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EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	alen	dar year 2014 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	number
		CONESS FOUNDATION				
_		: DEACONESS COMMUNITY E			34-1372066	·
		and street (or P O box number if mail is not delivered to stree	·	Room/suite	B Telephone number	
		5 NORTHCLIFF, SUITE 203			216-741-40	077
		own, state or province, country, and ZIP or foreign p	postal code		C If exemption application is p	ending, check here
		OKLYN, OH 44144			<u></u>	
G	neck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return Name change		2 Foreign organizations me check here and attach co	eeting the 85% test,
<u> </u>	book	type of organization: X Section 501(c)(3) e			1	
<u>'</u>	_	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ation	E If private foundation sta under section 507(b)(1)	
L Fa		arket value of all assets at end of year J Account		X Accrual	1	
		l 	ther (specify)	7100700	F If the foundation is in a under section 507(b)(1)	
	\$	48,098,998. (Part I, colu		pasis)		,(0), 0.1001.11010
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	12,253.		N/A	
	2	Check X if the foundation is not required to attach Sch. B	در الم			
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,615,025.	1,615,025.		STATEMENT 1
	5a	Gross rents				
	i	Net rental income or (loss)				
ທ _ີ	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all O E 1 1 A O 2	2,399,407.	<u>} </u>		
? ₹	_ D	assets on line 8a 0, 311, 432.	STEEL STEEL STEELS	2,399,407.		
SCANNED SCANNED	7 0	Capital gain net income (from Part IV, line 2) Net short-term capital gain		<u> </u>		
Z.	9	Income modifications	4 44	• (
Ü	10a	Gross sales less returns	3131	•		
		Less Cost of goods sold				
AUG		Gross profit or (loss)		, , , , , , , , , , , , , , , , , , , ,		
2	11	Other income	111,300.	0.		STATEMENT 2
4	12	Total. Add lines 1 through 11	4,137,985.	4,014,432.		
20	13	Compensation of officers, directors, trustees, etc	206,148.	2,061.		204,087.
5	14	Other employee salaries and wages	290,002.	0.	NED VI	287,894.
s		Pension plans, employee benefits	81,249.	170	CE1 181	82,063.
nse		Legal fees STMT 3	11,309.	105	2015 / 0	<u> </u>
Expense		Accounting fees STMT 4	22,655.	1 6.	UG 1 9 2015 \ Q	
e Ü		Other professional fees STMT 5	100,234.	1.0 0	00 -	100,234.
Operating and Administrative		Taxes STMT 6	106,543.	(8)		32,023.
stra		Depreciation and depletion	3,991.	0		32,023.
틸		Оссиралсу	103,501.	0.		103,457.
Adr		Travel, conferences, and meetings	7,450.	0.		7,449.
ā		Printing and publications				
ıg a		Other expenses STMT 7	117,828.	266,004.		-165,486.
atir	24	Total operating and administrative				
ber		expenses Add lines 13 through 23	1,050,910.	268,235.		686,128.
0		Contributions, gifts, grants paid	1,236,750.	··		1,236,750.
	26	Total expenses and disbursements				
		Add lines 24 and 25	2,287,660.	268,235.		1,922,878.
		Subtract line 26 from line 12:	1 050 305			
		Excess of revenue over expenses and disbursements	1,850,325.	3 746 107		
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		3,746,197.	N/A_	 '
		rialwated net invente (in negative, einer -o-)			41/43	<u> </u>

DEACONESS FOUNDATION

Form 9	90-PF (2014) FKA: DEACONESS COMMUNITY			L3/2066 Page 2
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	Column Should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	47,584.	36,714.	
2	Savings and temporary cash investments	4,172,854.	4,503,874.	4,503,874.
3	Accounts receivable ► 26,680.		_	
	Less: allowance for doubtful accounts	115,634.	26,680.	26,680.
	Pledges receivable ►			==7====
7	Less: allowance for doubtful accounts			
ے ا				
_	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	İ		
1	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
र 8	Inventories for sale or use			
Assets 6 6 8	Prepaid expenses and deferred charges	11,515.	14,953.	14,953.
ĕ 10.	Investments - U.S. and state government obligations		-	
- 1	nvestments - corporate stock			
	: Investments - corporate bonds	-	· <u>-</u>	
- 1	Investments - land, buildings, and equipment basis			***
' '	_			
1.0	Less accumulated depreciation			
12		43 500 751	42 204 505	43 304 505
13	Investments - other STMT 8	43,589,751.	43,304,505.	43,304,505.
14				
	Less accumulated depreciation 76,973.	11,795.	15,316.	<u>15,316.</u>
15	Other assets (describe STATEMENT 9)	177,491.	196,956.	196,956.
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	48,126,624.	48,098,998.	48,098,998.
17	Accounts payable and accrued expenses	78,699.	78,074.	
18	Grants payable			
₹ 20				
Liabilities 51			, <u>.</u> ,	
를 [2]	· · · · · · · · · · · · · · · · · · ·			
22	Other liabilities (describe)			
	7 1 1 1 1 1 1 1 (-14 have 47 through 00)	70 600	70 074	
23	Total liabilities (add lines 17 through 22)	78,699.	78,074.	
	Foundations that follow SFAS 117, check here			
σ l	and complete lines 24 through 26 and lines 30 and 31.	<u>.</u>		
Fund Balances	Unrestricted			
호 25	Temporarily restricted			
<u>6</u> 26				
[]	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds	0.	0.	
Assets 58	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
8 29	Retained earnings, accumulated income, endowment, or other funds	48,047,925.	48,020,924.	
30 A		48,047,925.	48,020,924.	
Z 30	Total liet assets of fully paramets	40,041,723.	40,020,724.	
	Total Mak Walan and and annual Wood balance	10 126 621	40 000 000	
	Total liabilities and net assets/fund balances	48,126,624.	48,098,998.	
Parl	Analysis of Changes in Net Assets or Fund Ba	alances		
				
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•	st agree with end-of-year figure reported on prior year's return)		1	48,047,925.
2 Ente	er amount from Part I, line 27a		2	1,850,325.
3 Oth	er increases not included in line 2 (itemize)		3	0.
4 Add	lines 1, 2, and 3		4	49,898,250.
	reases not included in line 2 (itemize) UNREALIZED LOSS	ON_INVESTMEN	TS 5	1,877,326.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	48,020,924.
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Form 990-PF (2014)

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income					<u> </u>	2000 , ago 0
	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 sh			1 ' P	low a - Purc - Don	cquired chase ation	(c) Date (mo., d		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE	D SECURITIES					P	VARI	OUS	VARIOUS
b PUBLICLY TRADE	D SECURITIES					P	VARI	OUS	VARIOUS
<u> </u>				<u> </u>					
<u>d</u> e	- -					_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(0)	st or other basis expense of sale			-		ain or (loss s (f) minus	
a 2,004,935.			1,464,83						540,104.
b 6,506,557.	· · · · · · · · · · · · · · · · · · ·		4,647,25	4.					1,859,303.
C									
<u>d</u>						····			
Complete only for assets showin	g gain in column (h) and owned by	the foundation	n n 12/31/60) Causa (C	(a) (b) sava	
Complete only for assets showing	(i) Adjusted basis	1	cess of col. (i)					ol. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any					(from col. (
a					_		-		540,104.
b									1,859,303.
С									
d									
e						,			_,_,_
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	er in Part I, line D- in Part I, line	7 7	}	2		······································		2,399,407.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8,	column (c).			1					
Part V Qualification U	nder Section 1910(e) for	r Poducoc	I Tay on Not	J _D	3	nont Inc	omo	N/A	
							Oille		
(For optional use by domestic private	Touridations subject to the section	4940(a) lax on	i net investinent in	Come	-)				
If section 4940(d)(2) applies, leave the	ns part blank.								
Was the foundation liable for the sect	ion 4942 tax on the distributable ar	mount of any ye	ear in the base per	10d?					Yes X No
If "Yes," the foundation does not qual	ify under section 4940(e). Do not co	omplete this pa	ırt.						
1 Enter the appropriate amount in e	each column for each year; see the i	instructions be	fore making any e	ntries.					
(a) Base period years Calendar year (or tax year beginnir			Net value of no					Dıstrıt (col. (b) dıv	(d) pution ratio yided by col. (c))
2013	1,46	0,148.		46	<u>, 08</u>	4,881			.031684
2012		-							
2011		-	-						
2010						-			
2009	<u> </u>					_	+		
2 Total of line 1, column (d)							2		.031684
3 Average distribution ratio for the 5	5-year hase period - divide the total	on line 2 by 5.	or by the number	of vea	ars		-		•001004
the foundation has been in exister	· ·	oo 2 0, 0,	or by the maniber	0. , 00	0		3		.031684
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X	line 5					4		7,624,580.
	10 030 033013 101 2014 1101111 01(7,	iiie 5							
5 Multiply line 4 by line 3							5		1,508,937.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		37, <u>462</u> .
7 Add lines 5 and 6							7		1,546,399.
8 Enter qualifying distributions from	Part XII, line 4						8		1,922,878.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1%	6 tax	rate			
See the Fall VIIIISHUCHONS.	 		 						

DEACONESS FOUNDATION

O-PF (2014) FKA: DEACONESS COMMUN

	m 990-PF (2014) FKA: DEACONESS COMMUNITY FOUNDATION	<u> 34-</u>	13720	56		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see ins	tru	ctio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	_1_		<u>3'</u>	7,4	62.
	of Part I, line 27b					
C	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	<u> </u>			0.
3	Add lines 1 and 2	3		<u>3</u> '	7 <u>,4</u>	62.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				_0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5_		<u>3'</u>	7,4	62.
6	Credits/Payments:					
	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 67,036.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c 27, 250.					
	Backup withholding erroneously withheld 6d			_		
7	Total credits and payments. Add lines 6a through 6d	7		94	1,2	<u>86.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_		
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		56	, 8	24.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► 56,824. Refunded ► art VII-A Statements Regarding Activities		<u> </u>			0.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene		-	1	Voc	No
18	any political campaign?	ın	<u> </u>		162	-
1	o Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			a L		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe			b		
	distributed by the foundation in connection with the activities	u oi				
c	Did the foundation file Form 1120-POL for this year?			c	:	X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		 	_		
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ►\$ 0.					`
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			.		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		;	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4	a	Х	
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		4	b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_ ;			X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law		ł		
	remain in the governing instrument?				X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		<u>-</u> _		X	
_						
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OH			- 1		
D	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				,	
0	of each state as required by General Instruction G? If "No," attach explanation		8	D	X	
3	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calei year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	iuar	.			v
10			9			X
10	bid any persons become substantial continuities during the tax year? If "Yes " attach a schedule listing their names and addresses		<u> </u>	U		^

DEACONESS FOUNDATION

or <u>n</u>	990-PF (2014) FKA: DEACONESS COMMUNITY FOUNDATION 34-1372	<u> 2066</u>		Page 5
Pa	art 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 instructions) STATEMENT 10 STMT 11	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	
	Website address ► <u>WWW.DEACONESSFDN.ORG</u>			
14	The books are in care of ▶ DEBORAH VESY Telephone no. ▶ 216 – 74	11-4	077	
	Located at ► 7575 NORTHCLIFF, SUITE 203, BROOKLYN, OH ZIP+4 ► 44	1144		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	art 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
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ļ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)?			
	(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	ļ		
	termination of government service, if terminating within 90 days.)	Ì		
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	į		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	Х	
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	Ì		
	before the first day of the tax year beginning in 2014?	1c	ļ	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section $4942(j)(3)$ or $4942(j)(5)$).	ŀ		
á	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No	ļ		
	If "Yes," list the years \blacktriangleright	ļ		
t	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 instructions.) N/A	2b	<u> </u>	
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	ļ		
t	o If "Yes," did it have excess business holdings in 2014 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 2014) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 jeonardy before the first day of the tax year beginning in 20142	1 Ab	1	v

423541 11-24-14 Form **990-PF** (2014)

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

DEACONESS FOUNDATION

orm 990-PF (2014) FRA: DEACONESS COMMONITY	L'UNDAL'I	<u>.ON 34-1:</u>	3 7 2 0 6 6 Page 7
Part VIII Information About Officers, Directors, Trustee Paid Employees, and Contractors (continued)	es, Foundat	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services.	If none, enter '	'NONE."	
(a) Name and address of each person paid more than \$50,000		(b) Type of service	(c) Compensation
ROBERT W. BAIRD & CO., INCORPORATED -	200	INVESTMENT	
	ОН	CONSULTING	87,476.
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			> 0
List the foundation's four largest direct charitable activities during the tax year. Include number of organizations and other beneficiaries served, conferences convened, resear N/A	e relevant statistic rch papers produ	al information such as the ced, etc.	Expenses
3			
1			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	the tourses on he	200 4 and 0	
	trie tax year on iii	les i aliu z.	Amount
N/A			
	. . .		
All other program-related investments See instructions.			· · · · ·

Form **990-PF** (2014)

Total. Add lines 1 through 3

Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 46,581,920. 1a b Average of monthly cash balances 1,767,907. 1b c Fair market value of all other assets 1c d Total (add lines 1a, b, and c) 1d 48,349,827. e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 48,349,827. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 725,247 4 47,624,580 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 2,381,229 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 2,381,229. Minimum investment return from Part X, line 6 Tax on investment income for 2014 from Part VI, line 5 37,462 Income tax for 2014. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 37,462. C Distributable amount before adjustments. Subtract line 2c from line 1 3 343.767. Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 343 767. 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 2,343 767. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; 1,922,878. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a **b** Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 1,922,878. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 37,462. 5 Adjusted qualifying distributions Subtract line 5 from line 4 1,885,416. 6 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

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4940(e) reduction of tax in those years.

FKA: DEACONESS COMMUNITY FOUNDATION

34-1372066

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	33,533	, sale p ./.o/. to <u>L</u> o.to	20.0	
line 7				<u>2,343,767.</u>
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
	202 101			
f Total of lines 3a through e	292,181.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: \triangleright \$ 1,922,878.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				1,922,878.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	292,181.			292,181.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				128,708.
7 Amounts treated as distributions out of				120, 100.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
 				
9 Excess distributions carryover to 2015	0.			
Subtract lines 7 and 8 from line 6a		•		
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 423581 11-24-14				Form 990-PF (2014)

DEACONESS FOUNDATION Form 990-PF (2014) FKA: DEACONESS COMMUNITY FOUNDATION 34-1372066 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 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 2014, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2013 (a) 2014 (c) 2012 (d) 2011 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not 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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) 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).) NONE 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. 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include

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c Any submission deadlines:

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

FKA: DEACONESS COMMUNITY FOUNDATION

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Form 990-PF (2014) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN RED CROSS NONE 501 (C)(3) FOR THE NURSE ASSISTANT TRAINING 3747 EUCLID AVENUE CLEVELAND, OH 44115 PROGRAM 25,000, BOYS AND GIRLS CLUB OF CLEVELAND NONE 501 (C)(3) FOR THE JUNIOR STAFF 3340 TROWBRIDGE AVE PROGRAM CLEVELAND, OH 44109 50,000. BUSINESS VOLUNTEERS UNLIMITED NONE 501 (C)(3) FOR SERVICES TO 1300 E 9TH ST, SUITE 1805 NONPROFITS CLEVELAND, OH 44114 75.000, NONE 501 (C)(3) CENTERS FOR FAMILIES AND CHILDREN TO SUPPORT START-UP 4500 EUCLID AVE COSTS FOR CLEVELAND, OH 44103 CERTIFICATION TRAINING AT EL BARRIO EAST 90,000. NONE 501 (C)(3) CORNUCOPIA CAPITAL SUPPORT FOR 18120 SLOANE AVE UPGRADING RETAIL LAKEWOOD, OH 44107 OPERATIONS AT NATURE'S 35 000 SEE CONTINUATION SHEET(S) ▶ 3a Total_ 1 226 750 b Approved for future payment NONE

▶ 3b

Total

Unrelated business income

Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
·	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
		111 200			
a PROFESSIONAL FEES	561000	111,300.			
b	 				
C					
d			L		
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments				 	
•			 -		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		·	14		
5 Net rental income or (loss) from real estate:					*5×20**
a Debt-financed property	<u> </u>				
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	2,399,407.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		_			
11 Other revenue:					
a	1				
b					-177
			<u> </u>		
<u> </u>					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	111,300.		4,014,432.	
13 Total Add line 12, columns (b), (d), and (e)				13	4,125,732.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emn	t Purnoses	
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than b	y providing fui	nds for such purposes).			
		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
	- -				

			MMUNITY FOUNDAT		<u>34-137</u>			age 13
Part	Information R Exempt Organ		To and Transactions	and Relations	ships With Nonch	aritable	9	
1 Di	d the organization directly or ind	lirectly engage in any of the	following with any other organizat	ion described in sec	tion 501(c) of		Yes	No
			ction 527, relating to political orga					
a Tr	ansfers from the reporting found	dation to a noncharitable exe	mpt organization of:					
) Cash		. •			1a(1)		X
-) Other assets					1a(2)		X
•	her transactions:					14757		
) Sales of assets to a noncharita	able exempt organization				16(1)		Х
•) Purchases of assets from a no		ation			1b(2)		X
•	 Rental of facilities, equipment, 	· · ·	ation				 	$\overline{}$
•	 Reimbursement arrangements 					1b(3)	 	X
•	•	2				1b(4)		X
-) Loans or loan guarantees	ambarahia ar fundraiaias ag	linitations.			1b(5)		X
) Performance of services or mi					1b(6)		X
	naring of facilities, equipment, ma					1c		X
			ng schedule. Column (b) should a				ets,	
			received less than fair market val	ue in any transactio	n or sharing arrangement,	, show in		
	lumn (d) the value of the goods,	•						
(a)Line	no (b) Amount involved		aritable exempt organization	(d) Description	n of transfers, transactions, an	d sharing ar	rangeme	ents
		N	//A		,			
				<u> </u>				
		-						
		<u> </u>			· · ·			
	•	•	to, one or more tax-exempt organ	izations described	1		C==	7
	section 501(c) of the Code (other		in section 52/7			Yes	LX	No
b If	"Yes," complete the following sch			,				
	(a) Name of org	ganization	(b) Type of organization	ļ	(c) Description of relation	iship		
	N/A							
		<u> </u>						
	I and balastic in this barrens and and	that I have examined this return,	including accompanying schedules and	statements, and to the	best of my knowledge	lay the IRS o	discuss I	this
Sign	 	mplete Declaration of preparer (o	ther than taxpayer) is based on all inform	mation of which prepare	r nas any knowledge	turn with the	e prepar	er
Here		orune vi	/ 191 K/1215	PRESI	DENT	Yes		 No
	Signature of officer or trustee	е	Date	Title				
	Print/Type preparer's n	ame Prepa	rer's signature	Date	Check If PTIN			
					self- employed			
Paid	BRUCE MCAU	χ χ	SMHO	0-3-15		0359	586	
Prep	1 1100110		· • • • • • • • • • • • • • • • • • • •	1	Firm's EIN ▶ 42 – (
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Form **990-PF** (2014)

Phone no.

Firm's address ► 1001 LAKESIDE AVE SUITE 200 CLEVELAND, OH 44114

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DOVER CONGREGATIONAL UNITED CHURCH OF NONE 501 (C)(3) FOR THE STREET MINISTRY PROJECT CHRIST 2239 DOVER CENTER ROAD 5,000. WESTLAKE, OH 44145 FAMILY PROMISE OF GREATER CLEVELAND NONE 501 (C)(3) FOR THE EMPLOYMENT PROGRAM 2592 W 14TH ST 100 000, CLEVELAND OH 44113 FEDERATED CHURCH UNITED CHURCH OF NONE 501 (C)(3) TO SUPPORT YOUTH CHRIST THROUGH CHAGRIN FALLS 76 BELL STREET PARK COMMUNITY CENTER CHAGRIN FALLS OH 44022 3,000. FIRST CONGREGATIONAL UNITED CHURCH OF NONE 501 (C)(3) FOR THE WARRIOR JOURNEY HOME PROJECT CHRIST OF BEREA 505 FRONT STREET, SUITE 3 BEREA, OH 44017 500. FUND FOR OUR ECONOMIC FUTURE NONE 501 (C)(3) GENERAL OPERATING 1360 E. 9TH ST, SUITE 210 SUPPORT CLEVELAND OH 44114 33,000. IMANI UNITED CHURCH OF CHRIST NONE 501 (C)(3) FOR SIX MISSION PROJECTS 1505 EAST 260TH STREET 5,000. EUCLID OH 44132 LEGAL AID SOCIETY NONE 501 (C)(3) TO SUPPORT THE 1223 WEST SIXTH STREET EMPLOYMENT LAW CLEVELAND OH 44113 PRACTICE 50,000. LEAP NONE 501 (C)(3) TO SUPPORT THE 2545 LORAIN AVE EXPANSION OF LEAP'S CLEVELAND, OH 44113 BUSINESS SERVICES 100,000. LUTHERAN METROPOLITAN MINISTRY NONE 501 (C)(3) TO STRENGTHEN THE RICHARD SERING CENTER, 4515 EMPLOYMENT SERVICES SUPERIOR AVENUE CLEVELAND, OH 44103 THROUGHOUT THE AGENCY 50,000. MOUNT ZION UNITED CHURCH OF CHRIST NONE 501 (C)(3) FOR 3 MISSION PROJECTS 10723 MAGNOLIA DRIVE CLEVELAND, OH 44106 5,000. Total from continuation sheets 951 750. FKA: DEACONESS COMMUNITY FOUNDATION

34-1372066

Supplementary Information Part XV Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount contribution status of Name and address (home or business) recipient 501 (C)(3) OHIOGUIDESTONE NONE FOR STAFFING OF 202 EAST BAGLEY ROAD YOUTHBUILD PROGRAM, A BEREA, OH 44017 COMPONENT OF OHIOGUIDESTONE'S WORKFORCE DEVELOPMENT 50,000. NONE 501 (C)(3) FOR OPEN DOORS ACADEMY OPEN DOORS ACADEMY 3311 PERKINS AVENUE ALUMNI/ HIGH SCHOOL CLEVELAND OH 44114 PROGRAM 35,000. PROJECT LEARN INC. NONE 501 (C)(3) FOR THE BASIC SKILLS 2728 EUCLID AVENUE, SUITE 200 PROGRAM (\$20,000), AND CLEVELAND, OH 44115 FOR THE RESTRUCTURING PROCESS (\$20,000) 40 000. REFUGEE RESPONSE NONE 501 (C)(3) FOR THE REFUGEE 101 WEST PROSPECT, SUITE 1600 EMPOWERMENT CLEVELAND, OH 44115 AGRICULTURAL PROGRAM 40,000. 501 (C)(3) SALVATION ARMY NONE TO SUPPORT EMPLOYMENT 2507 E. 22ND ST SERVICES WITHIN THE CLEVELAND, OH 44115 COMMUNITY CORRECTIONS PROGRAM AT THE HARBOR IGHT COMPLEX 45,000. NONE 501 (C)(3) SCRANTON ROAD MINISTRIES GEN OPERATING 3095 SCRANTON ROAD SUPPORT/CAPACITY BLDG CLEVELAND, OH 44113 (\$55,250); PROGRAM FUNDING FOR YOUTH JOBS PARTNERSHIP (\$35,000) 90,250. NONE 501 (C)(3) SEEDS OF LITERACY GENERAL OPERATING SUPPORT 3950 CHESTER AVE 35 000. CLEVELAND OH 44114 NONE 501 (C)(3) TOWARDS EMPLOYMENT DESIGN/DEVELOPMENT OF 1255 EUCLID AVE, SUITE 300 THE SKILLS BASED CLEVELAND, OH 44115 HIRING PROJECT (PRESIDENT'S FUND) (\$20,000); GENERAL 120,000. NONE 501 (C)(3) TO SUPPORT COMMUNITY UNITED CEREBRAL PALSY 547 W JACKSON BLVD EMPLOYMENT AND TRANSITION PROGRAMS CHICAGO, IL 60661 45,000. WEST SIDE CATHOLIC CENTER NONE 501 (C)(3) TO SUPPORT THE 3135 LORAIN AVENUE EMPLOYMENT PROGRAM CLEVELAND, OH 44113 35,000. Total from continuation sheets

DEACONESS FOUNDATION FKA: DEACONESS COMMUNITY FOUNDATION 34-1372066 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) YOUTH OPPORTUNITIES UNLIMITED NONE 501 (C)(3) GENERAL OPERATING 1361 EUCLID AVE SUPPORT CLEVELAND, OH 44115 65,000,

		-	
Total from continuation sheets		<u> </u>	

DEACONESS FOUNDATION 34-1372066 FKA: DEACONESS COMMUNITY FOUNDATION Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - OHIOGUIDESTONE FOR STAFFING OF YOUTHBUILD PROGRAM, A COMPONENT OF OHIOGUIDESTONE'S WORKFORCE DEVELOPMENT PROGRAMS NAME OF RECIPIENT - TOWARDS EMPLOYMENT DESIGN/DEVELOPMENT OF THE SKILLS BASED HIRING PROJECT (PRESIDENT'S FUND) (\$20,000); GENERAL OPERATING SUPPORT (\$100,000)

FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SE	ECUR:	ITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME		
DIVIDENDS INTEREST	1,608,263.		0.	1,608,2	263. 762.	1,608,263.		
TO PART I, LINE 4	1,615,025.		0.	1,615,0	25.	1,615,025	•	
FORM 990-PF		OTHER	INCO	ME		<u> </u>	STATEMENT	2
DESCRIPTION				(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTEI NET INCOM	
PROFESSIONAL FEES		-		111,300	· -	0.		
TOTAL TO FORM 990-E	PF, PART I,	LINE 11		111,300). = =	0.		
FORM 990-PF		LEGA	AL FE	ES		2	STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVEST NT INCON		(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL		11,30	9.		0.		12,1	52.
TO FM 990-PF, PG 1,	LN 16A	11,30	 9. =- =-		0.		12,1	52.
FORM 990-PF		ACCOUN'	ring	FEES		5	STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INVEST NT INCON		(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING		22,65	— — 5.		0.		22,2	55.
TO FORM 990-PF, PG	1, LN 16B	22,65	— — 5.		0.		22,2	55.

OTHER PROFES	SIONAL FEES	S'	PATEMENT
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
78,705. 21,529.	0.		78,705 21,529
100,234.	0.		100,234
TAX	ES	S'	PATEMENT
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
75,003. 31,540.	0.		642 31,381
106,543.	0.		32,023
OTHER E	XPENSES	S'	PATEMENT
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
22,630. 28. -187,407.	0.		8,757 198 7,612 0 22,630 98 -204,781
	(A) EXPENSES PER BOOKS 78,705. 21,529. 100,234. TAX (A) EXPENSES PER BOOKS 75,003. 31,540. 106,543. OTHER E (A) EXPENSES PER BOOKS 8,757. 198. 7,618. 266,004. 22,630. 28.	EXPENSES PER BOOKS MENT INVEST- MENT INCOME 78,705. 0. 21,529. 0. 100,234. 0. TAXES (A) (B) EXPENSES NET INVEST- MENT INCOME 75,003. 0. 31,540. 0. 106,543. 0. OTHER EXPENSES (A) (B) EXPENSES MENT INCOME (B) EXPENSES NET INVEST- MENT INCOME 8,757. 0. 198. 0. 7,618. 0. 266,004. 266,004. 22,630. 0. 28. 0187,407. 0.	(A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 78,705. 0. 21,529. 0. 100,234. 0. TAXES (A) (B) (C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME 75,003. 0. 31,540. 0. 106,543. 0. OTHER EXPENSES PER BOOKS MENT INCOME (B) (C) ADJUSTED NET INCOME

FORM 990-PF	OTHER INVESTMENTS	OTHER INVESTMENTS		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
SCHAFER	COST	5,693,297.	5,693,297.	
HARRIS KAYNE	COST	3,560,191.	3,560,191.	
PIMCO TOTAL RETURN	COST	9,609,344.	9,609,344.	
BLACKROCK HIY	COST	2,555,568.	2,555,568.	
MCKEE	COST	3,059,721.	3,059,721.	
SUSTAINABLE GROWTH	COST	4,901,698.	4,901,698.	
DELAWARE	COST	1,002,280.	1,002,280.	
JOHNSTON	COST	4,538,660.	4,538,660.	
BLACKROCK GLOBAL	COST	4,339,774.	4,339,774.	
PIMCO ALL ASSET	COST	4,043,972.	4,043,972.	
TOTAL TO FORM 990-PF, PART II	, LINE 13	43,304,505.	43,304,505.	
FORM 990-PF	OTHER ASSETS		STATEMENT 9	
	D-0-1-1-1-0 0-	*****		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
DESCRIPTION THERE CELLARIE	YR BOOK VALUE	BOOK VALUE	VALUE	
INTEREST RECEIVABLE	YR BOOK VALUE 8,054.	BOOK VALUE 6,533.	VALUE 6,533.	
	YR BOOK VALUE	BOOK VALUE	VALUE	

FORM 990-PF TRANSFERS TO CONTROLLED ENTITIES PART VII-A, LINE 11	STATEMENT 10
NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
DEACONESS HOSPITAL OF CLEVELAND - (PRIOR TO 12/09/1994)	34-0714617
ADDRESS	
7575 NORTHCLIFF AVE BROOKLYN, OH 44144	
DESCRIPTION OF TRANSFER	
	AMOUNT OF TRANSFER
	0.
NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
DEACONESS - PERRY CENTER	34-1554124
ADDRESS	
7575 NORTHCLIFF AVE BROOKLYN, OH 44144	
DESCRIPTION OF TRANSFER	
	AMOUNT OF TRANSFER
	0.

DEACONESS FOUNDATION FKA: DEACONESS COMM	34-1372066
NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
DEACONESS - ZANE CENTER	34-1468732
ADDRESS	
7575 NORTHCLIFF AVE BROOKLYN, OH 44144	
DESCRIPTION OF TRANSFER	
	AMOUNT OF TRANSFER
	0
NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
DEACONESS - KRAFFT CENTER	23-7296933
ADDRESS	

7575 NORTHCLIFF AVE BROOKLYN, OH 44144

DESCRIPTION OF TRANSFER

AMOUNT OF TRANSFER

0.

DEACONESS FOUNDATION FKA: DEACONESS COMM	34-1372066
NAME OF CONTROLLED ENTITY	EMPLOYER ID NO
INNOVA MEDICAL SERVICES, INC	34-1713549
ADDRESS	
7575 NORTHCLIFF AVE BROOKLYN, OH 44144	
DESCRIPTION OF TRANSFER	

AMOUNT
OF TRANSFER

0.

TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ENTITIES

DEACONESS - KRAFFT CENTER

7575 NORTHCLIFF AVE BROOKLYN, OH 44144

ADDRESS

FORM 990-PF LIST OF CONTROLLED ENTITIES STATEMENT 11 PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY EMPLOYER ID NO DEACONESS HOSPITAL OF CLEVELAND - (PRIOR TO 12/09/1994) 34-0714617 ADDRESS EXCESS BUSINESS HOLDING [] YES [X] NO 7575 NORTHCLIFF AVE BROOKLYN, OH 44144 NAME OF CONTROLLED ENTITY EMPLOYER ID NO DEACONESS - PERRY CENTER 34-1554124 ADDRESS EXCESS BUSINESS HOLDING [] YES [X] NO 7575 NORTHCLIFF AVE BROOKLYN, OH 44144 NAME OF CONTROLLED ENTITY EMPLOYER ID NO DEACONESS - ZANE CENTER 34-1468732 ADDRESS EXCESS BUSINESS HOLDING [] YES [X] NO 7575 NORTHCLIFF AVE BROOKLYN, OH 44144 NAME OF CONTROLLED ENTITY EMPLOYER ID NO

23-7296933

EXCESS BUSINESS HOLDING [] YES [X] NO

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

INNOVA MEDICAL SERVICES, INC

34-1713549

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

7575 NORTHCLIFF AVE BROOKLYN, OH 44144

	ST OF OFFICERS, D D FOUNDATION MANA	STATEMENT 12		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY BRIGHT 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
DEBORAH VESY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	PRESIDENT 40.00	206,148.	16,686.	11,997.
MARY BETH COOPER 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	CHAIR 0.50	0.	0.	0.
JAMES HARDIMAN 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
JULIE SIMMONDS HOGAN 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	SECRETARY 0.50	0.	0.	0.
SUSAN KELLEY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
RUSSELL LAMB 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.
LOUISE MCKINNEY 7575 NORTHCLIFF AVENUE #203 BROOKLYN, OH 44144	TRUSTEE 0.50	0.	0.	0.

DEACONESS FOUNDATION	FKA:	DEACONESS	COMM			34	-1372066
REV. SHAWNTHEA MONROE 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	TRI	USTEE 0.50		0.	0.	0.
JOHN NESTOR 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	VIC	CE CHAIR 0.50		0.	0.	0.
JEFFREY POLLOCK 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	TRI	USTEE 0.50		0.	0.	0.
DAVID REINES 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	TRI	USTEE 0.50		0.	0.	0.
THOMAS WALTERMIRE 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	TRI	USTEE 0.50		0.	0.	0.
LAWRENCE YUNASKA 7575 NORTHCLIFF AVENUE BROOKLYN, OH 44144	#203	TRI	EASURER/ 0.50	ASSISTANT	SECRE 0.	0.	0.
TOTALS INCLUDED ON 990-	PF, F	PAGE 6, PAI	RT VIII	206	,148.	16,686.	11,997.

Form **`8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1545-1709

If yo	ı are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			الما
If yo	u are filing for an Additional (Not Automatic) 3-Month E x	tension, d	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868	
Electro	onic filing _(e-file) . You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of til	me to file (6	6 months fo	or a corporation
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	file Form 8	868 to requ	est an extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated	With Certain
Person	al Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details	on the elec	ctronic filing	of this form,
visit w	vw irs gov/efile and click on e-file for Charities & Nonprofits	S				
Part	I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corp	pration required to file Form 990-T and requesting an auto-	matic 6-mo	onth extension - check this box and	complete		
Part I o	nly .					▶ □
All othe	er corporations (including 1120-C filers), partnerships, REN	fICs, and t	rusts must use Form 7004 to reque	st an exter	sion of time	9
to file i	ncome tax returns			Enter file	er's identif	ying number
Туре	r Name of exempt organization or other filer, see instru	ictions				ion number (EIN) or
print	DEACONESS FOUNDATION					, ,
	FKA: DEACONESS COMMUNITY F	OUNDA	TION		34-13	372066
File by the		ee instruc	tions.	Social se	curity num	ber (SSN)
filing you	7575 NORTHCLIFF, SUITE 203				•	` ,
return Se instruction		oreign add	dress, see instructions.			
	BROOKLYN, OH 44144	•				
		-				
Enter t	he Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
	· · · · · ·	·	,			
Applic	ation	Return	Application			Return
Is For		Code	ls For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
	720 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	DEBORAH VESY					
• The	books are in the care of ▶ 7575 NORTHCLIF	F, SU	ITE 203 - BROOKLYN	I. OH	44144	
	ephone No ► 216-741-4077		Fax No ▶			
	e organization does not have an office or place of busines	s in the Ui				
	is is for a Group Return, enter the organization's four digit			If this is fo	r the whole	aroup check this
box D		7				-
	request an automatic 3-month (6 months for a corporation				JOI O WIO OXE	CHBIOTHIS TOT:
			ation return for the organization nam		The extens	sion
	s for the organization's return for	7. 0. ga	and rotal for the organization ham	ico abovo.	THE EXICIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i	► X calendar year 2014 or					
ï	tax year beginning	ar	nd endina			
•	tax year beginning	, a			- '	
2	f the tax year entered in line 1 is for less than 12 months, o	hack ress	son: Initial return	Final retui	m	
_ '		JIECK IEGS		rmanetui	п	
3a	Change in accounting period f this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	onter the tenteture toy less and			·
	• •	, or 6069,	enter the tentative tax, less any		١ 🗼	01 206
-	nonrefundable credits See instructions.) ==+====		3a	\$	94,286.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	•	•		1.	67 026
-	estimated tax payments made. Include any prior year over			3b	\$	67,036.
	Balance due. Subtract line 3b from line 3a. Include your pa	-	•			27 252
	ov using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	I SS	27.250.

instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment