION	PA	501(C)(3)	11 - TYPE III -- FUNCTIONALLY INTEGRATED	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(80) MERCY HOSPITAL SCRANTON PA (24-0795456) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(81) 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.		✓
(82) MERCY MED-CARE INC. (23-2261991) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(83) MERCY HOSPITAL NANTICOKE (23-2604818) 128 W. WASHINGTON ST, NANTICOKE, PA 18634	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION 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
(84) 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.		✓
(85) MERCY HEALTH CARE CENTER (23-2322809) 746 JEFFERSON AVENUE, SCRANTON, PA 18510	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC.		✓
(86) 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.		✓
(87) MERCY TYLER HOSPITAL (24-0779665) 880 SR 6W, TUNKHANNOCK, PA 18657	HOSPITAL	PA	501(C)(3)	3	MERCY TYLER HEALTH SYSTEMS		✓
(88) 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		✓
(89) SIENA SPRINGS (31-1052772) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(90) SIENA SPRINGS II (31-1591780) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(91) CHARLES MEADOW CORPORATION (34-1552671) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(92) CHARLES CREST CORPORATION (34-1399869) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(93) CHARLES CREST II CORPORATION (34-1714407) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(94) ST THERESA VILLAGE INC. (31-1411529) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(95) SACRED HEART VILLAGE INC. (31-1411531) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(96) SACRED HEART VILLAGE II INC. (61-1339396) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(97) SACRED HEART VILLAGE III INC. (61-1367719) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(98) MCAULEY MANOR INC. (31-1548500) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(99) DUBLIN MANOR INC. (02-0655254) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(100) MERCY MANOR INC. (61-1344092) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC 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
(101) ST MARY'S VILLA INC. (31-1548512) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(102) RIVERVIEW ST MARY'S INC. (62-1782683) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓
(103) ST MARY'S VILLA AT RIVERVIEW II INC. (31-1723287) 615 ELSINORE PLACE, CINCINNATI, OH 45202	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		✓

Part III **Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) NWO INTEGRATED LABORATORIES, MERCY LLC (34-1898285) 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	LABORATORY SERVICES	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(2) TIFFIN AMBULATORY SURGICAL ASSOCIATES (37-1567866) 45 ST LAWRENCE DRIVE, TIFFIN, OH 44833	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(3) MERCY HOSPITAL OF DEFIANCE, LLC (02-0701635) 1404 E. SECOND ST., DEFIANCE, OH 43512	HOSPITAL	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(4) WEST CENTRAL OHIO REGIONAL HEALTHCARE ALLIANCE (34-1817078) FORT AMANDA ROAD, LIMA, OH 45804	REG HOSPITALS	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(5) WEST CENTRAL OHIO SURGERY & ENDO CENTER (34-1868154) 770 W HIGH ST, SUITE 100, LIMA, OH 45801	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(6) NEW VISION MEDICAL LAB, LLC (34-1913433) 750 W HIGH STREET, LIMA, OH 45801	LAB SERVICES	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(7) WEST CENTRAL OHIO GROUP LTD. (34-1848147) 801 MEDICAL DRIVE, LIMA, OH 45804	ORTHOPEDIC HOSPITAL	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(8) KIDNEY SERVICES OF WEST CENTRAL OHIO (06-1644264) 750 W HIGH STREET, SUITE 100, LIMA, OH 45801	DIALYSIS CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(9) ST. ELIZABETH CARDIAC CATH LAB, LLC (30-0023795) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	CARDIAC CATH LAB	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(10) ST. ELIZABETH SOUTHWOODS IMAGING (26-1626482) 250 DEBARTOLO PLACE BLDG B, YOUNGSTOWN, OH 44512	DIAGNOSTIC IMAGING	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(11) UROLOGIC ONCOLOGY OF MAHONING VALLEY, LLC (26-2989686) 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	RADIATION THERAPY	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(12) HMHP/USP SURGERY CENTERS, LLC (27-1953122) 15305 DALLAS PKWY, STE 1600, ADDISON, TX 75001	SURGERY CENTER	TX	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(13) OSC-HMHP, LLC (01-0724836) 6505 MARKET ST, BLDG B, STE 101, BOARDMAN, OH 44512	ORTHOPEDIC SURGERY CENTER	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(14) MERCY HEALTHPLEX ANDERSON, LLC (31-1589865) 7495 STATE ROAD, CINCINNATI, OH 45255	FITNESS FACILITY	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(15) MERCY HEALTHPLEX FAIRFIELD, LLC (31-1589867) 3050 MACK ROAD, FAIRFIELD, OH 45014	FITNESS FACILITY	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) LOURDES AMBULATORY SURGERY CENTER (61-1258960) 225 MEDICAL CENTER DRIVE, PADUCAH, KY 42003	SURGERY CENTER	KY	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(17) TOMOGRAPHY ASSOCIATES, LLC (74-2034927) 2000 CHAPMAN HWY, KNOXVILLE, TN 37920	EQUIPMENT LEASING	TN	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(18) EAST TENNESSEE DIAGNOSTIC CENTER LLC (20-4773300) 1450 DOWELL SPRINGS BLVD, SUITE 250, KNOXVILLE, TN 37909	DIAGNOSTIC SERVICES	TN	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(19) LACKAWANNA SURGERY CENTER, LLC (20-5360014) 415 ADAMS AVENUE, SCRANTON, PA 18503	AMBULATORY SURGERY CENTER	PA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(8) MERCY WORK SOLUTIONS (30-0066340) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	WORKERS COMPENSATION	OH	N/A	C CORPORATION	N/A	N/A	N/A
(9) GENESIS HEALTH PLAN OF OHIO INC. (34-1819975) 2200 JEFFERSON AVENUE, TOLEDO, OH 43604	HMO	OH	N/A	C CORPORATION	N/A	N/A	N/A
(10) 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
(11) 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
(12) 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
(13) 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
(14) 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
(15) 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
(16) 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
(17) 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
(18) FRANCISCAN HOMES I INC. (31-1313185) 1300 MAIN STREET, CINCINNATI, OH 45210	LOW-INCOME HOUSING	OH	N/A	C CORPORATION	N/A	N/A	N/A
(19) FRANCISCAN HOMES II INC. (31-1336890) 1300 MAIN STREET, CINCINNATI, OH 45210	LOW-INCOME HOUSING	OH	N/A	C CORPORATION	N/A	N/A	N/A
(20) FRANCISCAN HOMES III INC. (31-1394510) 1300 MAIN STREET, CINCINNATI, OH 45210	LOW-INCOME HOUSING	OH	N/A	C CORPORATION	N/A	N/A	N/A
(21) FRANCISCAN HOMES IV INC. (31-1483370) 1300 MAIN STREET, CINCINNATI, OH 45210	LOW-INCOME HOUSING	OH	N/A	C CORPORATION	N/A	N/A	N/A
(22) 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
(23) 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
(24) 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
(25) 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