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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust

2009

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning June 1

, 2009, and ending May 31

, 2010

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	Name of foundation  HCR Manor Care Foundation, Inc.			A Employer identification number 52-2031975		
	Number and street (or P O box number if mail is not delivered to street address) 333 N. Summit Street, P.O. Box 10086			Room/suite	B Telephone number (see page 10 of the instructions) 419-252-5989	
	City or town, state, and ZIP code Toledo, OH 43699			<input type="checkbox"/> C If exemption application is pending, check here . . . . . <input type="checkbox"/> D 1 Foreign organizations check here . . . . . <input type="checkbox"/> 2 Foreign organizations meeting the 85% test check here and attach computation . . . . . <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here . . . . .		
<b>H</b> Check type of organization		<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust			<input type="checkbox"/> Other taxable private foundation	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16)		<b>J</b> Accounting method			<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
					<input type="checkbox"/> Other (specify) _____	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	907,164.00			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	64,261.00	64,261.00		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	107,674.00			
b	Gross sales price for all assets on line 6a	591,587.00			
7	Capital gain net income (from Part IV, line 2)		107,674.00		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total.</b> Add lines 1 through 11	1,079,099.00	171,935.00		
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)	148.00		148.00	
b	Accounting fees (attach schedule)	6,000.00		6,000.00	
c	Other professional fees (attach schedule)	25,962.00	25,962.00		
17	Interest				
18	Taxes (attach schedule, see page 14 of the instructions)	1,050.00			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	5,946.00		5,751.00	
22	Printing and publications	5,304.00		5,304.00	
23	Other expenses (attach schedule)	1,148,297.00		1,220,211.00	
24	<b>Total operating and administrative expenses.</b>	1,192,707.00	25,962.00	1,237,414.00	
25	Contributions, gifts, grants paid	672,689.00		644,544.00	
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1,865,396.00	25,962.00	1,881,958.00	
27	<b>Subtract line 26 from line 12</b>	-786,297.00			
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		145,973.00		
c	Adjusted net income (if negative, enter -0-)				

SCANNED MAR 21 2011  
Operating and Administrative ExpensesRECEIVED  
MAR 14 2011  
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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing . . . . .	159,841.00	60,965.00	60,965.00
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ► 0.00			
	Less allowance for doubtful accounts ►	927.00		
	4 Pledges receivable ►			
	Less allowance for doubtful accounts ►			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) . . . . .	10,245.00	6,770.00	6,770.00
	7 Other notes and loans receivable (attach schedule) ►			
	Less allowance for doubtful accounts ►			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .	12,499.00	12,056.00	12,056.00
	10 a Investments - U S and state government obligations (attach schedule) . . . . .			
	b Investments - corporate stock (attach schedule) . . . . .	1,238,410.00	962,720.00	962,720.00
	c Investments - corporate bonds (attach schedule) . . . . .	899,767.00	611,831.00	611,831.00
	11 Investments - land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	12 Investments - mortgage loans . . . . .			
	13 Investments - other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	15 Other assets (describe ► ) . . . . .			
	16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	2,321,689.00	1,654,342.00	1,654,342.00
	17 Accounts payable and accrued expenses . . . . .	46,169.00	590.00	
	18 Grants payable . . . . .	500.00	28,645.00	
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ► ) . . . . .	40,150.00	13,967.00	
	23 Total liabilities (add lines 17 through 22) . . . . .	86,819.00	43,202.00	
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted . . . . .	1,624,726.00	1,611,140.00	
	25 Temporarily restricted . . . . .	610,145.00		
	26 Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	30 Total net assets or fund balances (see page 17 of the instructions) . . . . .	2,234,871.00	1,611,140.00	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	2,321,689.00	1,654,342.00	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1 2,234,871.00
2 Enter amount from Part I, line 27a . . . . .	2 -786,297.00
3 Other increases not included in line 2 (itemize) ► See Attached Detail . . . . .	3 163,066.00
4 Add lines 1, 2, and 3 . . . . .	4 1,611,640.00
5 Decreases not included in line 2 (itemize) ► . . . . .	5
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6 1,611,640.00

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Attached Schedule					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) . . . . .	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	107,674.00	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. . . . .	{ }		3		

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . .  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	1,639,756.00	2,533,795.00	0.6472
2007	1,433,017.00	3,455,187.00	0.4147
2006	1,234,147.00	3,147,715.00	0.3921
2005	1,253,184.00	3,035,760.00	0.4128
2004	1,345,963.00	3,170,111.00	0.4246
2 Total of line 1, column (d)			2.2914
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.4583
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			2,384,471.00
5 Multiply line 4 by line 3			1,092,803.00
6 Enter 1% of net investment income (1% of Part I, line 27b)			1,460.00
7 Add lines 5 and 6			1,094,263.00
8 Enter qualifying distributions from Part XII, line 4			1,881,958.00
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18			

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 . . .	Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)	1	1, 460.00
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . .			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		2	
3	Add lines 1 and 2 . . .		3	1, 460.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . .		5	1, 460.00
6	<b>Credits/Payments</b>			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 . . .	6a	2, 099.00	
b	Exempt foreign organizations-tax withheld at source . . .	6b		
c	Tax paid with application for extension of time to file (Form 8868) . . .	6c		
d	Backup withholding erroneously withheld . . .	6d		
7	Total credits and payments Add lines 6a through 6d . . .		7	2, 099.00
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . .		8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . .		9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . .		10	639.00
11	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> ►	639.00	Refunded	11

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . .	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . .	X	
1c	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . .	X	
3	<i>If "Yes," attach a detailed description of the activities</i>		
4a	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . .	X	
4b			
5	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . .	X	
6	<i>If "Yes," has it filed a tax return on Form 990-T for this year?</i> . . .		
7	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . .		
8a	<i>If "Yes," attach the statement required by General Instruction T</i>		
8b	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		
9	• By language in the governing instrument, or		
10	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . .	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . .	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ►		
8b	Ohio		
9	• If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> . . .	X	
10	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i> . . .	X	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . .	X	

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**Part VII-A Statements Regarding Activities (continued)**

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . . 11  X

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . . 12  X

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13  X  
Website address ► [www.hcr-manorcare.org](http://www.hcr-manorcare.org)

14 The books are in care of ► Eric Talbert Telephone no ► 419-252-5951  
Located at ► 333 N Summit Street, Toledo OH ZIP + 4 ► 43604

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . . ► 15   
and enter the amount of tax-exempt interest received or accrued during the year

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . .	<span style="border: 1px solid black; padding: 2px;">1b</span>	<input type="checkbox"/> X
1c Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <span style="float: right;"><input type="checkbox"/></span>	<span style="border: 1px solid black; padding: 2px;">1c</span>	<input type="checkbox"/> X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	► <span style="border: 1px solid black; padding: 2px;">2</span>	
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ► <span style="float: right;">2a</span>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) . . . . .	<span style="border: 1px solid black; padding: 2px;">2b</span>	<input type="checkbox"/> X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► <span style="float: right;">2c</span>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) . . . . .	<span style="border: 1px solid black; padding: 2px;">3b</span>	<input type="checkbox"/> X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<span style="border: 1px solid black; padding: 2px;">4a</span>	<input type="checkbox"/> X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . .	<span style="border: 1px solid black; padding: 2px;">4b</span>	<input type="checkbox"/> X

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

5a	During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) . . . . .			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5b	X	
Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>						
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b	X	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7b	X	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .					

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Schedule Attached				
-----				
-----				
-----				
-----				
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**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

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

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

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

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

## Part IX-A Summary of Direct Charitable Activities

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

1 Assistance to approximately 587 indigent individuals or families who are experiencing distress due to terminal illness.	467,618.00
2 Assistance to approximately 628 individuals or families for the cost of funerals.	260,161.00
3 Approximately 16 support group or grief camps for adults or children, which are open to the general community.	18,343.00
4 Approximately 48 bereavement resources for libraries, schools, hospitals, hospices and support groups. Memorial Services made available to the general community.	12,808.00

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

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

1 n/a	
2	
All other program-related investments See page 24 of the instructions	
3	
<b>Total. Add lines 1 through 3</b>	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	2,193,732.00
b Average of monthly cash balances	1b	227,051.00
c Fair market value of all other assets (see page 24 of the instructions)	1c	
d <b>Total</b> (add lines 1a, b, and c)	1d	2,420,783.00
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	2,420,783.00
4 Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	36,312.00
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,384,471.00
6 <b>Minimum investment return.</b> Enter 5% of line 5	6	119,224.00

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part)

1 Minimum investment return from Part X, line 6	1	119,224.00
2a Tax on investment income for 2009 from Part VI, line 5	2a	1,460.00
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	1,460.00
3 Distributable amount before adjustments Subtract line 2c from line 1	3	117,764.00
4 Recoveries of amounts treated as qualifying distributions	4	65,000.00
5 Add lines 3 and 4	5	182,764.00
6 Deduction from distributable amount (see page 25 of the instructions)	6	
7 <b>Distributable amount as adjusted</b> Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	182,764.00

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,881,958.00
b Program-related investments - total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 <b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,881,958.00
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,460.00
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	1,880,498.00

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

**Part XIII Undistributed Income (see page 26 of the instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7 . . . . .				182,764.00
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only . . . . .				
b Total for prior years 20 ____ .20 ____ .20 ____				
3 Excess distributions carryover, if any, to 2009				
a From 2004 . . . . . 1,186,717.00				
b From 2005 . . . . . 1,103,684.00				
c From 2006 . . . . . 1,079,217.00				
d From 2007 . . . . . 1,263,091.00				
e From 2008 . . . . . 1,513,044.00				
f Total of lines 3a through e . . . . .	6,145,753.00			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 1,881,958.00				
a Applied to 2008, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
d Applied to 2009 distributable amount . . . . .				182,764.00
e Remaining amount distributed out of corpus . . . . .	1,764,194.00			
5 Excess distributions carryover applied to 2009. (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	7,909,947.00			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010. . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	1,186,717.00			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	6,723,230.00			
10 Analysis of line 9				
a Excess from 2005 . . . . . 1,103,684.00				
b Excess from 2006 . . . . . 1,079,217.00				
c Excess from 2007 . . . . . 1,263,091.00				
d Excess from 2008 . . . . . 1,513,044.00				
e Excess from 2009 . . . . . 1,764,194.00				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1 a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling . . . . .				► n/a
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .				(e) Total
	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a . . . . .				
c	Qualifying distributions from Part XII, line 4 for each year listed .				
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
3	Complete 3a b, or c for the alternative test relied upon				
a	"Assets" alternative test - enter				
(1)	Value of all assets . . . . .				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X line 6 for each year listed . . . . .				
c	"Support" alternative test - enter				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities, loans (section 512(a)(5)), or royalties) . . . . .				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .				
(3)	Largest amount of support from an exempt organization . . . . .				
(4)	Gross investment income . . . . .				

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

n/a

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

n/a

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed 419-252-5578  
William White, Director, 333 N. Summit Street, PO Box 10086 Toledo, OH 43699-0086

b The form in which applications should be submitted and information and materials they should include

See attached grant information.

c Any submission deadlines

See attached grant information.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

See attached grant information.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> Schedule Attached				644,544.00
<b>Total</b> . . . . .			► 3a	644,544.00
<b>b Approved for future payment</b> Schedule Attached				28,645.00
<b>Total</b> . . . . .			► 3b	28,645.00

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

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by Section 512, 513, or 514	Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount		
1 Program service revenue				
a				
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments . . . . .				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities . . . . .			14	64,261.00
5 Net rental income or (loss) from real estate				
a Debt-financed property . . . . .				
b Not debt-financed property . . . . .				
6 Net rental income or (loss) from personal property .				
7 Other investment income . . . . .				
8 Gain or (loss) from sales of assets other than inventory			18	107,674.00
9 Net income or (loss) from special events . . .				
10 Gross profit or (loss) from sales of inventory . .				
11 Other revenue a				
b				
c				
d				
e				
12 Subtotal Add columns (b), (d), and (e) . . . . .				171,935.00
13 Total. Add line 12, columns (b), (d), and (e) . . . . .				171,935.00

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Line No. ▼** Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )

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

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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

► Z. Tolle

03/09/2011

### Treasurer

Date

**Title**

Sign Here

<b>Preparation</b> <b>Use of</b> <b>Signature</b>	<b>Firm's name (or yours if self-employed), address, and ZIP code</b> 	<b>EIN</b>   <b>Phone no</b>
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**Schedule B**  
**(Form 990, 990-EZ,  
or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No 1545-0047

2009

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

**Name of the organization**

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**Employer identification number**

HCR Manor Care Foundation, Inc.

52-2031975

**Organization type (check one)**

**Filters of:**

**Section:**

**Form 990 or 990-EZ**

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

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF**

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**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization

HCR Manor Care Foundation, Inc.

Employer identification number

52-2031975

**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Estate of Florence MacGowen c/o Charles J. Aliano 28 Maple Street, PO Box 276  Montrose, PA 18801-0276	\$ 41,857.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
2	Pamela Myers  1400 Medical Park Drive  Fort Wayne, IN 46825	\$ 13,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
3	Estate of Jack Mitchell  2665 Powell Circle  Chesapeake, VA 23323	\$ 12,297.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
4	Paul Hammond Trust c/o LPL Financial Member FINRA/SIPC 9785 Towne Centre Drive  San Diego, CA 92121-1968	\$ 10,846.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
5	Derrick & Marjorie Radtke  84 White Tail Drive  Roanoke, VA 24012	\$ 10,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
6	Kathy Oxenburg  19675 Battery Park Road  Smithfield, VA 23430	\$ 5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )

Name of organization

HCR Manor Care Foundation, Inc.

Employer identification number

52-2031975

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Robert Rivers 48171 Roayl Pointe Drive Canton, MI 48187	\$ 5,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

**Statement Attached and Made Part Of  
 HCR ManorCare Foundation, Inc.  
 Form 990PF, Part I, Lines 16b-c, 18, and 23  
 For the Tax Year Ended May 31, 2010  
 FEIN: 52-2031975**

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	Revenue & Expenses per Books (a)	Net Investment Income (b)	Adjusted Net Income (c)	Disburs For Charitable Purposes (d)
<b><u>Line 16b - Accounting Fees</u></b>				
Fees paid to Ernst & Young LLP for audit services provided to HCR ManorCare Foundation	6,000			6,000
<b><u>Line 16c - Other Professional Fees</u></b>				
Investment management fees- Morgan Stanley	\$ 25,962	\$ 25,962		
<b><u>Line 18 - Taxes</u></b>				
Federal excise tax	\$ 1,050			
<b><u>Line 23 - Other Expenses</u></b>				
Dues & subscriptions	10,387			10,258
Software maintenance	44,910			44,405
Office supplies, expense & postage	3,429			3,865
Licenses and fees	2,414			2,414
Bank charges	4,611			4,611
Mailing services	756			756
Purchased services	299,249			325,432
Direct program expenses	782,541			828,470
<b>Total Other Expenses</b>	<b><u>\$ 1,148,297</u></b>			<b><u>\$ 1,220,211</u></b>

**Statement Attached and Made Part Of  
HCR ManorCare Foundation, Inc.  
Form 990PF, Part II, Lines 10b and 10c  
For the Tax Year Ended May 31, 2010  
FEIN: 52-2031975**

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	Book Value	Market Value
<b><u>Line 10b - Corporate Stock</u></b>		
Morgan Stanley Ishares Gsci Commodity Index	\$ 45,015	\$ 45,015
Morgan Stanley Ishares S&P 500/Barra Growth Index Fund	\$ 251,482	251,482
Morgan Stanley Ishares S&P 500/Barra Value Index Fd	\$ 235,638	235,638
Morgan Stanley Ishares S&P Midcap 400 Grw	\$ 56,547	56,547
Morgan Stanley Ishares S&P Midcap 400/Barra Value Index Fund	\$ 56,365	56,365
Morgan Stanley Ishares Dow Jones US Real Estate Index Fund	\$ 50,350	50,350
Morgan Stanley Ishares S&P Small Cap 600/Barra Value Indes Fund	\$ 24,140	24,140
Morgan Stanley Ishares S&P Smallicap 600/Barra Growth Index Fund	\$ 24,789	24,789
Morgan Stanley - Vanguard Emerging Mkts Vipers Fd	\$ 30,331	30,331
Morgan Stanley - Vanguard Pacific Etf	\$ 60,170	60,170
Morgan Stanley - Vanguard European Vipers	<u>\$ 127,892</u>	<u>127,892</u>
Total Stocks	\$ 962,720	\$ 962,720
<b><u>Line 10c - Corporate Bonds</u></b>		
Morgan Stanley Ishares Lehman US Tips Fd	\$ 52,626	\$ 52,626
Morgan Stanley Ishares Lehman Aggregate Bd Fd	<u>559,206</u>	<u>559,206</u>
Total Bonds	\$ 611,831	\$ 611,831
Total	<u>\$ 1,574,551</u>	<u>\$1,574,551</u>

**Statement Attached and Made Part Of  
HCR ManorCare Foundation, Inc.  
Form 990PF, Part III, Line 3  
For the Tax Year Ended May 31, 2010  
FEIN: 52-2031975**

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**Line 3- Other Increases:**

Unrealized Gain on Investments	97,566
Refund of Prior Year Grants	65,500
	<hr/>
	<hr/>
	<hr/>

**Statement Attached and Made Part Of  
HCR Manor Care Foundation, Inc.  
Form 990PF, Part IV  
For the Tax Year Ended May 31, 2010  
FEIN: 52-2031975**

Description of Property Disposed	How Acquired	Date Acquired	Date Sold	Proceeds	Basis	Gain/(Loss)
<b><u>Morgan Stanley Ishares Gsci Commodity Index</u></b>						
97 000 Shares	P	Various	Oct-09	2,829	2,798	31
209 000 Shares	P	Various	Apr-10	6,689	6,029	659
90 000 Shares	P	Various	Apr-10	2,878	2,470	408
<b><u>Morgan Stanley Ishares Lehman US Tips Fd</u></b>						
82 000 Shares	P	Various	Nov-09	8,520	8,371	150
165 000 Shares	P	Various	Dec-09	17,523	16,587	936
101 000 Shares	P	Various	Apr-10	10,534	10,137	397
<b><u>Morgan Stanley Ishares Lehman Aggregate Bd Fd</u></b>						
248 000 Shares	P	Various	Nov-09	25,802	25,983	(180)
335 000 Shares	P	Various	Dec-09	35,258	34,732	526
485 000 Shares	P	Various	Feb-10	50,610	50,106	505
<b><u>Morgan Stanley Ishares S&amp;P 500/Barra Growth Index Fund</u></b>						
479 000 Shares	P	Various	Oct-09	25,998	21,871	4,128
567 000 Shares	P	Various	Apr-10	34,678	25,889	8,789
408 000 Shares	P	Various	Apr-10	24,949	18,586	6,363
<b><u>Morgan Stanley Ishares S&amp;P 500/Barra Value Index Fund</u></b>						
653 000 Shares	P	Various	Oct-09	33,520	30,134	3,386
763 000 Shares	P	Various	Apr-10	44,225	35,210	9,015
481 000 Shares	P	Various	Apr-10	27,879	21,425	6,455
<b><u>Morgan Stanley Ishares S&amp;P Midcap 400 Grw</u></b>						
102 000 Shares	P	Various	Oct-09	7,514	5,646	1,868
202 000 Shares	P	Various	Apr-10	17,742	11,047	6,695
76 000 Shares	P	Various	Apr-10	6,673	4,176	2,498
<b><u>Morgan Stanley Ishares S&amp;P Midcap 400/Barra Value Index Fund</u></b>						
123 000 Shares	P	Various	Oct-09	7,764	6,273	1,490
256 000 Shares	P	Various	Apr-10	18,961	12,731	6,230
88 000 Shares	P	Various	Apr-10	6,517	4,421	2,096
<b><u>Morgan Stanley Ishares Dow Jones US Real Estate Index Fund</u></b>						
258 000 Shares	P	Various	Oct-09	11,061	10,199	862
273 000 Shares	P	Various	Apr-10	14,325	9,052	5,273
125 000 Shares	P	Various	Apr-10	6,559	4,453	2,106
<b><u>Morgan Stanley Ishares S&amp;P Smallcap 600/Barra Growth Index Fund</u></b>						
45 000 Shares	P	Various	Oct-09	2,464	1,998	465
229 000 Shares	P	Various	Apr-10	14,479	9,517	4,963
<b><u>Morgan Stanley Ishares S&amp;P Smallcap 600/Barra Value Index Fund</u></b>						
42 000 Shares	P	Various	Oct-09	2,404	2,003	401
230 000 Shares	P	Various	Apr-10	15,382	9,988	5,395
<b><u>Morgan Stanley - Vanguard Emerging Mkts Vipers Fund</u></b>						
275 000 Shares	P	Various	Oct-09	10,538	6,938	3,600
26 000 Shares	P	Various	Nov-09	1,023	571	452
93 000 Shares	P	Various	Apr-10	4,019	2,043	1,976
<b><u>Morgan Stanley - Vanguard Pacific Etf</u></b>						
168 000 Shares	P	Various	Oct-09	8,851	6,738	2,113
388 000 Shares	P	Various	Apr-10	21,538	20,332	1,206
66 000 Shares	P	Various	Apr-10	3,663	2,647	1,016
<b><u>Morgan Stanley - Vanguard European Vipers</u></b>						
843 000 Shares	P	Various	Oct-09	41,877	31,326	10,551
55 000 Shares	P	Various	Apr-10	2,715	1,888	827
276 000 Shares	P	Various	Apr-10	13,624	9,665	3,959
<b><u>Morgan Stanley - Ishares Lehman 1-3 Yr Treas Bd Fd</u></b>						
				Nov-09 Long-term capital gain distribution		13
				Dec-09 Long-term capital gain distribution		52

**Statement Attached and Made Part Of  
HCR Manor Care Foundation, Inc.  
Form 990PF, Part IV  
For the Tax Year Ended May 31, 2010  
FEIN. 52-2031975**

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Description of Property Disposed	How Acquired	Date Acquired	Date Sold	Proceeds	Basis	Gain/ (Loss)
<b>Total Gain (Loss) on Sale of Investments</b>				<b>591,587</b>	<b>483,978</b>	<b>107,674</b>

**Statement Attached and Made Part Of  
HCR Manor Care Foundation, Inc.  
Form 990PF, Part VII-A, Line 10  
For the Tax Year Ended May 31, 2010  
FEIN: 52-2031975**

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**Substantial Contributor**  
None for Fiscal Year 2010

**Statement Attached and Made Part Of**

**HCR ManorCare Foundation, Inc.**

**Form 990PF, Page 6, Part VIII-1**

**List of Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors**

**For the Tax Year Ended May 31, 2010**

**FEIN: 52-2031975**

<b>a) Name and Address</b>	<b>b) Title/Average Hours</b>	<b>c) Compensation</b>	<b>d) Contributions to Employee Benefit Plans</b>	<b>e) Expense Account and Other Allowances</b>
Rick Rump 333 N Summit Street Toledo, Ohio 43604	President and Director/ as necessary	0	0	0
Jennifer Steiner 333 N Summit Street Toledo, Ohio 43604	Executive Director/ 38 hours per week	\$ 118,171	0	0
Eric Talbert 333 N Summit Street Toledo, Ohio 43604	Treasurer, Director/ (from to January 2010)/ as necessary	0	0	0
Bruce Schroeder 333 N Summit Street Toledo, Ohio 43604	Director/ (from July 2009)/ as necessary	0	0	0
Carla Hughes 333 N Summit Street Toledo, Ohio 43604	Director/ (from July 2009)/ as necessary	0	0	0
Lynn Hood 333 N Summit Street Toledo, Ohio 43604	Director/ (from July 2009)/ as necessary	0	0	0
Matt O'Connor 333 N Summit Street Toledo, Ohio 43604	Secretary, Director/ (from to January 2010)/ as necessary	0	0	0
Martin Allen 333 N Summit Street Toledo, Ohio 43604	Director/ (from January 2009)/ as necessary	0	0	0

Part X  
1a and 1b

\*cash equivalents on MS stmts included as CASH

Morgan Stanley		Morgan Stanley/Huntington	
Month	Monthly Fair Market Value of Securities	Monthly Cash Balance	Total Investment
Jun-09	1,586,659.76	33,006.19	1,619,665.95
Jul-09	1,672,310.01	27,163.66	1,699,473.67
Aug-09	1,482,844.86	37,490.19	1,520,335.05
Sep-09	1,768,810.48	8,030.41	1,776,840.89
Oct-09	1,632,112.39	117,143.27	1,749,255.66
Nov-09	1,698,713.40	79,135.99	1,778,849.39
Dec-09	1,700,146.75	124,673.58	1,824,820.33
Jan-10	1,660,669.36	67,666.81	1,728,336.17
Feb-10	1,694,538.31	32,217.41	1,726,755.72
Mar-10	1,763,158.77	39,774.17	1,802,932.94
Apr-10	1,661,492.95	148,937.25	1,810,430.20
May-10	1,574,551.04	52,569.80	1,627,120.84
Total	19,897,008.08	767,808.73	20,664,816.81

Morgan Stanley		Morgan Stanley/Huntington		
Hospice	Month	Monthly Fair Market Value of Securities	Monthly Cash Balance	Total Investment
	Jun-09	564,664.21	171,969.27	736,633.48
	Jul-09	564,664.21	216,769.60	781,433.81
	Aug-09	579,285.05	169,205.16	748,490.21
	Sep-09	591,651.37	143,080.37	734,731.74
	Oct-09	584,808.64	211,536.01	796,344.65
	Nov-09	603,489.03	199,645.71	803,134.74
	Dec-09	599,855.40	151,773.38	751,628.78
	Jan-10	590,603.97	198,359.83	788,963.80
	Feb-10	598,843.11	174,673.35	773,516.46
	Mar-10	616,283.50	118,302.63	734,586.13
	Apr-10	533,633.66	193,091.70	726,725.36
	May-10	0.00	8,395.17	8,395.17
Total		6,427,782.15	1,956,802.18	8,384,584.33
Average of all investments and cash				227,050.91
2,193,732.52				

**Statement Attached and Made A Part of  
HCR Manor Care Foundation, Inc.  
Form 990-PF, Part XV, Line 3a and 3b  
For the Tax Year Ended May 31, 2010  
FEIN 52-2031975**

**HCR Manor Care Foundation, Inc.  
Summary of Grants Paid and Approved**

	<b>Grants Awarded in Fiscal 5/31/10</b>	<b>Grants Paid in Fiscal 5/31/10</b>	<b>Grants Approved for Future Payment</b>
Grants to organizations awarded in fiscal 5/31/09	-	500	-
Grants to organizations awarded in fiscal 5/31/10	673,189	644,544	28,645
<b>Total grants paid in fiscal 5/31/10</b>	<b>673,189</b>	<b>645,044</b>	<b>28,645</b>

**Statement Attached and Made A Part of  
HCR Manor Care Foundation, Inc.  
Form 990-PF, Part XV, Line 3a and 3b  
For the Tax Year Ended May 31, 2010  
FEIN 52-2031975**

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2009</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
<b>Crisis Pregnancy Centers of the Lehigh Valley Allentown, PA</b>		\$500	\$500	\$0

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2009</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
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**Statement Attached and Made A Part of  
HCR ManorCare Foundation, Inc.  
Form 990-PF, Part XV, Line 3a and 3b  
For the Tax Year Ended May 31, 2010  
FEIN 52-2031975**

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2010</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
<b>Heartland Hospice Memorial Fund, Inc</b> <i>Toledo, OH</i> This grant will support the mission of the Heartland Hospice Memorial Fund program, which is to support a wide-variety of community-based services, research and education and assist those who are coping with life-limiting illness, death, and the process of grief and bereavement	509(a)(1)	\$559,939	\$551,544	\$8,395
<b>Duke University</b> <i>Durham, NC</i> This grant will support the Duke University's program Duke Institute on Care at End of Life Corporate Roundtable. The purpose of the Corporate Roundtable is ongoing, in depth discussion, resourced by academics, researchers, and opinion leaders, both from within and beyond Duke University, concerning the most critical issues that pertain to the hospice and palliative care industry	509(a)(1)	\$40,000	\$40,000	\$0
<b>Maryland Hospital Association Incorporated</b> <i>Elkridge, MD</i> This grant will support the Maryland Healthcare Education Institute's program Who Will Care - Investing in a Comprehensive Solution to the Nursing Shortage. This program will address Maryland's chronic nurse shortage by providing grants to Maryland's first professional degree nursing schools for planning and initial implementation of expansion programs. The grants will assist schools to increase the number of graduates by adding faculty, advanced technology, retention programs and clinical sites needed for educating the additional nursing students	501(c)(6)	\$25,000	\$5,000	\$20,000
<b>Partners in Health a Nonprofit Corporation</b> <i>Boston, MA</i> This grant will support the Partners in Health mission to provide medical supplies and support to Haitians. Half of this grant was distributed to assist specifically with earthquake relief efforts and the other for rebuilding efforts	509(a)(1)	\$10,000	\$10,000	\$0
<b>West Virginia Council of Churches</b> <i>Charleston, WV</i> This grant will assist those family members who have been affected by the mine explosion at Montcoal	509(a)(1)	\$250	\$0	\$250
<i>The following grants are for general support</i>				
<b>Crow Wing County Sheriff's Mounted Patrol</b> <i>Braemar, MN</i>		\$500	\$500	\$0
<b>The Evangelical Covenant Messiah Church</b> <i>Detroit, MI</i>	170(B)(1)(a)(i)	\$500	\$500	\$0
<b>United Way of Collier County</b> <i>Naples, FL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Golden Retriever Rescue Resource</b> <i>Delta, OH</i>		\$500	\$500	\$0
<b>Boy Scout Troop #325 / American Legion Post 232</b> <i>Grand Rapids, OH</i>		\$500	\$500	\$0
<b>Project Forward Leap</b> <i>Philadelphia, PA</i>	170(B)(1)(a)(ii)	\$500	\$500	\$0
<b>Civil Air Patrol - Toledo Composite Squadron</b> <i>Swanton, OH</i>	509(A)(2)	\$500	\$500	\$0
<b>Pittsburgh Zoo and Aquarium</b> <i>Pittsburgh, PA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>American Cancer Society</b> <i>Peoria, IL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2010</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
<b>Clearview Elementry School</b> <i>Bethlehem PA</i>		\$500	\$500	\$0
<b>Children's Mentoring Program Of Horry County</b> <i>Conway SC</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Girl Scouts of Western Ohio</b> <i>Perrysburg OH</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>St. Mark Baptist Church</b> <i>Toledo OH</i>		\$500	\$500	\$0
<b>LUNGevity Foundation</b> <i>Chicago IL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>NOVA</b> <i>Janison PA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Alzheimer's Association</b> <i>Lynchburg VA</i>		\$500	\$500	\$0
<b>Historical Society of Boonton Township</b> <i>Denville NJ</i>	509(A)(2)	\$500	\$500	\$0
<b>Fellowship Baptist Church</b> <i>Minneapolis MN</i>		\$500	\$500	\$0
<b>Project Safe Inc.</b> <i>Shawnee OK</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>OregonReads at Coy Elementary</b> <i>Oregon OH</i>		\$500	\$500	\$0
<b>East Toledo Family Center</b> <i>Toledo OH</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>American Cancer Society</b> <i>Lincolnshire, IL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Cub Scout Pack 663</b> <i>Zion, IL</i>		\$500	\$500	\$0
<b>Carbon county Friends of Animals</b> <i>Jim Thorpe, PA</i>		\$500	\$500	\$0
<b>VFW Aux. 446</b> <i>Muskegon, MI</i>		\$500	\$500	\$0
<b>Bert Yancy Mental Health Golf Tournament</b> <i>Augusta, GA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Animal House Rescue</b> <i>Wauseon, OH</i>	509(A)(2)	\$500	\$500	\$0
<b>M &amp; M Ministries</b> <i>Lakebay, WA</i>	170(B)(1)(a)(i)	\$500	\$500	\$0
<b>South Shore Church of God</b> <i>South Shore, KY</i>		\$500	\$500	\$0
<b>Toledo Repertoire Theater</b> <i>Toledo, OH</i>		\$500	\$500	\$0
<b>Geauga Lyric Theatre Guild</b> <i>Chardon, OH</i>		\$500	\$500	\$0
<b>Brentwood Arts Foundation</b> <i>Brentwood, TN</i>		\$500	\$500	\$0
<b>The Orthodox Presbyterian Church of Rio Rancho</b> <i>Rio Rancho, NM</i>	170(B)(1)(a)(i)	\$500	\$500	\$0
<b>Solid Rock Missions</b> <i>Wauseon, OH</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Community Residence Corporation</b> <i>Ypsilanti, MI</i>	509(A)(2)	\$500	\$500	\$0
<b>Laurens County Civic Ballet Company</b> <i>Laurens, SC</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>WARM THE CHILDREN INC</b> <i>Keyser, WV</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Paws and Whiskers Cat Shelter</b> <i>Toledo, OH</i>		\$500	\$500	\$0
<b>Circle of Friends for Kids</b> <i>Marcus Hook, PA</i>		\$500	\$500	\$0
<b>PATAPHYSICAL BROADCASTING FOUNDATION INC</b> <i>Santa Cruz, CA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Hands of Grace</b> <i>Delta, OH</i>		\$500	\$500	\$0

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2010</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
<b>Champions for Life Kids Camp</b> <i>St Clair Shores, MI</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Arts Commission of Greater Toledo</b> <i>Toledo, OH</i>		\$500	\$500	\$0
<b>Hoyt Rural Fire District 3</b> <i>Hoyt, KS</i>		\$500	\$500	\$0
<b>Junior League of Norman</b> <i>Norman, OK</i>		\$500	\$500	\$0
<b>Fort Bend Seniors Meals on Wheels</b> <i>Rosenberg, TX</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Aurora Project</b> <i>Toledo, OH</i>		\$500	\$500	\$0
<b>Comfort Corners Inc dba The Stepping Stone Grief and Trauma Center</b> <i>Bay City, MI</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Defender Hose. Co.</b> <i>Shenandoah, PA</i>		\$500	\$500	\$0
<b>LEUKEMIA &amp; LYMPHOMA SOCIETY INC</b> <i>Palm Beach Gardens, FL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Millington Boy Scout Troop 552</b> <i>Millington, MI</i>		\$500	\$500	\$0
<b>Oak Hill Church of the NAzarene</b> <i>Oak Hill, OH</i>		\$500	\$500	\$0
<b>Juvenile Diabetes Research Foundation (JDRF)</b> <i>Colorado Springs, CO</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Gifts from God Ministries of Sarasota, Inc.</b> <i>Sarasota, FL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>The Redeemed Evangelical Mission Team</b> <i>Bowie, MD</i>	170(B)(1)(a)(i)	\$500	\$500	\$0
<b>American Rose Society Toledo Rose Society</b> <i>Toledo, OH</i>	509(A)(2)	\$500	\$500	\$0
<b>American Cancer Society</b> <i>Lincolnshire, IL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>MS HELPING HANDS-MSHH</b> <i>Edmonds, WA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>VOLUNTEER HOUSTON</b> <i>Houston, TX</i>	509(A)(2)	\$500	\$500	\$0
<b>City Mission</b> <i>Detroit, MI</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>American Cancer Society</b> <i>Virginia Beach, VA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>DAKOTA VALLEY SYMPHONY</b> <i>Burnsville, MN</i>	509(A)(2)	\$500	\$500	\$0
<b>GIRL SCOUTS OF SAN GORGONIO COUNCIL</b> <i>Redlands, CA</i>		\$500	\$500	\$0
<b>BRAIN INJURY ASSOCIATION OF KENTUCKY INC</b> <i>Louisville, KY</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>South Suburban Museum Of African American History</b> <i>Crete, IL</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>N.A.O.M.I. Transitional House</b> <i>Toledo, OH</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>HABITAT FOR HUMANITY YORK INC</b> <i>York, PA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>People Serving People Charities, Inc</b> <i>Minneapolis, MN</i>		\$500	\$500	\$0
<b>Michigan Chinese Women Association</b> <i>Troy, MI</i>	509(A)(2)	\$500	\$500	\$0
<b>Special Olympics Area 6</b> <i>Fargo, ND</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Junior Achievement of Northwest Ohio</b> <i>Toledo, OH</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>J. R. Davis Vol. Fire Dept. (Idetown)</b> <i>Dallas, PA</i>		\$500	\$500	\$0
<b>American Cancer Society</b> <i>Salinas, CA</i>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<b>Oconto Falls Area Ambulance</b>		\$500	\$500	\$0

<u>Name of Organization</u>	<u>Foundation Status</u>	<u>Awarded in Fiscal 2010</u>	<u>Paid in Fiscal 2010</u>	<u>Approved for future payment</u>
<i>Oconto, Falls, WI</i>				
<b>Haitian American Nurses Association</b>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<i>Miami, FL</i>				
<b>Haitian American Nurses Association</b>	170(B)(1)(a)(vi)	\$500	\$500	\$0
<i>Miami, FL</i>				
		<b><u>\$673,189</u></b>	<b><u>\$644,544</u></b>	<b><u>\$28,645</u></b>

Statement Attached and Made Part of  
HCR ManorCare Foundation, Inc  
Form 990-PF – Part XV. Lines 2b, 2c & 2d  
For the tax year ended May 31, 2010  
FEIN 52-2031975

## **HCR ManorCare Foundation** ***Grant Guidelines***

### **Eligibility**

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

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

The HCR ManorCare Foundation does not support the following:

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

## **Application Process**

### ***Step One: Grant Application***

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

### ***Step Two: Foundation Reviews Grant Application***

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

### ***Step Three: Foundation Notifies Grant Applicant of Grant Decisions***

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

# **HCR Manor Care**

Foundation

## **GRANT APPLICATION WORKSHEET**

### **COVER SHEET INFORMATION**

Request Date: \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Organization Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Organization Web Site: \_\_\_\_\_

501c3 Identification Number: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

Organization Annual Budget: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Title: \_\_\_\_\_

Primary Contact Telephone: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Executive Director Name: \_\_\_\_\_ Executive Director Telephone: \_\_\_\_\_

Executive Director Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Geographic Area Served: \_\_\_\_\_

Project Request Amount: \$ \_\_\_\_\_

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

## GRANT APPLICATION WORKSHEET

### **I. COVER SHEET**

### **II. PROPOSAL INFORMATION:**

#### **Executive Summary (1/2 page)**

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

### **III. BUDGET/FINANCIALS:**

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

### **IV. GENERAL ORGANIZATION INFORMATION:**

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

### **V. MISCELLANEOUS:**

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

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

Statement Attached and Made Part of  
HCR Manor Care Foundation, Inc.  
Form 990-PF – Part XV, Lines 2b, 2c & 2d  
For the tax year ended May 31, 2010  
FEIN: 52-2031975

Tax-Deductible

Donations to the Heartland Hospice Memorial Fund are tax-deductible, and are used to foster the hospice concept of care. By becoming part of the hospice family, donors help support this special kind of caring that addresses the physical, emotional and spiritual needs of patients and their families.

*Heartland Hospice Memorial Fund*

Help us achieve our mission to support patients and their families. Make a donation on-line at [www.heartlandhospicefund.org](http://www.heartlandhospicefund.org) or contact us for more information

Heartland Hospice Memorial Fund  
333 N. Summit St.  
P O. Box 10086  
Toledo, OH 43699-0086  
1 800.427.1902 ext. 5989  
Fax 419.710.0429  
[hospicefund@hcr-manorcare.com](mailto:hospicefund@hcr-manorcare.com)  
[www.heartlandhospicefund.org](http://www.heartlandhospicefund.org)

*Heartland Hospice  
Memorial Fund*

Affiliated with:

**Heartland**   
HOSPICE SERVICES

## Philosophy of Hospice Care

Hospice is a concept of care designed to provide comfort and support to patients and their families in the last phase of life. Hospice care seeks to enable patients to carry on in a comfortable, pain-free manner so that their last months may be spent with dignity and quality. It provides its specialized knowledge of pain control, medical care, and psychological, emotional and spiritual support in a comprehensive manner, in an environment that includes family and friends.

## Mission

The Heartland Hospice Memorial Fund is a non-profit organization whose purpose is to assist those who are coping with life-limiting illness, death, and the process of grief and bereavement and to support community-based services and education related to hospice care.

*The goal of hospice care is to improve the quality of a patient's last months by offering comfort and dignity.*

## Areas of Support

The Heartland Hospice Memorial Fund meets its mission by supporting the following:

- 1. Financial assistance** for terminally ill individuals and their families who are experiencing financial distress and are unable to be self-sufficient due to the circumstances of their terminal diagnosis.
- 2. Grief camps** for children, teens and adults who have lost a loved one.
- 3. Community memorial services** that remember the lives of those who have passed.
- 4. Education events** that communicate the importance of hospice care and end-of-life care issues to the community.
- 5. Bereavement activities** to support the families of hospice patients.

## Ways to Support

The Heartland Hospice Memorial Fund is supported by donations from families and friends of hospice patients who have received hospice care through Heartland Hospice Services. There are several ways you can support the mission of the Heartland Hospice Memorial Fund:

### ***Memorial Contributions***

A cash, check or credit card donation can be made to the Heartland Hospice Memorial Fund in memory of a loved-one. To make a contribution, visit our website at [www.heartlandhospicefund.org](http://www.heartlandhospicefund.org) or call our office at 1 800 427 1902, ext 5989. Your contribution will be acknowledged to the family or individual you indicate.

### ***Gifts of Stock***

A gift of stock can provide tax benefits to the donor, while supporting the mission of the Heartland Hospice Memorial Fund. It may be the most tax-effective way of making a gift to the Fund. A consultation with your financial planner or tax advisor can provide more information.

### ***Matching Gifts***

Many companies provide matching gifts in support of employees' charitable contributions. Consider applying for a matching gift from your company in support of the Heartland Hospice Memorial Fund. Simply include the matching gifts form with your donation.

### ***Wills and Trusts***

A gift to the Heartland Hospice Memorial Fund in your will or trust provides support for the mission of the Fund for years to come. The Heartland Hospice Memorial Fund can be named as a beneficiary for a gift of funds or as a remainder beneficiary. Your will or trust does not need to be rewritten, a simple written amendment is sufficient.

*With your donation to the Heartland Hospice Memorial Fund, you become part of the hospice family in helping to make a difference.*



Heartland Hospice  
Memorial Fund

## Grant Application Form

Page 1 of 3

Total Amount Requested	Date		
Type of Grant Request	Individual/Family Assistance	Memorial/Funeral	Other
Name of person submitting grant application			
Person submitting grant application telephone ( )	Person submitting grant application fax ( )		
Person submitting grant application email address			
Name of person that is seeking financial assistance:			
Address of person seeking financial assistance			
City of person seeking financial assistance		State:	Zip:
Has this person received prior assistance from the Heartland Hospice Memorial Fund		No	Yes (If yes, when? )
Detailed Grant Request			
Please list the agencies/resources that have been investigated as other sources of funding prior to this grant request			
Additional notes/comments			
We are required by IRS laws to obtain detailed financial application for the person seeking assistance (and their household.) Please complete the income and expense information on the following pages. This information is required for consideration of this grant request.			
Person that income & expense information pertains to: _____			



## Grant Application Form

Page 2 of 3

The Heartland Hospice Memorial Fund is a non-profit organization whose purpose is to support a wide variety of community-based services, research and education and assist those who are coping with life-limiting illness, death, and the process of grief and bereavement. In order to determine eligibility for assistance, please provide the following personal financial information.

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES	
What is your MONTHLY income AFTER taxes?	\$ _____	How much do you pay for your mortgage or rent each month? (Including mortgage or rent and homeowners/rental insurance)	\$ _____
What is your spouse/partner's MONTHLY work Income AFTER taxes?	\$ _____	How much do you pay for utilities each month? (Including electric natural gas telephone & other regular utilities)	\$ _____
Please list any other MONTHLY Income	\$ _____	How much do you pay for food each month? (Including all monthly expenses for food and groceries)	\$ _____
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>	How much do you pay for transportation each month? (Including monthly car payment insurance, gas and/or public transportation cost)	\$ _____
		How much do you pay for medical expenses each month? (Including any regular, monthly out-of-pocket medical or dental expenses/payments)	\$ _____
		How much do you pay for household expenses each month? (Including clothing, entertainment, furniture, etc.)	\$ _____
		How much do you pay for cable TV and/or cell phone each month?	\$ _____
		How much do you pay for credit cards, student loans or other loans each month? (Does not include home or car loan)	\$ _____
		Please list any other regular MONTHLY expenses	\$ _____
		<b>TOTAL MONTHLY EXPENSES:</b>	\$ _____
PERSONAL ASSETS			
How much money is in your checking account?	\$ _____	PERSONAL LIABILITIES	
How much money is in your savings account?	\$ _____	How much do you owe on your home?	\$ _____
How much money do you have in stocks/bonds?	\$ _____	How much do you owe on your car?	\$ _____
How much money do you have in retirement savings?	\$ _____	How much do you owe on your credit cards?	\$ _____
What is the value of your home (if you were to sell it today)?	\$ _____	Do you have any past-due bills? How much?	\$ _____
What is the value of your car (if you were to sell it today)?	\$ _____	Other money that you owe _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>TOTAL:</b>	<b>\$ _____</b>



## Grant Application Form

Page 3 of 3

Please review the following list of other resources that may be available to the grant applicant and circle "Yes" or "No" as to their availability. Please also indicate the amount of assistance you expect to receive.

401(k) Accounts	Yes	No	\$ _____	Life Insurance	Yes	No	\$ _____
Checking/Savings Accounts	Yes	No	\$ _____	Health Insurance	Yes	No	\$ _____
Personal Investments	Yes	No	\$ _____	Disability Insurance	Yes	No	\$ _____
Home Equity	Yes	No	\$ _____	Community Assistance	Yes	No	\$ _____
Assistance from family members	Yes	No	\$ _____	Local Government Assistance	Yes	No	\$ _____

*I authorize the Heartland Hospice Memorial Fund staff to validate the information provided on the application as part of the grant review process. I also certify that all information provided is accurate and truthful.*

Grant Applicant (or designee) Signature \_\_\_\_\_

Upon completion, send application and supporting documentation to:

Heartland Hospice Memorial Fund  
P O Box 10086  
Toledo, OH 43699-0086

Or, send it by confidential FAX to  
419-710-0429

Or, scan and email to [hospicefund@hcr-manorcare.com](mailto:hospicefund@hcr-manorcare.com)

**If you have any questions about your application, call the  
Heartland Hospice Memorial Fund at 800-427-1902, extension 5724**

Heartland Hospice Memorial Fund  
P O Box 10086  
Toledo OH 43699-0086  
800-427-1902 extension 5724 • [hospicefund@hcr-manorcare.com](mailto:hospicefund@hcr-manorcare.com)  
[www.heartlandhospicefund.org](http://www.heartlandhospicefund.org)



Heartland Hospice  
Memorial Fund

## COMMUNITY EVENT & ACTIVITY WORKSHEET

Hospice Office Name	Business Unit #
Hospice Office Contact Name	
Type of Grant Request <input type="checkbox"/> Grief Camp <input type="checkbox"/> Memorial Service <input type="checkbox"/> Education Event <input type="checkbox"/> Bereavement Activity	

Name of Event			
Date of Event		Event Location	
Total Anticipated Attendance	Number of Staff	Number of Volunteers	Number of Participants
Describe event purpose (Attach separate sheet if necessary)			
Describe target audience			
List organizations/groups of individuals that will receive invitations/flyers for event			
Will there be a charge for participants to attend the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?			
Attach the following items <input type="checkbox"/> Flyer/Invitation for Event <input type="checkbox"/> Event Program/Agenda			

List organizations that will be collaborating in the event or activity
--



## COMMUNITY EVENT & ACTIVITY WORKSHEET (PAGE 2)

Provide the following event budget information:

BUDGET ITEM	TOTAL BUDGET	AMOUNT REQUESTED FROM HEARTLAND HOSPICE FUND
Room Rental/Lodging	\$	\$
Meals	\$	\$
Other Food & Refreshments	\$	\$
Speaker Fees	\$	\$
Travel Costs	\$	\$
Printed Materials	\$	\$
Communication/Advertising Costs	\$	\$
Supplies (provide supply breakdown below)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other	\$	\$
	\$	\$
	\$	\$
<b>TOTAL:</b>	<b>\$</b>	<b>\$</b>

**After you have completed the Community Event & Activity Worksheet, you must complete the following steps:**

- 1 Once you've completed the form in its entirety, select "File" and "Save As "
- 2 In the "Save In" field, select the file where you would like to save this document
- 3 In the "File Name" field, type the name of the document
- 4 Click "Save"
- 5 Then, click the back arrow ← to return to your grant application
- 6 In the field entitled "Community Event & Activity Worksheet," select "Upload document "
- 7 Browse for the worksheet you just saved in the file you selected
- 8 Click "Upload"
- 9 Continue completing the on-line grant application
- 10 Click "Submit" once you've completed the application
- 11 You will receive an e-mail confirmation of the receipt of your grant application to the e-mail address you used to log in to the grant application

(Page 2 of 2)

# support

for more information please call  
**877.329.9500**  
or visit our website  
**www.hcrgives.org**

# giving



## How to Apply

- 1 Submit Online Application
  - a Navigate to [www.hcrgives.org](http://www.hcrgives.org)
  - b Click on "Employee Programs"
  - c Choose "Employee Volunteer Grant Program"
  - d Choose "Click here to apply"
  - e Print copy of online completed form
- 2 Obtain Volunteer Organization Verification
  - a Employee provides printed copy of online application to volunteer organization
  - b Volunteer organization representative completes verification section
  - c Volunteer organization returns verified application to the program address listed on back of this brochure

Applications are only eligible for consideration after both the online application has been submitted and the volunteer organization verification has been received. If you are unable to submit an application online, please contact HCR ManorCare Gives at 877.329.9500 for guidance.

**Application deadline is January 15th.**

Statement Attached and Made Part of  
HCR Manor Care Foundation, Inc.  
Form 990-PF – Part XV, Lines 2b, 2c & 2d  
For the tax year ended May 31, 2010  
FEIN. 52-2031975

**Giving  
back  
to your  
community**



**HCR ManorCare Gives  
Employee Volunteer  
Grant Program**

333 N Summit Street  
Toledo, OH 43604  
877.329.9500 (toll free)  
419.252.5989 (phone)  
419.754.2290 (fax)  
[gives@hcr-manorcare.com](mailto:gives@hcr-manorcare.com)



**HCR ManorCare G  
Employee Volunteer  
Grant Program**

# the big picture:

building strong communities

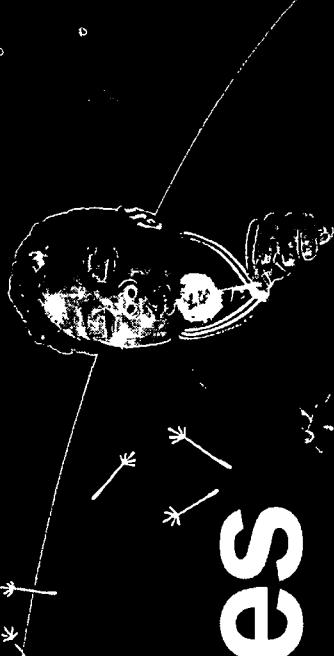
HCR ManorCare is committed to enhancing the quality of life in the communities we serve. Our employees demonstrate this commitment when they volunteer their time, talents and energies to non-profit organizations in their communities. HCR ManorCare Gives is pleased to recognize these ongoing efforts and to provide a financial resource to non-profit organizations in these communities through the Employee Volunteer Grant Program. The HCR ManorCare Gives Employee Volunteer Grant Program supports HCR ManorCare employees who make a serious commitment in actively volunteering with non-profit organizations in their communities. Through this program, employees who volunteer may apply for a cash grant in support of the non-profit organizations they assist. The Employee Volunteer Grant Program reaches deep within the communities where our employees live and work by

supporting the causes important to them.

2 of 5

## Supporting the efforts of our employees

# employees



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



## Employee Eligibility

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

## Grant Amounts

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

## Organization Eligibility

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

## Organization Exclusions

Ineligible organizations and programs include

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

A HCR ManorCare Gives Board of Directors will evaluate the review committee recommendations and make final determinations on grant recipients. Grants will be announced in the spring each year.

- i. Public or private schools for non-academic purposes



HCR ManorCare Foundation  
Employee Volunteer  
Grant Program

# Application Form

**PART I:** To be completed by employee

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employee Status  Full-time  Part-time HCR ManorCare Hire Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Complete Facility Name \_\_\_\_\_ Facility # \_\_\_\_\_

Facility Address \_\_\_\_\_

Nonprofit Organization Legal Name \_\_\_\_\_

Date you began volunteering for the organization \_\_\_\_\_ Number of volunteer hours within the last 12 months \_\_\_\_\_

Describe the organization's work/mission \_\_\_\_\_

Program/activity for which you volunteer \_\_\_\_\_

Detailed description of your volunteer involvement \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II:** To be completed by organization

Organization's Legal Name (Same as the organization name on the 501(c)(3) determination letter) \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Telephone \_\_\_\_\_

Organization EIN Number (Tax ID Number) \_\_\_\_\_

Describe our employee's volunteer involvement with your organization \_\_\_\_\_

**PART III:** To be completed by organization

I certify that our organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and classified as a public charity, that our organization is eligible to receive a grant as defined on the reverse side of this application, and that grant funds will be used to support work of our organization that is eligible under this program. A copy of our IRS 501(c)(3) determination letter is enclosed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER GRANT APPLICATIONS MUST BE RECEIVED BY THE FOUNDATION BY JANUARY 15<sup>th</sup>**

Mail or fax signed form with IRS determination letter to

HCR ManorCare Foundation Volunteer Grant Program • P O Box 10086 • Toledo, OH 43699-0086 – Fax 419/252-5521

UPDATED January 2009

## HCR Manor Care Foundation Volunteer Grant Program

The Volunteer Grant Program supports HCR Manor Care employees who make a serious commitment in actively volunteering with non-profit organizations in their communities. Through this program, employees who volunteer may apply for a cash grant from the Foundation in support of the nonprofit organizations they assist. The program is funded and managed by the HCR Manor Care Foundation.

### Employee Eligibility

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

### Organization Eligibility

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

#### *Ineligible organizations and programs include*

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

### Application Process

The process begins by submitting an application on-line through the company's intranet or the Foundation's website. On the company intranet, point your browser to "Departments, Foundation, "Volunteer Grant Program," and "On-line Application." Or, you can access the application through the Foundation's website at [www.hcr-manorcare.org](http://www.hcr-manorcare.org). Point your browser to "Volunteer Grant Program," "On-line Application." Complete the form on-line, electronically submit the form, and then print a copy of the completed form. This printed copy should be forwarded to your volunteer organization to have its representative complete the organization's verification and signature portion of the form. After completing the application form, the organization will send it to the HCR Manor Care Foundation. Applications are only eligible for consideration after both the on-line application has been submitted and the volunteer organization verification has been received. If you are unable to submit an application on-line, you may use this grant application form.

The HCR Manor Care Foundation will appoint a Volunteer Grant Program Review Committee to review and select grant recipients. Members of the Volunteer Grant Program Review Committee will serve one year after which, new members will be appointed. The committee will be diverse, comprising members from across the company's business and operating groups.

The Volunteer Grant Program Review Committee will review and discuss applications and recommend grant recipients to the HCR Manor Care Foundation Board of Directors once per year. The HCR Manor Care Foundation Board of Directors will review the Volunteer Grant Program Review Committee recommendations and make final determinations on grant recipients.

**HCR Manor Care**  
Foundation  
P.O. Box 10086 Toledo, OH 43699-0086  
Telephone 419 252 5989 Fax 419 252 5521