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Form 990

## Return of Organization Exempt From Income Tax

2014

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

## A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization ST LEONARD		D Employer identification number 34-1940863
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (937) 433-0480
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 8100 CLYO ROAD	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code CENTERVILLE, OH 45458		G Gross receipts \$ 30,153,201
F Name and address of principal officer PRENTICE LIPSEY 8100 CLYO ROAD CENTERVILLE, OH 45458		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW STLEONARD COM

K Form of organization  Corporation  Trust  Association  Other ►

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

H(c) Group exemption number ► 0928

L Year of formation 2000 M State of legal domicile OH

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
RESPONDING TO THE GOSPEL OF JESUS, ST. LEONARD ASSISTS SENIORS OF ALL FAITHS TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE BY OPERATING A CONTINUING CARE RETIREMENT COMMUNITY LOCATED ON APPROXIMATELY 240 ACRES IN CENTERVILLE, OHIO

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	685
6 Total number of volunteers (estimate if necessary)	6	650
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,579
b Net unrelated business taxable income from Form 990-T, line 34	7b	-87,339

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	177,946	125,557
9 Program service revenue (Part VIII, line 2g)	29,459,821	29,752,866
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	385,738	203,051
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,330	71,727
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,186,835	30,153,201

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,186	301,125
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,133,311	13,460,929
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,551,732	15,201,936
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	27,826,229	28,963,990
19 Revenue less expenses Subtract line 18 from line 12	2,360,606	1,189,211

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	84,442,351	87,584,969
21 Total liabilities (Part X, line 26)	66,006,132	69,410,675
22 Net assets or fund balances Subtract line 21 from line 20	18,436,219	18,174,294

## Part II Signature Block

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

Sign Here	*****	2015-11-13
	Signature of officer	Date
ALISA IFFLAND VICE PRESIDENT OF FINANCE		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name JEREMY S HERMAN	Preparer's signature JEREMY S HERMAN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00745789
	Firm's name ► PLANTE & MORAN PLLC		Firm's EIN ► 38-1357951		
Firm's address ► 1111 SUPERIOR AVENUE SUITE 1250 CLEVELAND, OH 44114		Phone no (216) 523-1010			

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

### **Part III Statement of Program Service Accomplishments**

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

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

RESPONDING TO THE GOSPEL OF JESUS, ST. LEONARD ASSISTS SENIORS OF ALL FAITHS TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE BY OPERATING A CONTINUING CARE RETIREMENT COMMUNITY LOCATED ON APPROXIMATELY 240 ACRES IN CENTERVILLE, OHIO

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

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

Yes  No

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

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

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

**4a** (Code ) (Expenses \$ 18,220,940 including grants of \$ 301,125 ) (Revenue \$ 29,804,812

ST LEONARD IS COMPRISED OF A 150 BED LICENSED SKILLED NURSING CENTER, 125 LICENSED ASSISTED LIVING UNITS, 250 COTTAGE AND GARDEN HOMES, AND 70 APARTMENTS LOCATED IN CENTERVILLE, OHIO. SPECIALIZED UNITS EXIST FOR DEMENTIA CLIENTS IN THE ASSISTED LIVING AREA, THE ADULT DAY CARE AREA, AND THE HEALTH CARE CENTER.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4d** Other program services (Describe in Schedule Q)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses  18,220,940

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	32	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b>	685	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>		

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>		Yes	
<b>a</b> The governing body?	<b>8b</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

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

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> OH
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
►ALISA IFFLAND	
5942 RENAISSANCE PLACE SUITE A	
TOLEDO, OH 43623 (567) 455-0414	

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former			
(1) RICK RYAN	1 00			X				0	539,249	30,824
PRESIDENT/CEO EX-OFFICIO	49 00				X					
(2) DIANE RAUSCH-HUFFMAN	1 00			X				0	0	0
CHAIRPERSON	10 00				X					
(3) SR MARY THILL OSF	1 00			X				0	0	0
SECRETARY/TREASURER	10 00				X					
(4) REV DAVID W NUSS	1 00			X				0	0	0
VICE CHAIRPERSON	10 00				X					
(5) DARLENE M MINNICK	1 00			X				0	0	0
TRUSTEE	10 00				X					
(6) NICK P ULRICH	1 00			X				0	0	0
TRUSTEE	10 00				X					
(7) DONALD L TURNER	1 00			X				0	0	0
TRUSTEE	10 00				X					
(8) JAMES W POPE	1 00			X				0	1,209,729	53,832
EX-OFFICIO	49 00				X					
(9) CHARLES J EVERETT	1 00			X				0	0	0
TRUSTEE	10 00				X					
(10) TERESA FITZPATRICK	1 00			X				0	0	0
TRUSTEE	10 00				X					
(11) GARY SCANLON	1 00			X				0	0	0
TRUSTEE	10 00				X					
(12) CARL E MCGOOKEY	1 00			X				0	0	0
TRUSTEE	10 00				X					
(13) JOHN NIENABER JR	1 00			X				0	0	0
TRUSTEE	9 00				X					
(14) TIMOTHY DRESSMAN	40 00				X			0	175,094	25,456
EXECUTIVE DIRECTOR	0 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Instrumental Trustee	Office leg	Key employee or highest compensated employee			
(15) EMILY MOORE CONTROLLER	40 00 1 00			X			58,553	0	624
(16) WENDY DOLYK VICE PRESIDENT OF OPERATIONS	4 00 36 00			X			0	171,677	8,898

1b Sub-Total . . . . .			
c Total from continuation sheets to Part VII, Section A . . . . .			
d Total (add lines 1b and 1c) . . . . .	58,553	2,095,749	119,634

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUNCTIONAL PATHWAYS 614 MABRY HOOD RD SUITE 301 KNOXVILLE, TN 37932	THERAPY SERVICES	1,549,798
CASTOR CONSTRUCTION 2543 US RT 42 SOUTH SPRING VALLEY, OH 45370	CONSTRUCTION COMPANY	1,136,770
STYMCO CONSTRUCTION 2875 SPRINGBORO WEST DAYTON, OH 45439	CONSTRUCTION COMPANY	449,880
INTERLINK ADVANTAGE 8137 NORTH MAIN STREET DAYTON, OH 45415	IT CONSULT COMPANY	213,699
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4		

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	120,000		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,557		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		125,557		
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b> NET PATIENT REVENUE	623000	23,801,658	23,801,658	
	<b>b</b> ASST LIVING RENT	623990	4,159,161	4,159,161	
	<b>c</b> AMORT ENTRANCE FEES	623990	1,369,395	1,369,395	
	<b>d</b> APPLICATION FEES	623990	422,652	422,652	
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		29,752,866		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		203,051		203,051
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
	<b>5</b> Royalties . . . . .				
	<b>6a</b> Gross rents	(I) Real			
	<b>b</b> Less rental expenses	(II) Personal			
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities			
<b>b</b> Less cost or other basis and sales expenses	(II) Other				
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> ADMINISTRATION/GIFT SHOP INCOME	900099	39,298	39,298		
<b>b</b> LAUNDRY INCOME	900099	10,372	10,372		
<b>c</b> PURCHASE DISCOUNTS	900099	10,202		10,202	
<b>d</b> All other revenue . . . . .		11,855	2,276	9,579	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		71,727			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		30,153,201	29,804,812	9,579	213,253

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	301,125	301,125		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	10,430,024	6,466,615	3,963,409	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	510,168	316,304	193,864	
<b>9</b> Other employee benefits . . . . .	1,736,533	1,076,650	659,883	
<b>10</b> Payroll taxes . . . . .	784,204	486,206	297,998	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	5,237		5,237	
<b>c</b> Accounting . . . . .	70,366		70,366	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	6,955		6,955	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,075,611	1,286,879	788,732	
<b>12</b> Advertising and promotion . . . . .	241,743	149,881	91,862	
<b>13</b> Office expenses . . . . .	2,495,221	1,547,037	948,184	
<b>14</b> Information technology . . . . .	121,883	75,567	46,316	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,373,326	851,828	521,498	
<b>17</b> Travel . . . . .	152,224	94,379	57,845	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	16,928	10,495	6,433	
<b>20</b> Interest . . . . .	2,614,151	1,620,774	993,377	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,195,226	1,981,040	1,214,186	
<b>23</b> Insurance . . . . .	208,571	129,314	79,257	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> THERAPY	903,483	560,159	343,324	
<b>b</b> BAD DEBTS	525,422	525,422		
<b>c</b> PHARMACY	432,894	268,394	164,500	
<b>d</b> MEDICAL SUPPLIES	232,010	143,846	88,164	
<b>e</b> All other expenses	530,685	329,025	201,660	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	28,963,990	18,220,940	10,743,050	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	46,586	<b>1</b>	52,877
2	Savings and temporary cash investments	3,396,933	<b>2</b>	2,501,968
3	Pledges and grants receivable, net	3		
4	Accounts receivable, net	3,454,153	<b>4</b>	4,669,309
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
7	Notes and loans receivable, net		<b>7</b>	
8	Inventories for sale or use	36,732	<b>8</b>	38,096
9	Prepaid expenses and deferred charges	235,821	<b>9</b>	271,617
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	57,208,599	
b	Less accumulated depreciation	10b	463,958	
		55,475,839	<b>10c</b>	56,744,641
11	Investments—publicly traded securities	19,245,899	<b>11</b>	19,926,281
12	Investments—other securities See Part IV, line 11		<b>12</b>	
13	Investments—program-related See Part IV, line 11		<b>13</b>	
14	Intangible assets		<b>14</b>	665,856
15	Other assets See Part IV, line 11	2,550,388	<b>15</b>	2,714,324
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	84,442,351	<b>16</b>	87,584,969
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	2,475,581	<b>17</b>	2,253,774
18	Grants payable		<b>18</b>	
19	Deferred revenue	15,236	<b>19</b>	289,973
20	Tax-exempt bond liabilities	39,793,718	<b>20</b>	43,008,866
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
23	Secured mortgages and notes payable to unrelated third parties	838,485	<b>23</b>	1,365,659
24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	22,883,112	<b>25</b>	22,492,403
26	<b>Total liabilities.</b> Add lines 17 through 25	66,006,132	<b>26</b>	69,410,675
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets	18,436,219	<b>27</b>	18,174,294
28	Temporarily restricted net assets		<b>28</b>	
29	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds		<b>30</b>	
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
33	Total net assets or fund balances	18,436,219	<b>33</b>	18,174,294
34	<b>Total liabilities and net assets/fund balances</b>	84,442,351	<b>34</b>	87,584,969

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,153,201
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,963,990
3	Revenue less expenses Subtract line 2 from line 1	3	1,189,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,436,219
5	Net unrealized gains (losses) on investments	5	484,648
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,935,784
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,174,294

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	No
	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**

ST LEONARD

**Employer identification number**

34-1940863

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

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

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

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

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

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

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

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

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

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

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

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

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

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	329,405	549,125	29,514	177,946	125,557	1,211,547
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,843,457	20,227,623	25,375,750	29,459,821	29,624,808	124,531,459
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	20,172,862	20,776,748	25,405,264	29,637,767	29,750,365	125,743,006
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 <b>Public support</b> (Subtract line 7c from line 6 )						125,743,006

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	20,172,862	20,776,748	25,405,264	29,637,767	29,750,365	125,743,006
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	673,827	600,404	510,091	244,893	4,719	2,033,934
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	673,827	600,404	510,091	244,893	4,719	2,033,934
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	-7,340	380,630	550,663	193,177	10,202	1,127,332
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )	20,839,349	21,757,782	26,466,018	30,075,837	29,765,286	128,904,272
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	97 550 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	96 470 %

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1 580 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	2 150 %
19a <b>33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d **Total** (add lines 1a, 1b, and 1c)  
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

2014

**Open to Public  
Inspection**

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

**Name of the organization**

**Employer identification number**

34-1940863

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures

**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?		No		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
<b>c</b> Media advertisements?		No		
<b>d</b> Mailings to members, legislators, or the public?		No		
<b>e</b> Publications, or published or broadcast statements?		No		
<b>f</b> Grants to other organizations for lobbying purposes?		No		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
<b>i</b> Other activities?	Yes		338	
<b>j</b> Total Add lines 1c through 1i			338	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-B, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	PERCENTAGE OF DUES PAID TO THE OHIO HEALTH CARE ASSOCIATION THAT WAS USED FOR LOBBYING IN 2014 WAS 3.4 PERCENT. THIS PERCENTAGE INCLUDES THE DUES PAID TO AMERICAN HEALTH CARE ASSOCIATION THROUGH THE OHIO HEALTH CARE ASSOCIATION

**Part IV** **Supplemental Information (continued)**

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
ST LEONARD

Employer identification number

34-1940863

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

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

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,110,000			6,110,000
<b>b</b> Buildings . . . . .		49,117,745	430,078		48,687,667
<b>c</b> Leasehold improvements . . . . .		265,000	2,760		262,240
<b>d</b> Equipment . . . . .		1,054,417	31,120		1,023,297
<b>e</b> Other . . . . .		661,437			661,437
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					56,744,641

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c  
See Form 990, Part X, line 13

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See

Form 990, Part X, line 25.		
1	(a) Description of liability	(b) Book value
Federal income taxes		
THIRD PARTY REIMBURSEMENT CONTRACTS		46,90
REFUNDABLE ENTRANCE FEES		18,694,39
NONREFUNDABLE ENTRANCE FEES		2,470,72
INSURANCE CLAIMS RESERVE		155,40
DUE TO AFFILIATES		68,26
CURRENT PORTION OF REFUNDABLE ENTR		678,86
CURRENT PORTION OF NONREFUNDABLE EN		377,83
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B), line 25.)		22,192,10

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		1	
2a														
2b														
2c														
2d														
2e														
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12													
a	Net unrealized gains (losses) on investments . . . . .													
b	Donated services and use of facilities . . . . .													
c	Recoveries of prior year grants . . . . .													
d	Other (Describe in Part XIII ) . . . . .	<table border="1" style="margin: auto;"> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> </table>	4a		4b									
4a														
4b														
e	Add lines 2a through 2d . . . . .													
3	Subtract line 2e from line 1 . . . . .	<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> </table>	3		4		4a		4b					
3														
4														
4a														
4b														
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1													
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .													
b	Other (Describe in Part XIII ) . . . . .													
c	Add lines 4a and 4b . . . . .													
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5											

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		1	
2a														
2b														
2c														
2d														
2e														
2	Amounts included on line 1 but not on Form 990, Part IX, line 25													
a	Donated services and use of facilities . . . . .													
b	Prior year adjustments . . . . .													
c	Other losses . . . . .													
d	Other (Describe in Part XIII ) . . . . .	<table border="1" style="margin: auto;"> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> </table>	4a		4b									
4a														
4b														
e	Add lines 2a through 2d . . . . .													
3	Subtract line 2e from line 1 . . . . .	<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> </table>	3		4		4a		4b					
3														
4														
4a														
4b														
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:													
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .													
b	Other (Describe in Part XIII ) . . . . .													
c	Add lines 4a and 4b . . . . .													
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5											

**Part XIII Supplemental Information**

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

Return Reference	Explanation

**Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

**Schedule D (Form 990) 2014**

**Schedule I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
ST LEONARD

Employer identification number

34-1940863

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE SUITE A TOLEDO, OH 43623	34-1892096	501(C)(3)	301,125				FUNDING TO SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
ST LEONARD

Employer identification number

34-1940863

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

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICK RYAN, PRESIDENT/CEO EX-OFFICIO	(i) 0 (ii) 319,429	0 ..... 156,602	0 ..... 63,218	0 ..... 10,400	0 ..... 20,424	0 ..... 570,073	0 ..... 0
2 JAMES W POPE, EX-OFFICIO	(i) 0 (ii) 680,651	0 ..... 373,556	0 ..... 155,522	0 ..... 29,600	0 ..... 24,232	0 ..... 1,263,561	0 ..... 0
3 TIMOTHY DRESSMAN, EXECUTIVE DIRECTOR	(i) 0 (ii) 175,094	0 ..... 0	0 ..... 0	0 ..... 0	0 ..... 25,456	0 ..... 200,550	0 ..... 0
4 WENDY DOLYK, VICE PRESIDENT OF OPERATIONS	(i) 0 (ii) 161,099	0 ..... 0	0 ..... 10,578	0 ..... 6,444	0 ..... 2,454	0 ..... 180,575	0 ..... 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	BI-ANNUALLY, AN OUTSIDE CONSULTANT IS HIRED TO COMPLETE AN EXECUTIVE COMPENSATION ANALYSIS FOR THE POSITION OF PRESIDENT OF FRANCISCAN LIVING COMMUNITIES. THE ANALYSIS COMPARES COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS DURING AN EXECUTIVE SESSION AT A BOARD MEETING, THE BOARD, EXCLUDING THE PRESIDENT, REVIEWS THE ANALYSIS AND THE PRESIDENT'S PERFORMANCE APPRAISAL AND DETERMINES FAIR COMPENSATION FOR THE PRESIDENT
PART I, LINE 4B	DURING THE 2014 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUAL WAS ELIGIBLE TO PARTICIPATE IN THAT PLAN. NAME OF INDIVIDUAL: JAMES POPE. DURING 2014 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: JAMES POPE - \$19,200

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury  
Internal Revenue Service

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

Open to Public  
InspectionName of the organization  
ST LEONARDEmployer identification number  
34-1940863**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY OHIO	31-6000172	61351QAC3	06-30-2010	40,672,000			X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
		1,710,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue		41,513,486						
4	Gross proceeds in reserve funds		3,459,082						
5	Capitalized interest from proceeds		2,849,585						
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		1,117,989						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		21,542,886						
11	Other spent proceeds		12,402,167						
12	Other unspent proceeds		141,777						
13	Year of substantial completion		2011						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►			0 %					
<b>6</b> Total of lines 4 and 5			0 %					
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X					

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(A) ISSUER NAME COUNTY OF MONTGOMERY OHIO (F) DESCRIPTION OF PURPOSE HEALTHCARE AND MULTIFAMILY HOUSING IMPROVEMENT AND REFUNDING OF BONDS DATED 9/25/2001

<b>Return Reference</b>	<b>Explanation</b>
PART III, SECTION 9, PART IV, LINE 7, PART V	IN CONNECTION WITH THE ACQUISITION BY CATHOLIC HEALTH INITIATIVES (CHI) NOVEMBER 2014, ST LEONARD BECAME SUBJECT TO CHI'S WRITTEN POLICIES AND PROCEDURES

Return Reference	Explanation
PART III, LINE 7	ST LEONARD MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE ST LEONARD HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

**Return Reference****Explanation**

PART II, LINE 3

INCLUDES INVESTMENT EARNINGS

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**

Name of the organization

ST LEONARD

Employer identification number

34-1940863

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE NOVEMBER 1, 2014 SYLVANIA FRANCISCAN HEALTH, WHO IS THE SOLE MEMBER OF FRANCISCAN LIVING COMMUNITIES, WAS ACQUIRED BY A SEPARATE ORGANIZATION, CATHOLIC HEALTH INITIATIVES (CHI). AS A RESULT, A PORTION OF THE BYLAWS WERE UPDATED TO REFLECT THIS CHANGE IN OWNERSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	FRANCISCAN LIVING COMMUNITIES IS THE SOLE MEMBER OF ST. LEONARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	FRANCISCAN LIVING COMMUNITIES, AS THE SOLE MEMBER OF THE ORGANIZATION, HAS THE RESERVED POWERS TO ELECT THE TRUSTEES OF THE ORGANIZATION, AND TO ELECT AND REMOVE THE CHAIRPERSON AND PRESIDENT/CEO OF ST LEONARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>FRANCISCAN LIVING COMMUNITIES HAS THE RESERVED POWER TO 1) ADOPT OR CHANGE THE PHILOSOPHY, OBJECTIVES, PURPOSES OR ETHICAL OR RELIGIOUS STANDARDS OF THE CORPORATION, 2) REMOVE THE TRUSTEES AT WILL, 3) ELECT, APPOINT AND REMOVE ANY OFFICER AND CHAIRPERSON OF ANY COMMITTEE OF THE CORPORATION, 4) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS, 5) TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE CORPORATION OR TO REVOKE ANY PROCEEDING FOR ITS VOLUNTARY DISSOLUTION AND TO DETERMINE THE DISTRIBUTION OF ASSETS UPON ANY APPROVED DISSOLUTION OR TERMINATION, 6) SATISFY ALL REQUIREMENTS APPLICABLE TO NONPROFIT CORPORATIONS UNDER STATE LAW, 7) TAKE ANY ACTION NECESSARY TO CONFORM THE PURPOSES AND ACTIVITIES OF THE CORPORATION WITH THE TRADITIONS, TEACHING AND CANON LAW OF THE ROMAN CATHOLIC CHURCH AS THEY MAY BE IN EFFECT FROM TIME TO TIME, 8) APPROVE ANY TRANSACTION, AGREEMENT, ARRANGEMENT OR CLAIM TO WHICH THE CORPORATION IS A PARTY THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST, 9) TO APPROVE ANY MERGER OR CONSOLIDATION OF THE CORPORATION AND ANY SALE OF SUBSTANTIALLY ALL OF ITS ASSETS, 10) TO AUTHORIZE THE CREATION OF ANY SUBSIDIARY ORGANIZATION OR THE AFFILIATION OF THE CORPORATION WITH ANY OTHER ENTITY FOR THE PURPOSE OF THE JOINT CONDUCT OF BUSINESS OR OTHER PROGRAMS, WHETHER IN THE FORM OF PARTICIPATION IN A CORPORATION, PARTNERSHIP, JOINT VENTURE, CO- TENANCY OR ANY OTHER FORM OF OWNERSHIP OR CONTROL, 11) APPROVE THE CONVEYANCE OF REAL PROPERTY OR THE GRANTING OF MORTGAGES OR TRUST DEED OR THE CREATION OF OTHER LIENS UPON ANY REAL PROPERTY OWNED BY THE CORPORATION, 12) APPROVE CONVEYING ANY TANGIBLE PERSONAL PROPERTY, INCURRING ANY DEBT OR SERIES OF DEBTS, GUARANTEEING OF ANY DEBT OR SERIES OF DEBTS, OR THE GRANTING OF ANY SECURITY INTEREST OR OTHER LIEN IN THE PROPERTY OF THE CORPORATION IN EXCESS OF THE AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBER, 13) APPROVE ANY CAPITAL EXPENDITURE OR GRANT, 14) APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, 15) APPROVE THE ADDITION OR TERMINATION OF SERVICES, 16) APPROVE THE CORPORATION'S AUDITOR, 17) APPROVE THE CORPORATION'S STRATEGIC PLAN, 18) APPROVE THE POWER OF APPROVAL RESERVED BY THE CORPORATION OVER ACTIONS OF THE GOVERNING BODIES OF ITS SUBSIDIARY ORGANIZATIONS OR AFFILIATED ENTITIES, AND 19) APPROVE ANY OTHER ACT FOR WHICH MEMBERSHIP APPROVAL IS REQUIRED UNDER APPLICABLE CANON OR CIVIL LAW, THE ARTICLES OF INCORPORATION, OR THE CODE OF REGULATIONS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE ORGANIZATION'S ACCOUNTING DEPARTMENT. THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, FOR REVIEW PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EVERY YEAR, EACH BOARD MEMBER, DEPARTMENT DIRECTOR, AND KEY EMPLOYEE IS GIVEN A QUESTIONNAIRE TO BE FILLED OUT AND SENT TO THE EXECUTIVE DIRECTOR. THE FORM IS REVIEWED AND ACTIONS ARE TAKEN IF A CONFLICT IS IDENTIFIED. A "DESIGNATED PERSON" MEANS ANY MEMBER OF THE BOARD OF THE CORPORATION, ANY MEMBER OF A COMMITTEE OF THE CORPORATION THAT IS AUTHORIZED TO APPROVE TRANSACTIONS OR ASSERT CLAIMS ON BEHALF OF THE CORPORATION, ANY OFFICER OF THE CORPORATION, AND ANY EMPLOYEE OR AGENT OF THE CORPORATION WHO IS AUTHORIZED TO APPROVE TRANSACTIONS OR ASSERT CLAIMS ON BEHALF OF THE CORPORATION. ANY DESIGNATED PERSON WHO HAS A CONFLICT OF INTEREST SHALL DISCLOSE THE CONFLICT OF INTEREST WHEN IT ARISES, AND BEFORE ACTION ON THE TRANSACTION OR CLAIM IN QUESTION. CONFLICTS OF INTEREST INVOLVING THE PRESIDENT OR MEMBERS OF THE BOARD OF THE CORPORATION SHALL BE REPORTED TO THE BOARD, AND CONFLICTS OF INTEREST CONCERNING OTHER DESIGNATED PERSONS SHALL BE REPORTED TO THE PRESIDENT, IN WHICH CASE THE PRESIDENT WILL MAKE THE CONFLICT OF INTEREST KNOWN TO THE BOARD AND ANY APPLICABLE COMMITTEE AT THE NEXT REGULARLY SCHEDULED MEETING. A DESIGNATED PERSON WHO HAS A CONFLICT OF INTEREST ARISING OUT OF OR RELATED TO A TRANSACTION OR CLAIM SHALL BE EXCUSED FROM THE BOARD OR COMMITTEE MEETING BEFORE ANY DELIBERATIONS OR VOTING CONCERNING THE AUTHORIZATION OF THE TRANSACTION OR ASSERTION OF THE CLAIM.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE EXECUTIVE DIRECTOR'S COMPENSATION IS PAID BY A RELATED ORGANIZATION, FRANCISCAN LIVING COMMUNITIES ANNUALLY, AN OUTSIDE CONSULTANT IS HIRED TO COMPLETE AN EXECUTIVE COMPENSATION ANALYSIS FOR THE POSITION OF EXECUTIVE DIRECTOR. THE ANALYSIS COMPARES COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. DURING AN EXECUTIVE SESSION AT A BOARD MEETING, THE BOARD, EXCLUDING THE PRESIDENT, REVIEWS THE ANALYSIS AND THE PRESIDENT'S PERFORMANCE APPRAISAL AND DETERMINES FAIR COMPENSATION FOR THE PRESIDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE DOCUMENTS ARE LOCATED IN THE ADMINISTRATIVE OFFICES DURING REGULAR BUSINESS HOURS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ACCOUNTING PRONOUNCEMENT -1,935,784

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	CATHOLIC HEALTH INITIATIVES (CHI), THE SPONSORING ORGANIZATION OF THE SOLE MEMBER OF FRANCISCAN LIVING COMMUNITIES, SYLVANIA FRANCISCAN HEALTH, ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT AS OF NOVEMBER 1, 2014

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	THE RELATED TAX EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION # 0928

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2014**

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

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
ST LEONARD**Employer identification number**

34-1940863

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JOSEPH BERNADINE RESIDENCE LLC 8400 ST FRANCIS DRIVE CENTERVILLE, OH 45458 46-1614594	LOW INCOME RENTAL RESIDENTIAL	OH	500,176	5,845,043	ST LEONARD

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes
See Additional Data Table						No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST LEONARD FOUNDATION	C	120,000	ACTUAL AMOUNTS PAID
(2) SYLVANIA FRANCISCAN HEALTH	P	431,676	FMV
(3) FRANCISCAN LIVING COMMUNITIES	B	301,125	ACTUAL AMOUNTS PAID

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

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2014

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 34-1940863  
**Name:** ST LEONARD

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(1) ALEGENT CREIGHTON CLINIC  12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(C)(3)	LINE 3	ACH	Yes
(1) ALEGENT CREIGHTON HEALTH  12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(2) ALEGENT CREIGHTON HEALTH FOUNDATION  12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(C)(3)	LINE 7	ACH	Yes
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM  7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER  6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER  104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(7) ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA  PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(8) ALVERNA APARTMENTS  300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	LINE 9	CHI	Yes
(9) APPLETREE COURT  601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 9	SFH	Yes
(10) BISHOP DRUMM RETIREMENT CENTER  1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes
(11) BORNEMANN HEALTHCARE CORPORATION  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C)(3)	LINE 11	CHI	Yes
(12) CARRINGTON HEALTH CENTER  800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes
(13) CATHOLIC HEALTH INITIATIVES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	LINE 9	N/A	Yes
(14) CATHOLIC HEALTH INITIATIVES - COLORADO  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C)(3)	LINE 3	CHI	Yes
(15) CATHOLIC HEALTH INITIATIVES - IOWA CORP  1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI	Yes
(16) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION  6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	LINE 7	CHIC	Yes
(17) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION  6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	LINE 11	CHI	Yes
(18) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(C)(3)	LINE 11	CHINS	Yes
(19) CENTENNIAL MEDICAL GROUP INC  2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(C)(3)	LINE 9	MMC	Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							(g) Section 512 (b)(13) controlled entity?
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity		
(21) CENTRAL KANSAS MEDICAL CENTER  3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(C)(3)	LINE 3	CHI	Yes	No
(1) CHI HEALTH CONNECT AT HOME - FARGO  4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(C)(3)	LINE 9	CHI	Yes	
(2) CHI INSTITUTE FOR RESEARCH AND INNOVATION  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C)(3)	LINE 11	CHI	Yes	
(3) CHI KENTUCKY INC  3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	LINE 11	CHI	Yes	
(4) CHI NATIONAL HOME CARE  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C)(3)	LINE 9	CHI NS	Yes	
(5) CHI NATIONAL SERVICES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C)(3)	LINE 11	CHI	Yes	
(6) CHI NEBRASKA  6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	LINE 11	CHI	Yes	
(7) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER  6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes	
(8) CHI ST VINCENT HOSPITAL HOT SPRINGS  300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(C)(3)	LINE 3	CHISVHS	Yes	
(9) CHI ST VINCENT HOT SPRINGS  300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	LINE 11	SVIMC	Yes	
(10) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS  1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(C)(3)	LINE 3	CHISVHS	Yes	
(11) COMMUNITY LIMITED CARE DIALYSIS CENTER  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(C)(2)		GSH	Yes	
(12) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(C)(3)	LINE 11	AH-CMHMV	Yes	
(13) CONTINUING CARE HOSPITAL  150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(C)(3)	LINE 3	SJHS	Yes	
(14) COVENANT HOME CARE  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(C)(3)	LINE 11	CHI NHC	Yes	
(15) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION  1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(16) FLAGET HEALTHCARE INC  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes	
(17) FLAGET MEMORIAL HOSPITAL FOUNDATION INC  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	LINE 11	FH	Yes	
(18) FRANCISCAN FOUNDATION  1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	LINE 9	FHS	Yes	
(19) FRANCISCAN HEALTH SYSTEM  1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C)(3)	LINE 3	CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							(g) Section 512 (b)(13) controlled entity?
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity		
(41) FRANCISCAN HEALTH VENTURES FKA SJM GROUP  TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(C)(3)	LINE 9	CHI	Yes	
(1) FRANCISCAN MEDICAL GROUP  1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(C)(3)	LINE 9	FHS	Yes	
(2) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC  3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	LINE 9	CHI	Yes	
(3) GLOBAL HEALTH INITIATIVES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	LINE 11	CHI	Yes	
(4) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH	Yes	
(5) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	LINE 11	GSH	Yes	
(6) GOOD SAMARITAN HOSPITAL  PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) GOOD SAMARITAN HOSPITAL FOUNDATION  111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	LINE 7	GSH	Yes	
(8) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON  110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(C)(3)	LINE 7	SHP	Yes	
(9) HARRISON MEDICAL CENTER  2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(10) HARRISON MEDICAL CENTER FOUNDATION  2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(C)(3)	LINE 7	HMC	Yes	
(11) HEALTH SET  2420 W 26TH AVE STE 460D DENVER, CO 80211 84-1102943	LOW INC CARE	CO	501(C)(3)	LINE 7	CHIC	Yes	
(12) HEALTHCARE AND WELLNESS FOUNDATION  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	LINE 11	SFMC	Yes	
(13) HIGHLINE MEDICAL CENTER  16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(14) HOUSE OF MERCY  1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes	
(15) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC  539 S 4TH ST LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes	
(16) KENTUCKYONE HEALTH MEDICAL GROUP INC  539 S 4TH ST LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(C)(3)	LINE 9	JHSMH	Yes	
(17) KENTUCKYONE HEALTH INC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C)(3)	LINE 9	CHI	Yes	
(18) LAKEWOOD HEALTH CENTER  600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes	
(19) LINUS OAKES INC  2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(C)(3)	LINE 9	MMC	Yes	

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						Yes      No
(61) LISBON AREA HEALTH SERVICES  905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes
(1) LUFKIN VISION ACQUISITIONS  PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	LINE 11	MHSET	Yes
(2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	LINE 7	MHCS	Yes
(3) MEMORIAL HEALTH CARE SYSTEM INC  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C)(3)	LINE 3	CHI	Yes
(4) MEMORIAL HEALTH PARTNERS FOUNDATION INC  5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	LINE 9	MHCS	Yes
(5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS  PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(C)(3)	LINE 3	CHI	Yes
(6) MEMORIAL MEDICAL CENTER - LIVINGSTON  PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes
(7) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE  PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes
(8) MEMORIAL MULTISPECIALTY ASSOCIATES  1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 11	MHSET	Yes
(9) MEMORIAL SPECIALTY HOSPITAL  PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes
(10) MERCY AUXILIARY OF CENTRAL IOWA  1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 11	MF-DM IA	Yes
(11) MERCY CLINICS INC  1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes
(12) MERCY COLLEGE OF HEALTH SCIENCES  1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP	Yes
(13) MERCY FOUNDATION OF DES MOINES IA  1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes
(14) MERCY FOUNDATION INC  2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(C)(3)	LINE 7	MMC	Yes
(15) MERCY HEALTH CARE FOUNDATION  PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(C)(3)	LINE 11	AHMH-CORNING	Yes
(16) MERCY HEALTHCARE FOUNDATION  570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(C)(3)	LINE 11	MHVC	Yes
(17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS  800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	LINE 11	AHBMHS	Yes
(18) MERCY HOSPITAL OF DEVILS LAKE  1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes
(19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION  1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	LINE 7	MHDL	Yes

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(81) MERCY HOSPITAL OF VALLEY CITY  570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	No
(1) MERCY MEDICAL CENTER  1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(2) MERCY MEDICAL CENTER - CENTERVILLE  ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI-IA CORP	Yes	
(3) MERCY MEDICAL CENTER INC  2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes	
(4) MERCY MEDICAL FOUNDATION  1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	LINE 11	MMC	Yes	
(5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC  1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes	
(6) NEBRASKA HEART HOSPITAL  7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) OAKES COMMUNITY HOSPITAL  1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(8) OAKES COMMUNITY HOSPITAL FOUNDATION  1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	LINE 11	OCH	Yes	
(9) PINEYWOODS MEDICAL DEVELOPMENT CORP  PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	LINE 11	MHSET	Yes	
(10) PUEBLO STEPUP  1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC	Yes	
(11) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE  12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(12) SET OF COLORADO SPRINGS INC  2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(C)(3)	LINE 7	CHIC	Yes	
(13) SAINT CLARE'S COMMUNITY CARE INC  25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	LINE 11	SCHS	Yes	
(14) SAINT CLARE'S FOUNDATION INC  25 POCONO RD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	LINE 7	SCHS	Yes	
(15) SAINT CLARE'S HEALTH SERVICES INC  25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	LINE 11	CHI	Yes	
(16) SAINT CLARE'S HOSPITAL INC  25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	LINE 3	SCHS	Yes	
(17) SAINT ELIZABETH FOUNDATION  555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	LINE 7	SERMC	Yes	
(18) SAINT ELIZABETH HEALTH SERVICES  555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	LINE 3	SERMC	Yes	
(19) SAINT ELIZABETH REGIONAL MEDICAL CENTER  555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	

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						Yes      No
(101) SAINT FRANCIS MEDICAL CENTER  2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(1) SAINT FRANCIS MEDICAL CENTER FOUNDATION  PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	LINE 7	SFMC	Yes
(2) SAINT JOSEPH BEREAL HOSPITAL FOUNDATION INC  305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes
(3) SAINT JOSEPH HEALTH SYSTEM INC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes
(4) SAINT JOSEPH HOSPITAL FOUNDATION INC  ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	LINE 11	SJHS	Yes
(5) SAINT JOSEPH LONDON FOUNDATION INC  1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes
(6) SAINT JOSEPH MEDICAL FOUNDATION INC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 31-1539059	PHYSICIANS	KY	501(C)(3)	LINE 3	SJHS	Yes
(7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC  225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes
(8) SAINT JOSEPH'S HOSPITAL FOUNDATION  30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	LINE 11	SJHHC	Yes
(9) SAMARITAN BEHAVIORAL HEALTH INC  601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(C)(3)	LINE 7	SHP	Yes
(10) SAMARITAN HEALTH PARTNERS  110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(C)(3)	LINE 11	CHI	Yes
(11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC  104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(C)(3)	LINE 11	AHMHS	Yes
(12) SJRMC JOPLIN MISSOURI  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(C)(3)	LINE 3	CHI	Yes
(13) SL AUGUSTA CORP  PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(C)(2)		SLPC	Yes
(14) ST ANTHONY HOSPITAL  1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes
(15) ST ANTHONY HOSPITAL FOUNDATION  1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	LINE 11	SAH	Yes
(16) ST ANTHONY'S HOSPITAL ASSOCIATION  FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	LINE 3	SVIMC	Yes
(17) ST CATHERINE HOSPITAL  401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	LINE 3	CHI	Yes
(18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION  401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	LINE 11	SCH	Yes
(19) ST DOMINIC OF ONTARIO OREGON  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(C)(4)	#N/A	CHI	Yes

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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						Yes      No
(121) ST FRANCIS HOME  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	LINE 9	CHI	Yes
(1) ST FRANCIS LIFE CARE CORPORATION  19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	LINE 9	SCHS	Yes
(2) ST FRANCIS MEDICAL CENTER  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes
(3) ST FRANCIS OF BAKER CITY  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes
(4) ST JOSEPH COMMUNITY HEALTH  1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 11	CHI	Yes
(5) ST JOSEPH HEALTH MINISTRIES  1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	LINE 11	CHI	Yes
(6) ST JOSEPH MEDICAL CENTER FOUNDATION  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	LINE 11	SJRHN	Yes
(7) ST JOSEPH MEDICAL CENTER INC  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(C)(3)	LINE 3	CHI	Yes
(8) ST JOSEPH MEDICAL GROUP  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C)(3)	LINE 9	BHC	Yes
(9) ST JOSEPH PHYSICIAN ENTERPRISE INC  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(C)(3)	LINE 11	SJMC	Yes
(10) ST JOSEPH REGIONAL HEALTH NETWORK  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C)(3)	LINE 3	CHI	Yes
(11) ST JOSEPH'S AREA HEALTH SERVICES  600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes
(12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER  30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes
(13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(C)(3)	LINE 11	SLHS	Yes
(14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(C)(3)	LINE 3	SLCDC	Yes
(15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(C)(3)	LINE 3	SLCDC	Yes
(17) ST LUKE'S COMMUNITY HEALTH SERVICES  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes
(18) ST LUKE'S FOUNDATION  1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(C)(3)	LINE 7	SLHS	Yes
(19) ST LUKE'S HEALTH SYSTEM CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 11	CHI	Yes

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						Yes      No
(141) ST LUKE'S HEALTH SYSTEM FOUNDATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0127715	INVESTMENT MGMT	TX	501(C)(3)	LINE 11	SLHS	Yes
(1) ST LUKE'S HOSPITAL AT THE VINTAGE  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes
(2) ST LUKE'S MEDICAL GROUP  6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	SLHS	Yes
(3) ST LUKE'S MEDICAL TOWER CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(C)(3)	LINE 11	CHI-SLH	Yes
(4) ST LUKE'S PROPERTIES CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(C)(3)	LINE 11	SLHS	Yes
(5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	LINE 11	SLCDC-SL	Yes
(6) ST MARY'S COMMUNITY HOSPITAL  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes
(7) ST MARY'S HOSPITAL FOUNDATION  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	LINE 7	SMCH	Yes
(8) ST VINCENT FOUNDATION  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	LINE 11	SVIMC	Yes
(9) ST VINCENT INFIRMARY MEDICAL CENTER  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	LINE 3	CHI	Yes
(10) ST VINCENT MEDICAL GROUP  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	LINE 9	SVIMC	Yes
(11) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C)(3)	LINE 3	CHI	Yes
(12) THE PHYSICIAN NETWORK  2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 11	CHI NEBRASKA	Yes
(13) TOTAL HEALTHCARE  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C)(3)	LINE 3	CHIC	Yes
(14) UNITY FAMILY HEALTHCARE  815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes
(15) VILLA NAZARETH INC  801 PAGE DR FARGO, ND 58103 45-0226714	TERM CARE	ND	501(C)(3)	LINE 9	CHI	Yes
(16) VISITING NURSE ASSOCIATION OF ST CLARE'S INC  191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	LINE 9	SCHS	Yes
(17) WOODLANDS DOCTOR GROUP  17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 9	SLCHS	Yes
(18) ST JOSEPH SERVICES CORPORATION  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	GOVERNANCE	TX	501(C)(3)	LINE 11A, I	SYLVANIA FRANCISCAN HEALTH	Yes
(19) ST JOSEPH REGIONAL HEALTH CENTER  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes      No
(161) BURLESON ST JOSEPH HEALTH CENTER  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes
(1) MADISON ST JOSEPH HEALTH CENTER  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes
(2) ST JOSEPH MANOR  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	NURSING CARE	TX	501(C)(3)	LINE 9	ST JOSEPH SERVICES CORPORATION	Yes
(3) BURLESON ST JOSEPH MANOR  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	NURSING CARE	TX	501(C)(3)	LINE 9	ST JOSEPH SERVICES CORPORATION	Yes
(4) ST JOSEPH FOUNDATION  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(C)(3)	LINE 11A, I	ST JOSEPH SERVICES CORPORATION	Yes
(5) ST JOSEPH PHYSICIAN ASSOCIATES  2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIAN PRACTICE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes
(6) SYLVANIA FRANCISCAN HEALTH  3231 CENTRAL PARK WEST SUITE 106 TOLEDO, OH 43617 34-1412964	CHURCH ORG	OH	501(C)(3)	LINE 1		No
(7) FRANCISCAN LIVING COMMUNITIES  5942 RENAISSANCE PLACE SUITE A TOLEDO, OH 43623 34-1892096	MANAGEMENT SUPPORT	OH	501(C)(3)	LINE 11A, I	SYLVANIA FRANCISCAN HEALTH	Yes
(8) ST LEONARD FOUNDATION  8100 CLYO ROAD CENTERVILLE, OH 45458 32-0102715	FUNDRAISING	OH	501(C)(3)	LINE 7	FRANCISCAN LIVING COMMUNITIES	Yes
(9) PROVIDENCE CARE CENTER  2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes
(10) THE COMMONS OF PROVIDENCE  5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSISTED LIVING FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes
(11) PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION  5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	INDEPENDENT LIVING FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes
(12) PROVIDENCE CARE CENTERS  2025 HAYES AVE SANDUSKY, OH 44870 34-1826099	FINANCIAL SUPPORT	OH	501(C)(3)	LINE 11B, II	FRANCISCAN LIVING COMMUNITIES	Yes
(13) FRANCISCAN CARE CENTER  4111 HOLLAND SYLVANIA ROAD TOLEDO, OH 43623 34-1931806	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes
(14) ST CLARE COMMONS  12469 FIVE POINT ROAD PERRYSBURG, OH 43551 27-0163752	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 7	FRANCISCAN LIVING COMMUNITIES	Yes
(15) TRINITY HOSPITAL TWIN CITY  819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTH CARE	OH	501(C)(3)	LINE 3	SYLVANIA FRANCISCAN HEALTH	Yes
(16) SYLVANIA FRANCISCAN HEALTH FOUNDATION  3231 CENTRAL PARK WEST SUITE 106 TOLEDO, OH 43617 45-5357161	FUNDRAISING	OH	501(C)(3)	LINE 11B, II	SYLVANIA FRANCISCAN HEALTH	Yes
(17) MADONNA MANOR  2344 AMSTERDAM ROAD VILLA HILLS, KY 41017 61-0654635	LONG TERM CARE FACILITY	KY	501(C)(3)	LINE 1	FRANCISCAN LIVING COMMUNITIES	Yes
(18) ST JOSEPH REGIONAL HEALTH PARTNERS  2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	PHYSICIAN SUPPORT	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes
(19) ST JOSEPH REGIONAL HEALTH PARTNERS ACO  2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section 512 (b)(13) controlled entity?	
Yes	No						
(181) BELLVILLE ST JOSEPH HEALTH CENTER  44 N CUMMINGS ST BELLVILLE, TX 77418 27-4005511	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes	

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No	Yes	No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	N/A							
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	N/A							
LINCOLN CK LEASING LLC 6003 OLD CHENEY RD LINCOLN, NE 68516 26-2496856	REAL ESTATE	NE	N/A							
LOUISVILLE SC LTD 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1179566	SURGERY CENTER	AL	N/A							
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	N/A							
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	N/A							
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	N/A							
PENINSULA RADIATION ONCOLOGY LLC 315 MLK JR WAY STE 111 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	N/A							
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	N/A							
PMC HOSPITAL LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 27-3280598	HOSPITAL	TX	N/A							
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	N/A							
PREMIER SURGERY CENTER OF LOUISVILLE LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 72-1378216	SURGERY CENTER	AL	N/A							
PUEBLO AMBULATORY SURGERY CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	N/A							
SAINT JOSEPH - PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	N/A							
SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	N/A							

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership			
										Yes	No	Yes	No
SAINT JOSEPH-ANC HOME CARE SERVICES  1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	N/A										
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	N/A										
ST FRANCIS LAND COMPANY  5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	N/A										
ST FRANCIS MEDICAL CENTER ASSOCIATES  1717 SOUTH 1 ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	N/A										
ST LUKE'S DIAGNOSTIC CATH LAB LLP  6620 MAIN ST STE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	N/A										
ST LUKE'S HOSPITAL AT THE VINTAGE LLC  6624 FANNIN STE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	N/A										
ST LUKE'S LAKESIDE HOSPITAL LLC  6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	N/A										
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC  6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	N/A										
SUPERIOR MEDICAL IMAGING LLC  5000 NORTH 26TH ST LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	N/A										
SURGERY CENTER OF LEXINGTON LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	N/A										
SURGERY CENTER OF LOUISVILLE LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	N/A										

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes	No							
ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	PHYSICIAN HOSPITAL ORGANIZATION	TX	N/A	C				Yes
SFH ASSURANCE LTD SUITE 6 GRAND PAVILLION COMERCIAL GRAND CAYMAN KY1- CJ 98-1056892	INSURANCE	CJ	N/A	C				Yes
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C				Yes
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1- 1001 CJ	INSURANCE	CJ	N/A	C				Yes
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	N/A	C				Yes
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C				Yes
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C				Yes
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	N/A	C				Yes
CADUCEUS MEDICAL ASSOCIATES INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1570736	HEALTHCARE	TN	N/A	C				Yes
CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1- 1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	N/A	C				Yes
CARMONA-DESO TO BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0771076	HEALTHCARE	AR	N/A	C				Yes
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	C				Yes
CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603 23-2326801	REAL ESTATE	PA	N/A	C				Yes
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDOMINIUM 6624 FANNIN STE 2505 HOUSTON, TX 77030 45-5079545	CONDO ASSOC	TX	N/A	C				Yes
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	N/A	C				Yes

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes		No							
COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813	INACTIVE	CO	N/A	C				Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C				Yes	
DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C				Yes	
EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	N/A	C				Yes	
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	N/A	C				Yes	
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	N/A	C				Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C				Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	N/A	C				Yes	
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1717 SOUTH J ST TACOMA, WA 98405 91-1865474	HEALTH ORG	WA	N/A	C				Yes	
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	N/A	C				Yes	
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW STE 170 BURIEN, WA 98166 91-1586438	MEDICAL SERVICES	WA	N/A	C				Yes	
MEDQUEST 1602 WEST 11TH ST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C				Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	HOUSING	IA	N/A	C				Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	N/A	C				Yes	
MHI CLINICAL SERVICES 1201 W FRANK AVE LUKIN, TX 75904 46-1967952	HEALTHCARE	TX	N/A	C				Yes	

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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<b>Yes</b>	<b>No</b>							
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739	MGMT SVC ORG	TN	N/A	C			Yes	
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	N/A	C			Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C			Yes	
PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	N/A	C			Yes	
PROMINENCE HEALTH PLAN SERVICES INC (FKA COLLABHEALTH PLAN SERVICES INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	N/A	C			Yes	
PROMINENCE HEALTH INC (FKA COLLABHEALTH MANAGED SOLUTIONS INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	N/A	C			Yes	
QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605	INSURANCE	AR	N/A	C			Yes	
QUALCHOICE HOLDINGS INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 27-4075520	HOLDING CO	AR	N/A	C			Yes	
QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640	INSURANCE	AR	N/A	C			Yes	
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	N/A	C			Yes	
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	N/A	C			Yes	
SAINT CLARE'S PRIMARY CARE INC 66 FORD RD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	N/A	C			Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	N/A	C			Yes	
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	N/A	C			Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198	MGMT	KY	N/A	C			Yes	

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes	No							
SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	N/A	C			Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C			Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C			Yes	
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C			Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG RD BLDG B70 LEXINGTON, KY 40504 61-1079899	MGMT	KY	N/A	C			Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355517	CONDO ASSOC	TX	N/A	C			Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	N/A	C			Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932	PHO	TX	N/A	C			Yes	
ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC) 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	N/A	C			Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355518	CONDO ASSOC	TX	N/A	C			Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 76-0298751	CONDO ASSOC	TX	N/A	C			Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C			Yes	
STABLEVIEW HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4373713	INSURANCE	KY	N/A	C			Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	N/A	C			Yes	
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B 6624 FANNIN STE 2505 HOUSTON, TX 77030 90-0064009	CONDO ASSOC	TX	N/A	C			Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
<b>Yes</b> TOWSON MANAGEMENT INC 7601 OSLER DR TOWSON, MD 21204 52-1710750	<b>No</b> MGMT SERVICES	MD	N/A	C				Yes