

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 header section A-M containing organization name, address, identification numbers, and tax status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block form with fields for officer signature, date, preparer name, and firm information.

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 [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO IMPROVE YOUR HEALTH AND WELL-BEING

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,000,658,625. including grants of \$ 35,275. ) (Revenue \$ 1,731,819,910. ) SKILLED NURSING AND REHABILITATION SERVICES: HCR MANORCARE, INC.'S SKILLED NURSING AND REHABILITATION CENTERS PROVIDE SHORT-TERM REHABILITATION AND SKILLED NURSING SERVICES FOR THOSE PATIENTS TRANSITIONING BETWEEN HOSPITAL AND HOME. AN INTERDISCIPLINARY TEAM APPROACH HELPS ENSURE THE PATIENT AND THEIR FAMILY ARE READY FOR A SAFE AND HEALTHY RETURN HOME. THE CENTERS ALSO PROVIDE LONG-TERM RESIDENTIAL CARE DESIGNED TO PROVIDE ASSISTANCE TO THOSE WHO ARE NO LONGER ABLE TO CARE FOR THEMSELVES DUE TO PHYSICAL LIMITATIONS, CHRONIC CONDITIONS OR CHANGES IN MENTAL CAPACITY. - SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 540,170,349. including grants of \$ 10,000. ) (Revenue \$ 674,686,693. ) HOME HEALTH AND HOSPICE SERVICES: HCR MANORCARE, INC.'S HOME CARE SERVICES ARE DESIGNED TO HELP MEDICALLY ABLE PATIENTS CONTINUE TO STRENGTHEN AND INCREASE THEIR ABILITY TO CARE FOR THEMSELVES ONCE THEY RETURN HOME FROM A HOSPITAL STAY. SERVICES SUCH AS WOUND CARE, INFUSION THERAPY, REHABILITATION SERVICES AND EDUCATIONAL INFORMATION CAN BE PROVIDED IN THE COMFORTS OF ONE'S HOME. HCR MANORCARE, INC.'S HOSPICE SERVICES FOCUS ON THE PHYSICAL, SPIRITUAL AND PSYCHOSOCIAL NEEDS OF INDIVIDUALS IN THE LAST STAGE OF THEIR LIVES. HOSPICE SERVICES ARE PROVIDED IN PEOPLE'S HOMES AND IN SKILLED NURSING AND ASSISTED LIVING CENTERS. PALLIATIVE AND CLINICAL CARE, EDUCATION, COUNSELING AND OTHER RESOURCES TAKE INTO CONSIDERATION THE PATIENTS

4c (Code: ) (Expenses \$ 210,991,531. including grants of \$ ) (Revenue \$ 178,524,703. ) HCR MANORCARE, INC.'S ARDEN COURTS MEMORY CARE COMMUNITIES PROVIDE RESIDENTIAL SECURED LIVING SERVICES FOR THOSE LIVING WITH ALZHEIMER'S OR RELATED DEMENTIA. ARDEN COURTS ARE DESIGNED TO SUPPORT THE HIGHEST PRACTICABLE LEVEL OF ENGAGEMENT AND FUNCTION. FAMILIES AND COMMUNITY CAREGIVERS ARE SUPPORTED THROUGH SPECIAL EDUCATIONAL EVENTS AND SUPPORT GROUPS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,280,670. including grants of \$ ) (Revenue \$ 64,729,863. )

4e Total program service expenses 2,760,101,175.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<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> 48547		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<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>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<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>		X
<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>		X
<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>		X
<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>		X
<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</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<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>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<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>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</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>7h</b>		
<b>8</b>	<b>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>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <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</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</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>11b</b>		
<b>12a</b>	<b>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</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<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>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, IN, MI, PA, VI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDALL OOSTRA PHS PRES. & CEO, EX OFFICIO	1.00 55.00	X		X				0.	3,971,638.	136,986.
(2) STEVEN M. CAVANAUGH TREASURER	1.00 55.00			X				0.	2,048,174.	105,065.
(3) KAREN STRAUSS CHIEF OPERATING OFFICER	0.00 40.00				X			0.	1,485,878.	49,891.
(4) JEFFREY C. KUHN SECRETARY	1.00 55.00			X				0.	1,123,411.	62,157.
(5) DAVID PARKER PRES., EX OFFICIO	1.00 44.00	X		X				0.	859,031.	64,425.
(6) MATTHEW KANG CFO	1.00 40.00				X			0.	720,559.	41,724.
(7) SUSAN MOREY SVP OPERATIONS (SKILLED NURSING AND	0.00 40.00				X			0.	552,636.	37,106.
(8) MICHAEL REED SVP OPERATIONS (ASSISTED LIVING, HOM	1.00 40.00				X			0.	540,518.	40,814.
(9) JON GAUDINO DIRECTOR MEDICAL SUPPORT SERVICE	40.00 0.00					X		266,499.	0.	15,475.
(10) DOUGLAS MOCK AVP ASSISTANT GENERAL MANAGER	40.00 0.00					X		273,216.	0.	2,297.
(11) VICTORIA STROM DIRECTOR MARKET DEVELOPMENT	40.00 0.00					X		263,250.	0.	6,582.
(12) PETER ALLEGRETTI GENERAL MANAGER	40.00 0.00					X		257,878.	0.	10,149.
(13) NICOLE PADMORE DIVISION MEDICAL DIR-MED SERVICES	40.00 0.00					X		257,970.	0.	0.
(14) STEPHEN H STAELIN CHAIRMAN	1.00 2.00	X		X				0.	0.	0.
(15) JAMES F. WHITE, JR. TRUSTEE	1.00 2.00	X						0.	0.	0.
(16) MICHAEL M. HYLANT TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) ROBERT W. LACLAIR EX OFFICIO	1.00 4.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHANKHA MITRA TRUSTEE	1.00 1.00	X						0.	0.	0.
(19) TODD W. FISTER TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,318,813.	11,301,845.	572,671.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,318,813.	11,301,845.	572,671.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,029**

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

**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
SODEXO INC & AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD SERVICE	48,362,020.
HOSPICELINK, 2145 HIGHLAND AVE S SUITE 110, BIRMINGHAM, AL 35205	EQUIPMENT RENTAL	22,495,193.
HEALTHCARE SERVICES GROUP INC, 3220 TILLMAN DR, SUITE 300, BENSLEM, PA 19178	HOUSEKEEPING SERVICES	11,547,883.
LEADERSTAT, 1322B MANNING PKWY, POWELL, OH 43065	PURCHASED SERVICES, MEDICAL STAFF	8,471,210.
SNAPMEDTECH INC, 675 PONCE DE LEON AVE NE, SUITE 8500, ATLANTA, GA 30308	PURCHASED SERVICES, MEDICAL STAFF	7,676,156.

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 **817**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</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>	199,028.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	193,181,794.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			193,380,822.			
Program Service Revenue	<b>2 a</b> SKILLED NURSING	<b>Business Code</b>					
		623110	1,733,768,539.	1,731,819,910.	1,948,629.		
	<b>b</b> HOME HEALTH & HOSPICE	621610	674,686,693.	674,686,693.			
	<b>c</b> ASSISTED LIVING	623312	184,545,401.	178,524,703.	6,020,698.		
	<b>d</b> REHABILITATION	621340	4,569,815.	2,310,070.	2,259,745.		
	<b>e</b>						
	<b>f</b> All other program service revenue	900099	22,738,546.	22,738,546.			
<b>g Total.</b> Add lines 2a-2f			2,620,308,994.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		817,651.			817,651.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,024,985.	3,063,726.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,061,212.	6,549,594.			
	<b>c</b> Gain or (loss)	<b>7c</b>	-36,227.	-3,485,868.			
<b>d</b> Net gain or (loss)			-3,522,095.	-3,485,868.		-36,227.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> JOINT VENTURE INCOME	<b>Business Code</b>					
		900099	43,225,369.	43,006,901.	218,468.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue	900099	160,214.	160,214.			
<b>e Total.</b> Add lines 11a-11d			43,385,583.				
<b>12 Total revenue.</b> See instructions			2,854,370,955.	2,649,761,169.	10,447,540.	781,424.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	45,275.	45,275.		
<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 .....	1,418,768,252.	1,367,749,144.	51,019,108.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,628,036.	10,063,881.	564,155.	
<b>9</b> Other employee benefits .....	123,711,942.	115,719,485.	7,992,457.	
<b>10</b> Payroll taxes .....	108,122,294.	104,738,424.	3,383,870.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,890,043.		3,890,043.	
<b>c</b> Accounting .....	3,707,996.		3,707,996.	
<b>d</b> Lobbying .....	582,309.		582,309.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	32,094.		32,094.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	257,234,304.	250,141,484.	7,092,820.	
<b>12</b> Advertising and promotion .....	10,423,973.	9,340,301.	1,083,672.	
<b>13</b> Office expenses .....	1,776,807.	1,078,504.	698,303.	
<b>14</b> Information technology .....	9,485,410.	4,670,894.	4,814,516.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	308,133,513.	306,379,864.	1,753,649.	
<b>17</b> Travel .....	29,387,545.	25,868,954.	3,518,591.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	69,211,839.	69,211,839.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	40,189,370.	31,575,666.	8,613,704.	
<b>23</b> Insurance .....	70,166,575.	70,166,575.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROVIDER TAX	115,907,625.	115,907,625.		
<b>b</b> MEDICAL SUPPLIES	88,634,288.	88,634,288.		
<b>c</b> DRUGS	79,222,108.	79,222,108.		
<b>d</b> STATE UBI TAX	12,000.	12,000.		
<b>e</b> All other expenses	119,315,522.	109,574,864.	9,740,658.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,868,589,120.	2,760,101,175.	108,487,945.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	114,618,329.	<b>1</b>	77,857,363.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	317,244,444.	<b>4</b>	276,780,730.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	18,191,417.	<b>9</b>	13,991,802.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 221,061,596.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 67,920,282.	147,387,333.	<b>10c</b> 153,141,314.
	<b>11</b> Investments - publicly traded securities .....	43,846,803.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	535,217,672.	<b>13</b>	523,610,889.
	<b>14</b> Intangible assets .....	3,244,069,399.	<b>14</b>	3,210,910,840.
	<b>15</b> Other assets. See Part IV, line 11 .....	71,465,837.	<b>15</b>	76,203,124.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,492,041,234.	<b>16</b>	4,332,496,062.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	773,059,023.	<b>17</b>	978,832,949.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	6,480,466.	<b>21</b>	12,469,947.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	83,491.	<b>23</b>	83,491.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,068,105,826.	<b>25</b>	2,128,961,295.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,847,728,806.	<b>26</b>	3,120,347,682.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,644,312,428.	<b>27</b>	1,212,148,380.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,644,312,428.	<b>32</b>	1,212,148,380.
<b>33</b> Total liabilities and net assets/fund balances .....	4,492,041,234.	<b>33</b>	4,332,496,062.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,854,370,955.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,868,589,120.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-14,218,165.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,644,312,428.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	437,727.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	6,571.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-418,390,181.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,212,148,380.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>		X



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</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 .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</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 .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....					193,380,822.	193,380,822.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....			1292273739.	2930598682.	2610079922.	6832952343.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....			1292273739.	2930598682.	2803460744.	7026333165.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						7026333165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....			1292273739.	2930598682.	2803460744.	7026333165.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			4,038,175.	2,458,999.	817,651.	7,314,825.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....			4,038,175.	2,458,999.	817,651.	7,314,825.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....			273,468.	439,087.	216,468.	929,023.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			32,645,120.	39,512,706.	43,167,115.	115,324,941.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			1329230502.	2973009474.	2847661978.	7149901954.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER OPERATING REV

2018 AMOUNT: \$ 16,643,135.

JOINT VENTURE INCOME

2018 AMOUNT: \$ 15,760,959.

2019 AMOUNT: \$ 33,694,304.

2020 AMOUNT: \$ 43,006,901.

ALL OTHER REVENUE

2018 AMOUNT: \$ 241,026.

2019 AMOUNT: \$ 5,818,402.

2020 AMOUNT: \$ 160,214.

PART III, SHORT YEAR EXPLANATION:

HCR MANORCARE, INC. WAS RECOGNIZED AS A 501(C)(3) TAX-EXEMPT

ORGANIZATION AS OF APRIL 20, 2018. AS A RESULT, TAX YEAR 2018 WAS A

SHORT YEAR COVERING THE PERIOD FROM APRIL 20, 2018 THROUGH DECEMBER 31,

2018.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

HCR MANORCARE, INC.

Employer identification number

82-5373223

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  HCR MANORCARE, INC.	Employer identification number  82-5373223
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 199,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 192,869,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 14,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 52,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 108,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 14,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HCR MANORCARE, INC.	Employer identification number  82-5373223
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 62,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 51,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  HCR MANORCARE, INC.	Employer identification number  82-5373223
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  HCR MANORCARE, INC.	Employer identification number  82-5373223
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on 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," on 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," on 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 organization <p style="text-align: center;">HCR MANORCARE, INC.</p>	Employer identification number <p style="text-align: center;">82-5373223</p>
--	---

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**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.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots 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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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? .....														

Yes  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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<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 on 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? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		47,324.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		534,985.
<b>j</b> Total. Add lines 1c through 1i .....			582,309.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<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 campaign activity 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? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	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-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

HCR MANORCARE, INC. PAID FEES TO THE FOLLOWING COMPANIES: FORBES TATE

PARTNERS, LLC, BALLARD PARTNERS, INC. AND GOVERNMENTAL POLICY GROUP INC. A

PORTION OF THESE FEES ARE ALLOCABLE TO LOBBYING.

HCR MANORCARE, INC. PAYS DUES TO THE FOLLOWING ORGANIZATIONS- A PORTION OF

WHICH IS ALLOCABLE TO LOBBYING:



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: HCR MANORCARE, INC. Employer identification number: 82-5373223

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Conservation Easements section containing multiple questions (1-9) about easement purposes, monitoring, and reporting, with a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Part III questions (1a-1b, 2a-2b) regarding reporting requirements for art and historical treasures, including revenue and asset values.

**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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" on 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
1a Land		1,530,000.		1,530,000.
b Buildings		36,476,917.	4,838,346.	31,638,571.
c Leasehold improvements		48,562,974.	10,976,870.	37,586,104.
d Equipment		103,651,542.	52,105,066.	51,546,476.
e Other		30,840,163.		30,840,163.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				153,141,314.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) WELL PM PROPERTIES, LLC	496,645,688.	COST
(2) HEARTLAND HEALTHCARE SERVICES, LLC	26,965,201.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	523,610,889.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION PLAN LIABILITY	437,210.
(3) DUE TO AFFILIATES	29,190,066.
(4) LONG TERM LEASE AND OTHER ACCRUED LIABILITIES	2,099,334,019.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,128,961,295.

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 FASB 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" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

PART IV, LINE 2B:

THIS ENTITY HAS CUSTODIAL ACCOUNTS USED TO HOLD THE PORTION OF RESIDENTS'

PAYMENTS ORIGINATING FROM SSI OR SIMILAR THAT RELATE TO PERSONAL NEEDS.

THE ASSETS ARE BOOKED AS RESTRICTED CASH WITH AN OFFSETTING LIABILITY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **HCR MANORCARE, INC.** Employer identification number **82-5373223**

**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" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604	34-4427947	501(C)(3)	35,108.	0.			CHARITABLE DONATION
WISCONSIN HOSPICE AND PALLIATIVE CARE ASSOCIATION INC. - PO BOX 424 - OXFORD, WI 53952	83-3382962	501(C)(3)	10,000.	0.			CHARITABLE DONATION

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

HCR MANORCARE, INC.

Employer identification number

82-5373223

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input checked="" 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 checked="" 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 (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

- 3** Indicate which, if any, of the following the 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 on 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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Schedule J (Form 990) 2020

**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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RANDALL OOSTRA PHS PRES. & CEO, EX OFFICIO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,973,076.	1,805,059.	193,503.	117,599.	19,387.	4,108,624.	0.
(2) STEVEN M. CAVANAUGH TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,330,912.	710,821.	6,441.	82,144.	22,921.	2,153,239.	0.
(3) KAREN STRAUSS CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,005,788.	466,613.	13,477.	22,418.	27,473.	1,535,769.	0.
(4) JEFFREY C. KUHN SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	716,660.	391,346.	15,405.	44,915.	17,242.	1,185,568.	0.
(5) DAVID PARKER PRES., EX OFFICIO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	682,589.	175,361.	1,081.	33,745.	30,680.	923,456.	0.
(6) MATTHEW KANG CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	567,352.	149,936.	3,271.	18,186.	23,538.	762,283.	0.
(7) SUSAN MOREY SVP OPERATIONS (SKILLED NURSING AND	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	435,120.	114,763.	2,753.	22,231.	14,875.	589,742.	0.
(8) MICHAEL REED SVP OPERATIONS (ASSISTED LIVING, HOM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	432,360.	103,871.	4,287.	13,622.	27,192.	581,332.	0.
(9) JON GAUDINO DIRECTOR MEDICAL SUPPORT SERVICE	(i)	266,099.	400.	0.	0.	15,475.	281,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DOUGLAS MOCK AVP ASSISTANT GENERAL MANAGER	(i)	231,592.	41,624.	0.	0.	2,297.	275,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VICTORIA STROM DIRECTOR MARKET DEVELOPMENT	(i)	211,356.	51,894.	0.	0.	6,582.	269,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PETER ALLEGRETTI GENERAL MANAGER	(i)	183,107.	74,771.	0.	0.	10,149.	268,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NICOLE PADMORE DIVISION MEDICAL DIR-MED SERVICES	(i)	234,231.	23,739.	0.	0.	0.	257,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 1A:

CHARTER TRAVEL:

2 OFFICERS- NOT INCLUDED IN TAXABLE COMPENSATION

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

2 HIGHEST COMPENSATED EMPLOYEES - INCLUDED IN TAXABLE COMPENSATION

PART I, LINE 1B:

PAYMENTS FOR TAX INDEMNIFICATION AND GROSS-UP HAD POLICIES IN PLACE AND ALL

PROPER PROTOCOLS WERE FOLLOWED DURING 2020.

DUE TO EXTENUATING CIRCUMSTANCES RELATED TO THE COVID-19 PANDEMIC THAT

LIMITED FLIGHT SCHEDULES AND ABILITY TO TRAVEL, CHARTERED FLIGHT SERVICES

WERE UTILIZED WHEN NECESSARY AS THE ONLY FEASIBLE TRAVEL SOLUTION DURING

TAX YEAR 2020. THIS WAS NECESSARY IN ORDER TO ENABLE EXECUTIVES TO BE ABLE

TO CONTINUE TO CONDUCT BUSINESS WHEN COMMERCIAL FLIGHTS WERE NOT AVAILABLE

TO MEET SCHEDULED MEETINGS AND DUE TO SCHEDULE CONSTRAINTS. DURING 2020

THERE WAS NOT A POLICY GOVERNING THIS TYPE OF TRAVEL IN PLACE AS IT WAS NOT

**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.

FORESEEN IT WOULD BE NECESSARY. CURRENTLY A POLICY IS BEING DRAFTED TO ENSURE PROPER COMPLIANCE AND GOVERNANCE OF THESE EXPENDITURES IN THE FUTURE.

PART I, LINE 3:

PROMEDICA HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION OF HCR MANORCARE INC., USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 4B:

ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS



**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.

TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE

EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II,

COLUMN B IN THE YEAR PAID.

NO SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY

LISTED PERSONS IN PART VII.

SCHEDULE J, SUPPLEMENTAL INFORMATION:

IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE

PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE

MADE DURING THE YEAR.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

HCR MANORCARE, INC.

Employer identification number

82-5373223

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PLANS AND COMMUNITY ORGANIZATIONS BY PROVIDING ACCESS TO A VARIETY OF

POST-HOSPITAL CARE SERVICES IN THE COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 4:

HCR MANORCARE'S SKILLED NURSING FACILITIES (SNF), THE MAJORITY OF WHICH

DO BUSINESS UNDER THE TRADE NAMES "HEARTLAND" AND "MANORCARE HEALTH

SERVICES," PROVIDE SKILLED NURSING AND REHABILITATION SERVICES DURING

RECOVERY AFTER A HOSPITALIZATION STAY. HCR MANORCARE IS THE POST-ACUTE

DIVISION OF PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA), A MISSION BASED,

NOT-FOR-PROFIT HEALTHCARE ORGANIZATION FOCUSED ON THE HEALTH AND

WELLBEING OF THE COMMUNITIES IT SERVES. HEADQUARTERED IN TOLEDO, OHIO,

PROMEDICA IS THE COUNTRY'S 15TH LARGEST HEALTHCARE PROVIDER. THE

COMPANY'S STEWARDSHIP OF RESOURCES HAS ENABLED WISE INVESTMENT IN

PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS AND

FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA

RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST

APPROPRIATE SETTING. HCR MANORCARE OPERATES 172 SKILLED NURSING WHERE

NURSES AND PHYSICIANS WORK COLLABORATIVELY TO MANAGE COMPLEX MEDICAL

CONDITIONS, PROVIDING CARDIOLOGY, NEUROLOGY, ONCOLOGY, PULMONARY,

ORTHOPAEDIC, AND WOUND CARE SERVICES. REHABILITATION SERVICES PROVIDE

PATIENTS WITH THE TOOLS THEY NEED TO FUNCTION AT THEIR HIGHEST

POTENTIAL. THESE SERVICES INCLUDE PHYSICAL AND OCCUPATIONAL THERAPIES,

AS WELL AS SPEECH AND LANGUAGE PATHOLOGY. HCR MANORCARE FACILITIES

PROVIDE LONG-TERM CARE ASSISTANCE 24 HOURS A DAY TO THOSE WHO MEET THE

SKILLED NURSING REQUIREMENTS AND CANNOT LIVE INDEPENDENTLY. ADDITIONAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

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SERVICES SUCH AS PALLIATIVE AND HOSPICE CARE CAN ALSO BE PROVIDED IN  
THE SKILLED NURSING SETTING.

IN 2020, HCR MANORCARE'S SNFS PROVIDED OVER 5,243,261 CARE DAYS TO ITS  
PATIENTS AND RESIDENTS.

IN 2020, HCR MANORCARE'S SNFS EXPENDED 695,580,000 IN NET PAYROLL,  
PROVIDING 35,516 JOBS IN 25 STATES. A TOTAL OF \$31,193,000 WAS WITHHELD  
IN EMPLOYEE STATE AND LOCAL TAXES.

IN 2020, HCR MANORCARE SUPPORTED EDUCATION, HEALTH AND WELLNESS EVENTS,  
DONATING OVER 45,000.

HCR MANORCARE INC.'S SKILLED NURSING AND REHABILITATION CENTERS,  
PRIMARILY OPERATING UNDER THE BRAND NAMES HEARTLAND, MANORCARE AND  
PROMEDICA, DEMONSTRATE PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING  
HIGH-QUALITY HEALTH CARE TO ALL ELIGIBLE PATIENTS REGARDLESS OF THEIR  
RACE, CREED, NATIONAL ORIGIN, DISABILITY OR AGE. THE CENTERS PROVIDE  
PATIENTS WITH HOME ASSESSMENTS AND COMMUNITY RESOURCES FOR A SAFE AND  
HEALTHY TRANSITION HOME. THE CENTERS GRANT PATIENTS AND RESIDENTS THEIR  
WISHES THROUGH THE ORGANIZATION'S HEARTS' DESIRE PROGRAM. SINCE  
VISITATION WAS PROHIBITED DURING THE MAJORITY OF 2020, MANY OF THESE  
WISHES WERE DONE VIRTUALLY THROUGH THE USE OF HUNDREDS OF IPADS THAT  
WERE ACQUIRED TO KEEP RESIDENTS AND PATIENTS ENGAGED WITH THE OUTSIDE  
COMMUNITY. IN 2020, THE ORGANIZATION CONTINUED TO OFFER COMMUNITY  
HEALTH RELATED EDUCATIONAL EVENTS SUCH AS REDUCING STRESS AND HEALTH  
AND WELLNESS THROUGH VIRTUAL AND ONLINE EDUCATION. FACILITIES HOSTED  
DRIVES TO COLLECT DONATIONS SUCH AS PPE AND FOOD FOR NON-PROFIT

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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ORGANIZATIONS. THROUGHOUT THE PANDEMIC, THE SKILLED NURSING FACILITIES WERE PROACTIVE IN PROTECTING AND ENGAGING PATIENTS WITH THE CREATION OF AIRBORNE ISOLATION UNITS WITHIN THE CENTERS, SOCIALLY DISTANCED ACTIVITIES AND VIRTUAL VISITS WITH FAMILY, COMMUNITY ENTERTAINMENT AND PET THERAPY. THE SKILLED NURSING CENTERS PROVIDED MORE THAN 128 COMMUNITY-BASED HEALTH CARE PROFESSIONALS WITH CONTINUING EDUCATION CREDITS THROUGH THE OFFERING OF EIGHT COURSES. THIS WAS LIMITED DUE TO PANDEMIC RESTRICTIONS AND HEALTH CARE PROVIDERS' LIMITED AVAILABILITY.

IN SUMMARY, HCR MANORCARE'S SKILLED NURSING FACILITIES (SNF), HOME HEALTH AND HOSPICE SERVICES (HHH), AND ASSISTED LIVING FACILITIES (ALF) CONTRIBUTED \$61,911,000 IN COMMUNITY BENEFIT EXPENDITURES, ALL OF WHICH WAS ATTRIBUTED TO THE COSTS NOT REIMBURSED BY THE GOVERNMENT FOR TREATING MEDICAID PATIENTS. IN ADDITION, HCR MANORCARE'S COST OF BAD DEBT FOR 2020 WAS \$20,795,000, THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$61,911,000. THESE NUMBERS NOT ONLY INDICATE HCR MANORCARE'S COMMITMENT TO THE COMMUNITY, BUT ALSO FULFILL OUR NOT-FOR-PROFIT STATUS BY PROVIDING ACCESS TO A VARIETY OF POST-HOSPITAL CARE SERVICES IN THE COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 4:

HCR MANORCARE'S HOME HEALTH AND HOSPICE SERVICES (HHH), THE MAJORITY OF WHICH DO BUSINESS AS HEARTLAND HOME HEALTH CARE AND HEARTLAND HOSPICE CARE, PROVIDE NURSING, REHABILITATION, SOCIAL SERVICES, PALLIATIVE CARE, BEREAVEMENT AND PATIENT AND FAMILY COUNSELING SERVICES FOR PATIENTS RECOVERING FROM A HOSPITAL STAY OR DIAGNOSED WITH A TERMINAL ILLNESS. HCR MANORCARE IS THE POST-ACUTE DIVISION OF PROMEDICA HEALTH

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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SYSTEM, INC. (PROMEDICA), A MISSION BASED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION FOCUSED ON THE HEALTH AND WELLBEING OF THE COMMUNITIES IT SERVES. HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA IS THE COUNTRY'S 15TH LARGEST HEALTHCARE PROVIDER. THE COMPANY'S STEWARDSHIP OF RESOURCES HAS ENABLED WISE INVESTMENT IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING. HCR MANORCARE OPERATES 135 HOME HEALTH AND HOSPICE AGENCIES ACROSS THE COUNTRY.

HOME HEALTH CAREGIVERS PROVIDE NURSING AND REHABILITATION SERVICES TO PATIENTS AT HOME AND IN SKILLED NURSING OR ASSISTED LIVING FACILITIES. HOME HEALTH CARE SERVICES ARE DESIGNED TO ASSIST THOSE INDIVIDUALS WHO WISH TO STAY AT HOME OR IN ANOTHER RESIDENTIAL SETTING BUT STILL REQUIRE SOME DEGREE OF MEDICAL CARE OR ASSISTANCE WITH DAILY ACTIVITIES, AS WELL AS PATIENTS WHO CONTINUE TO REQUIRE SERVICES AFTER HAVING BEEN DISCHARGED FROM A HIGHER ACUITY SETTING. NURSES AND THERAPISTS PROVIDE SERVICES SUCH AS WOUND CARE, INFUSION THERAPY, REHABILITATION, AND ASSIST PATIENTS WITH DAILY ACTIVITIES.

HOSPICE SERVICES ARE DESIGNED TO PROVIDE A BROAD RANGE OF SERVICES TO PATIENTS NEARING THE END OF LIFE. HOSPICE SERVICES CAN INCLUDE PAIN AND SYMPTOM MANAGEMENT, SKILLED NURSING CARE, PHYSICIAN SERVICES, HOME HEALTH AIDE, PATIENT COUNSELING AND FAMILY BEREAVEMENT COUNSELING. SERVICES ARE PROVIDED BY AN INTERDISCIPLINARY TEAM CONSISTING OF NURSES, SOCIAL WORKERS, SPIRITUAL CARE COORDINATORS, BEREAVEMENT COORDINATORS AND NURSE PRACTITIONERS.

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IN 2020, HCR MANORCARE'S HOSPICE CARE PROVIDED 35,000 STARTS OF CARE TO  
ITS PATIENTS.

IN 2020, HCR MANORCARE'S HOME HEALTH CARE PROVIDED 260,745 TOTAL  
VISITS TO ITS PATIENTS.

IN 2020, HCR MANORCARE'S HHHS EXPENDED \$228,168,000 IN NET PAYROLL,  
PROVIDING 7,918 JOBS IN 24 STATES. A TOTAL OF \$11,864,000 WAS WITHHELD  
IN EMPLOYEE STATE AND LOCAL TAXES.

HCR MANORCARE, INC.'S HOME HEALTH AND HOSPICE AGENCIES, PRIMARILY  
OPERATING UNDER THE BRAND NAMES HEARTLAND AND PROMEDICA, DEMONSTRATE  
PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY CARE AND  
SUPPORT TO ALL ELIGIBLE PATIENTS AND FAMILIES REGARDLESS OF THEIR RACE,  
CREED, NATIONAL ORIGIN, DISABILITY OR AGE. THE HOSPICE AGENCIES PREPARE  
PATIENTS AND THEIR FAMILY MEMBERS FOR END OF LIFE AND PROVIDE  
BEREAVEMENT COUNSELING AND FOLLOW-UP TO FAMILIES A YEAR AFTER THE  
PATIENT PASSES. THE AGENCIES ALSO PROVIDE UNIQUE SERVICES TO VETERANS,  
HOLIDAY SUPPORT, SUPPORT GROUPS, AND WORKSHOPS TO ANYONE IN THE  
COMMUNITY WHO NEEDS ADDITIONAL HELP TO GET THROUGH THE LOSS OF A LOVED  
ONE. PATIENTS' WISHES ARE GRANTED THROUGH THE ORGANIZATIONS HEART'S  
DESIRE PROGRAM. SINCE VISITATION WAS PROHIBITED DURING MOST OF THE  
YEAR, MANY OF THESE WISHES WERE DONE VIRTUALLY THROUGH THE USE OF  
HUNDREDS OF IPADS THAT WERE ACQUIRED TO KEEP PATIENTS AND THEIR  
FAMILIES ENGAGED WITH THE COMMUNITY. THROUGH GRANTS FROM THE HOSPICE  
MEMORIAL FUND, GRIEF CAMPS FOR CHILDREN AND ADULTS ARE NORMALLY OFFERED  
AS WELL AS EDUCATIONAL SESSIONS AND LIFE CELEBRATION EVENTS. MANY OF  
THESE WERE CANCELLED OR HOSTED VIRTUALLY DUE TO THE PANDEMIC. THE FUND

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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ALSO PROVIDES STABILIZING RESOURCES FOR HOSPICE PATIENTS AND FAMILIES

IN FINANCIAL DISTRESS DUE TO THE LACK OF OR REDUCTION IN INCOME FROM

TERMINAL ILLNESS OR DISEASE.

FORM 990, PART III, LINE 4:

HCR MANORCARE'S ASSISTED LIVING FACILITIES (ALF), THE MAJORITY OF WHICH

DO BUSINESS UNDER THE TRADE NAME ARDEN COURTS, PROVIDE ASSISTED LIVING

SERVICES FOR THOSE WHO ARE LIVING WITH A DEMENTIA DIAGNOSIS OR REQUIRE

ASSISTANCE WITH ACTIVITIES OF DAILY LIVING. HCR MANORCARE IS THE

POST-ACUTE DIVISION OF PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA), A

MISSION BASED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION FOCUSED ON THE

HEALTH AND WELLBEING OF THE COMMUNITIES IT SERVES. HEADQUARTERED IN

TOLEDO, OHIO, PROMEDICA IS THE COUNTRY'S 15TH LARGEST HEALTHCARE

PROVIDER. THE COMPANY'S STEWARDSHIP OF RESOURCES HAS ENABLED WISE

INVESTMENT IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE

PROGRAMS AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS

AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE

MOST APPROPRIATE SETTING. HCR MANORCARE OPERATES 55 ASSISTED LIVING

WITH THE MAJORITY OF THE COMMUNITIES DESIGNED SPECIFICALLY FOR THOSE

LIVING WITH ALZHEIMER'S OR RELATED DEMENTIA. ASSISTED LIVING

COMMUNITIES PROVIDE ASSISTANCE WITH DRESSING, BATHING, MEAL PREPARATION

AND MEDICATIONS IN A HOMELIKE SETTING. PROGRAMMING ACTIVITIES ARE

DESIGNED SPECIFICALLY FOR THE INDIVIDUAL RESIDENT'S NEEDS AND

ABILITIES. ADDITIONAL SERVICES SUCH AS PALLIATIVE AND HOSPICE CARE CAN

ALSO BE PROVIDED IN THE ASSISTED LIVING SETTING.

IN 2020, HCR MANORCARE'S ALFS PROVIDED 963,886 DAYS OF CARE TO ITS

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RESIDENTS.

IN 2020, HCR MANORCARE'S ALFS EXPENDED 68,386,000 IN NET PAYROLL,

PROVIDING 5,113 JOBS IN 24 STATES. A TOTAL OF

\$2,428,000 WAS WITHHELD IN EMPLOYEE STATE AND LOCAL TAXES.

HCR MANORCARE, INC.'S ASSISTED LIVING FACILITIES, PRIMARILY OPERATING

UNDER THE BRAND NAME ARDEN COURTS MEMORY CARE COMMUNITIES, DEMONSTRATE

PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY CARE AND

ENGAGEMENT TO ALL ELIGIBLE RESIDENTS REGARDLESS OF THEIR RACE, CREED,

NATIONAL ORIGIN, DISABILITY OR AGE. THE COMMUNITIES PROVIDE RESIDENTS

WITH A PLACE TO PARTICIPATE AND THRIVE IN MEANINGFUL ACTIVITIES AND

LIVE IN A SAFE ENVIRONMENT. DURING THE PANDEMIC, THE ASSISTED LIVING

MODEL WAS TRANSITIONED FROM A SOCIAL MODEL TO A MORE MEDICAL MODEL TO

ENSURE RESIDENT SAFETY AND ENGAGEMENT. THE FACILITIES WERE PROACTIVE IN

PROTECTING AND ENGAGING RESIDENTS WITH THE CREATION OF AIRBORNE

ISOLATION UNITS WITHIN THE CENTERS, SOCIALLY DISTANCED ACTIVITIES AND

VIRTUAL VISITS WITH FAMILY, COMMUNITY ENTERTAINMENT, AND PET THERAPY.

THE FACILITIES CONTINUED TO PROVIDE FAMILY AND COMMUNITY RESOURCES TO

HELP COPE AND LIVE WITH SOMEONE WITH A DEMENTIA DIAGNOSIS. BECAUSE OF

THE PANDEMIC, THESE EVENTS WERE MOVED TO AN ONLINE FORMAT AND WERE ABLE

TO REACH A GREATER AUDIENCE. IN 2020, THE ORGANIZATION OFFERED MORE

THAN 12 WEBINARS WITH AN AVERAGE OF 561 REGISTRATIONS AND 311 ATTENDEES

PER EVENT; MORE THAN 146 MEMORY CARE CAFES AND SUPPORT GROUPS AND

HOSTED 120 COMMUNITY FOCUSED EVENTS. INTERNAL, LOCAL AND NATIONALLY

KNOWN SPEAKERS WERE USED TO PROVIDE THESE FREE SERVICES TO COMMUNITIES.

THE FACILITIES ALSO GRANT RESIDENTS THEIR WISHES THROUGH THE

ORGANIZATION'S HEARTS' DESIRE PROGRAM. SINCE VISITATION WAS PROHIBITED



Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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DURING THE MAJORITY OF THE YEAR, MANY OF THESE WISHES WERE DONE VIRTUALLY THROUGH THE USE OF HUNDREDS OF IPADS THAT WERE ACQUIRED TO KEEP RESIDENTS ENGAGED WITH THE OUTSIDE COMMUNITY. THE ASSISTED LIVING COMMUNITIES PROVIDED MORE THAN 66 COMMUNITY-BASED HEALTH CARE PROFESSIONALS WITH CONTINUING EDUCATION CREDITS THROUGH THE OFFERING OF SIX COURSES. THIS WAS LIMITED DUE TO PANDEMIC RESTRICTIONS AND HEALTH CARE PROVIDERS' LIMITED AVAILABILITY.

FORM 990, PART IV, LINE 24A

HCR MANORCARE, INC. IS A SUBSIDIARY OF PROMEDICA HEALTH SYSTEM, INC. (PHS). HCR MANORCARE, INC. HOLDS AN INTERCOMPANY NOTE PAYABLE TO THE TOLEDO HOSPITAL, WHICH IS ALSO A SUBSIDIARY OF PHS. THE NOTE PAYABLE REPRESENTS HCR MANORCARE, INC.'S PORTION OF TAXABLE AND TAX-EXEMPT BONDS ISSUED BY PROMEDICA HEALTHCARE OBLIGATED GROUP.

FORM 990, PART VI, SECTION A, LINE 6:

AS AN OHIO NON-PROFIT ORGANIZATION, THIS CORPORATION HAS A CORPORATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

PROMEDICA HEALTH SYSTEM, INC. (PHS) IS THE PARENT CORPORATION AND SOLE MEMBER OF HCR MANORCARE, INC. AS THE MEMBER, PHS HAS THE RIGHT TO (A) ELECT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES OF HCR MANORCARE, INC.; AND (B) FILL ANY VACANCY ON THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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WHILE THE BOARD OF TRUSTEES OF EACH BUSINESS UNIT IS GRANTED CERTAIN POWERS

WITH RESPECT TO SUCH BUSINESS UNIT'S OPERATIONS, AS THE MEMBER, PROMEDICA

HEALTH SYSTEM, INC. RETAINS APPROVAL RIGHTS WITH RESPECT TO CERTAIN

CORPORATE ACTIONS SUCH AS (I) ADOPTION OF THE BUSINESS UNIT'S STRATEGIC

PLANS AND FINANCIAL PLANS, (II) EXPENDITURES FOR NON-BUDGETED ITEMS IN

EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (III)

EXPENDITURES FOR ITEMS WHICH ARE INCLUDED IN THE BUSINESS UNIT'S ANNUAL

BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF

CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (IV) INCURRENCE,

ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS, (V) SALE, LEASE OR OTHER

DISPOSITION OF REAL PROPERTY OR ASSETS WITH A VALUE IN EXCESS OF CERTAIN

DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER AND (VI) ANY MERGER,

CONSOLIDATION, REORGANIZATION, DISSOLUTION OR LIQUIDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 RETURNS OF PROMEDICA HEALTH SYSTEM, INC. (PHS) AND ITS SUBSIDIARIES

ARE PREPARED BY THE PHS TAX DEPARTMENT WITH THE ASSISTANCE OF FINANCE. THE

RETURNS ARE REVIEWED BY THE AVP OF TAX BEFORE BEING PROVIDED TO THE

RESPECTIVE COMPANY'S BOARD OF TRUSTEES PRIOR TO FILING. ANY COMMENTS OR

QUESTIONS FROM THE BOARD ARE REVIEWED AND INCORPORATED INTO THE RETURN IF

APPROPRIATE. FINAL RETURNS ARE PROVIDED TO A PRINCIPAL OFFICER FOR

SIGNATURE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

PROMEDICA HEALTH SYSTEM, INC. AND AFFILIATES (PHS) HAVE STANDARDS OF

CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES. BOARD MEMBERS

AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE

STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT.

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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## BOARD MEMBERS

ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL

BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER SOC

SURVEY WITHIN 30 DAYS OF DISSEMINATION. BOARD MEMBER SOC SURVEYS ARE

REVIEWED BY THE V.P., AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO).

SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL

OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND THE PRESIDENT AND

CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UPON THEIR RESPECTIVE

KNOWLEDGE OF THE BOARD MEMBERS. THE PURPOSE OF THIS REVIEW IS TO BOTH

INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY

TO THE V.P., AUDIT & COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS. THE

AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER

SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW)

TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL

TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE.

THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT &

COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/CEO. THE REPORT INCLUDES

A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS

IDENTIFIED, AND THEIR RESOLUTION. ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY

THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED.

FAILURE TO COMPLETE THE SURVEY OR THE SUBMISSION OF A FALSE OR INCOMPLETE

SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST

THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND

COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S SURVEY

RESULTS OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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BY THE BOARD OF TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE

BOARD/COMMITTEE/COUNCIL.

EMPLOYEES

ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL

BONUS-ELIGIBLE SENIOR LEADERSHIP AND SPECIFICALLY IDENTIFIED ADDITIONAL

EMPLOYEES, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE

CERTIFICATION QUESTIONNAIRE BY AN ESTABLISHED DEADLINE THAT IS COMMUNICATED

TO THE EMPLOYEE. THE HUMAN RESOURCES DEPARTMENT ENSURES THAT ALL

QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDES

NOTIFICATION TO THE V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL

EMPLOYEE CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY

QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE

AUDIT & COMPLIANCE DEPARTMENT.

ALL NEW EMPLOYEES, EXCLUDING EMPLOYED PHYSICIANS, ARE PROVIDED EITHER AN

ELECTRONIC OR PAPER COPY OF THE EMPLOYEE STANDARD OF CONDUCT AND THE

EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO

COMPLETE PRIOR TO BEGINNING EMPLOYMENT. THE AUDIT & COMPLIANCE DEPARTMENT

HAS ACCESS TO A REPORT THAT IDENTIFIES ALL NEW HIRES. A SAMPLE OF

EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE THAT REQUIRED

DOCUMENTATION IS ON FILE.

IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE V.P., AUDIT & COMPLIANCE

AND IF NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT IN WHICH THE

EMPLOYEE WORKS, THE CHIEF HUMAN RESOURCE OFFICER, AND GENERAL COUNSEL. IF

THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS  
PRESIDENT/CEO. RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE  
ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE.

FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A  
FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE  
IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO  
COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION  
OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE OR HIS/HER ACTIONS  
OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION UP TO AND INCLUDING  
TERMINATION OF EMPLOYMENT.

ADDITIONALLY, AS PART OF THE ANNUAL MANDATORY COMPLIANCE TRAINING ASSIGNED  
TO ALL PROMEDICA EMPLOYEES, EACH EMPLOYEE IS REQUIRED TO ELECTRONICALLY  
ACKNOWLEDGE THAT THEY HAVE RECEIVED A COPY OF THE PROMEDICA STANDARDS OF  
CONDUCT, THAT THEY UNDERSTAND HOW THE STANDARDS APPLY TO THEM, ACKNOWLEDGE  
THEIR OBLIGATION TO FOLLOW THEM, THEIR OBLIGATION TO REPORT VIOLATIONS OF  
THE STANDARDS OR REQUESTS THAT WOULD RESULT IN VIOLATIONS OF THE STANDARDS  
TO APPROPRIATE COMPANY OFFICERS AND THAT THEY HAVE REPORTED ALL VIOLATIONS  
KNOWN TO THEM AS REQUIRED BY THE STANDARDS. IN ADDITION THE ATTESTATION  
STATES ANY CONFLICTS OF INTEREST OR OTHER MATTERS FOR WHICH THE STANDARDS  
REQUIRE WRITTEN DISCLOSURE TO THE COMPANY HAVE BEEN SO DISCLOSED BY THE  
EMPLOYEE AND THEY UNDERSTAND AND ACKNOWLEDGE THAT TO THE EXTENT THEY ARE AN  
AT-WILL EMPLOYEE, THE STANDARDS DO NOT AFFECT THE AT-WILL NATURE OF MY  
EMPLOYMENT RELATIONSHIP WITH THE COMPANY.

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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COMPENSATION OF HCR MANORCARE, INC.'S TOP MANAGEMENT OFFICIAL AND OTHER

OFFICERS WAS DETERMINED BY A COMPENSATION COMMITTEE OF PROMEDICA HEALTH

SYSTEM, INC. (PHS), A RELATED TAX-EXEMPT ORGANIZATION, EACH YEAR

INDEPENDENT CONSULTANTS CONDUCT AN ANNUAL SURVEY AND RECOMMEND EXECUTIVE

PAYROLL BASE SALARY RANGES BASED UPON THE MARKET. THE DATA IS REVIEWED AND

APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION COMMITTEE EVERY

OCTOBER. SALARY ADJUSTMENTS ARE DETERMINED AT THE DECEMBER MEETING OF THE

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE APPROVES OTHER FORMS OF

COMPENSATION BASED UPON THE PRIOR YEAR PERFORMANCE AT THE JANUARY MEETING

EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

PROMEDICA HEALTH SYSTEM, INC. AND SUBSIDIARIES PROVIDE ANY DOCUMENT OPEN TO

PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET TRANSFER FROM RELATED ENTITIES -267,887,995.

LOSS FROM DISCONTINUED OPERATIONS -708,678.

NET TRANSFER OF ASSETS FROM PROMEDICA CONTINUING CARE

SERVICES CORPORATION 3,778,265.

NET TRANSFER FROM PROMEDICA CONTINUUM SERVICES 7,429,210.

NET TRANSFER OF ASSETS FROM EMMA L. BIXBY MEDICAL CENTER 5,650,865.

TRANSFER OF SECURITIES TO TOLEDO HOSPITAL -50,710,848.

TRANSFER OF CASH TO TOLEDO HOSPITAL -115,941,000.

TOTAL TO FORM 990, PART XI, LINE 9 -418,390,181.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Name of the organization HCR MANORCARE, INC.	Employer identification number 82-5373223
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FORM 990, PART XII, LINE 3B

THE REQUIRED SINGLE AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB

CIRCULAR A-133 HAS NOT YET BEEN COMPLETED. PLANS HAVE BEEN MADE TO HAVE

THE REQUIRED SINGLE AUDIT COMPLETED BY THE EXTENDED DUE DATE AS

ESTABLISHED IN OMB M-20-26.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>HCR MANORCARE, INC.</b>	Employer identification number <b>82-5373223</b>
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**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
AMERICAN REHABILITATION GROUP, LLC - 61-1284533, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	75,544.	0.	HCR MANORCARE, INC.
ANCILLARY SERVICES MANAGEMENT, LLC - 34-1636874, 333 N. SUMMIT ST., TOLEDO, OH 43604	MEDICAL SUPPLIES	OHIO	0.	0.	HCR HEALTHCARE, LLC
ARDEN COURTS OF AKRON OH, LLC - 26-0623857 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,458,803.	312,065.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF ALLENTOWN PA, LLC - 26-0623965, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,031,454.	402,885.	HCR III HEALTHCARE, LLC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BAY PARK COMMUNITY HOSPITAL - 34-1883132 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
COMMUNITY HEALTH CENTER OF BRANCH COUNTY - 38-6108110, 100 MADISON AVE., TOLEDO, OH 43604	HOSPITAL	MICHIGAN	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
DEFIANCE HOSPITAL AUXILIARY - 51-0173779 1200 RALSTON DEFIANCE, OH 43512	HOSPITAL / FOUNDATION SUPPORT	OHIO	501(C)(3)	10	DEFIANCE HOSPITAL, INC.	X	
DEFIANCE HOSPITAL, INC. - 34-4446484 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020



**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS OF ANNANDALE VA, LLC - 26-0624314, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,352,850.	431,043.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF ARLINGTON TX, LLC - 26-0624126, 333 N. SUMMIT ST., TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF AUSTIN TX, LLC - 26-0624145 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,526,991.	84,560.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF AVON CT, LLC - 26-0625113 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,806,233.	585,101.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF BINGHAM FARMS MI, LLC - 26-0622828, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,021,749.	158,567.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF CHERRY HILL NJ, LLC - 26-0623009, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,241,759.	324,871.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF DELRAY BEACH FL, LLC - 26-0625237, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,670,720.	638,491.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF ELK GROVE VILLAGE IL, LLC - 26-0625405, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,050,413.	192,053.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF FARMINGTON CT, LLC - 26-0625092, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,707,436.	319,070.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF FT. MYERS FL, LLC - 26-0625314, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,295,159.	715,335.	HCR III HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS OF GENEVA IL, LLC - 26-0625428 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,930,859.	356,300.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF GLEN ELLYN IL, LLC - 26-0625418, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,522,804.	544,281.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF HAMDEN CT, LLC - 26-0625105 333 N. SUMMIT ST. TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF HAZEL CREST IL, LLC - 26-0621940, 333 N. SUMMIT ST., TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF JEFFERSON HILLS PA, LLC - 26-0624075, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,171,428.	260,952.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF KENSINGTON MD, LLC - 26-0622568, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,158,603.	691,105.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF KENWOOD OH, LLC - 26-0623245 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,470,006.	329,286.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF KING OF PRUSSIA PA, LLC - 26-0624032, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,178,125.	650,341.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF LARGO FL, LLC - 26-0625141 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,653,300.	468,280.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF LIVONIA MI, LLC - 26-0622866 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,460,478.	249,660.	HCR IV HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS OF LOUISVILLE KY, LLC - 26-0622079, 333 N. SUMMIT ST., TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF MONROEVILLE PA, LLC - 26-0623898, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,015,920.	300,356.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF NORTHBROOK IL, LLC - 26-0625378, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,648,019.	123,486.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF PALM HARBOR FL, LLC - 26-0625222, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,407,467.	424,896.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF PALOS HEIGHTS IL, LLC - 26-0625390, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,652,870.	469,155.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF PARMA OH, LLC - 26-0623801 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,555,693.	185,515.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF PIKESVILLE MD, LLC - 26-0622121, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,560,286.	505,213.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF POTOMAC MD, LLC - 26-0622198 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,271,723.	703,742.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF RICHARDSON TX, LLC - 26-0624214, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,284,628.	367,835.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF RICHMOND - 85-4214133 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS OF SAN ANTONIO TX, LLC - 26-0624189, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,186,944.	280,786.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF SARASOTA FL, LLC - 26-0625246, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,287,459.	619,414.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF SEMINOLE FL, LLC - 26-0625266, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,941,039.	502,819.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF SILVER SPRING MD, LLC - 26-0622164, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,001,808.	267,892.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF SOUTH HOLLAND IL, LLC - 26-0622045, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,498,756.	181,807.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF STERLING HEIGHTS MI, LLC - 26-0622772, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,702,979.	125,541.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF TAMPA FL, LLC - 26-0625330 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,552,251.	629,987.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF TOWSON MD, LLC - 26-0622661 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,379,046.	466,914.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF W. ORANGE NJ, LLC - 26-0622938, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,981,130.	466,240.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF W. PALM BEACH FL, LLC - 26-0625258, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,810,187.	744,898.	HCR III HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS OF WAYNE NJ, LLC - 26-0622912 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,342,973.	560,477.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF WESTLAKE OH, LLC - 26-0623289, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,874,413.	163,017.	HCR IV HEALTHCARE, LLC
ARDEN COURTS OF WHIPPANY NJ, LLC - 26-0623155, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,545,086.	572,830.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF WILMINGTON DE, LLC - 26-0625127, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,720,977.	573,592.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF WINTER SPRINGS FL, LLC - 26-0625340, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,292,604.	601,497.	HCR III HEALTHCARE, LLC
ARDEN COURTS OF YARDLEY PA, LLC - 26-0623944 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,753,784.	257,027.	HCR III HEALTHCARE, LLC
ARDEN COURTS VIRGINIA BEACH - 85-4220787 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
ARDEN COURTS-ANDERSON OF CINCINNATI OH, LLC - 26-0623677, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,930,853.	539,530.	HCR IV HEALTHCARE, LLC
ARDEN COURTS-BAINBRIDGE OF CHAGRIN FALLS OH, LLC - 26-0623202, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,042,916.	298,980.	HCR IV HEALTHCARE, LLC
ARDEN COURTS-FAIR OAKS OF FAIRFAX VA, LLC - 26-0624353, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,330,027.	193,408.	HCR IV HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARDEN COURTS-LELY PALMS OF NAPLES FL, LLC - 26-0625279, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,828,215.	685,244.	HCR III HEALTHCARE, LLC
ARDEN COURTS-NORTH HILLS OF PITTSBURGH PA, LLC - 26-0623920, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,781,464.	318,777.	HCR III HEALTHCARE, LLC
ARDEN COURTS-SUSQUEHANNA OF HARRISBURG PA, LLC - 26-0624065, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,674,715.	314,446.	HCR III HEALTHCARE, LLC
ARDEN COURTS-WARMINSTER OF HATBORO PA, LLC - 26-0623869, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,078,842.	259,044.	HCR III HEALTHCARE, LLC
CHRISTOPHER EAST HEALTH CARE CENTER OF LOUISVILLE KY, LLC - 26-0619900, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
COLUMBIA REHABILITATION AND NURSING CENTER-COLUMBIA SC, LLC - 26-0623408, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	10,070,304.	1,544,886.	HCR III HEALTHCARE, LLC
DEVON MANOR-DEVON PA, LLC - 26-0622826 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
DONAHOE MANOR-BEDFORD PA, LLC - 26-0623108 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	6,479,104.	786,901.	HCR III HEALTHCARE, LLC
ERIE WEST HOSPICE AND PALLIATIVE CARE, LTD. - 20-5752995, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	MICHIGAN	5,409,966.	5,550,846.	HCR MANORCARE, INC.
FOSTRIAN COURTS ASSISTED LIVING-FLUSHING MI, LLC - 26-0622894, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,238,095.	99,555.	HCR IV HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

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HAMPTON HOUSE-WILKES-BARRE PA, LLC - 26-0610244, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,890,537.	917,537.	HCR III HEALTHCARE, LLC
HCR CANTERBURY VILLAGE, LLC - 38-2032536 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
HCR HEALTHCARE, LLC - 26-0624435 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	OHIO	0.	0.	HCR MANORCARE, INC.
HCR HOME HEALTH CARE AND HOSPICE, LLC - 34-1787978, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	OHIO	0.	0.	HCR III HEALTHCARE, LLC
HCR II HEALTHCARE, LLC - 26-1250342 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
HCR III HEALTHCARE, LLC - 26-0624411 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR II HEALTHCARE, LLC
HCR IV HEALTHCARE, LLC - 26-1283803 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
HCR MANOR CARE SERVICES OF FLORIDA III, LLC - 45-2507279, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	FLORIDA	17,389,473.	-4,477,623.	HCR HOME HEALTH CARE AND HOSPICE, LLC
HCR MANOR CARE SERVICES OF FLORIDA, LLC - 74-3193136, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	FLORIDA	8,493,084.	-595,183.	HCR HOME HEALTH CARE AND HOSPICE, LLC
HCR MANOR CARE SERVICES, LLC - 34-1838217 333 N. SUMMIT ST. TOLEDO, OH 43604	MISC HEALTH PRACTICIONER	OHIO	1,407,794.	323,565,397.	HCR HEALTHCARE, LLC

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HCR MANORCARE MEDICAL SERVICES OF FLORIDA, LLC - 65-0666550, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	FLORIDA	23,662,117.	3,360,566.	HEARTLAND REHABILITATION SERVICES, LLC
HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA, LLC - 26-1305723, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	27,331,347.	9,135,230.	HCR HEALTHCARE, LLC
HEARTLAND CARE, LLC - 32-0091717 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	OHIO	0.	0.	HCR MANOR CARE SERVICES, LLC
HEARTLAND EMPLOYMENT SERVICES, LLC - 34-1903270, 333 N. SUMMIT ST., TOLEDO, OH 43604	EMPLOYMENT SERVICES	OHIO	0.	0.	HCR HEALTHCARE, LLC
HEARTLAND HOME CARE, LLC. - 34-1787895 333 N. SUMMIT ST. TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	OHIO	56,455,576.	15,300,145.	HCR MANORCARE, INC.
HEARTLAND HOME HEALTH CARE SERVICES, LLC - 34-1787967, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	OHIO	1,880,666.	312,741.	HCR HOME HEALTH CARE AND HOSPICE, LLC
HEARTLAND HOSPICE SERVICES, LLC. - 34-1788398, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	INDIANA	383,741,570.	-8,068,972.	HCR MANORCARE, INC.
HEARTLAND OF ADELPHI MD, LLC - 26-0620015 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,331,104.	225,667.	HCR III HEALTHCARE, LLC
HEARTLAND OF ALLEN PARK MI, LLC - 26-0611286 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,162,854.	1,157,837.	HCR IV HEALTHCARE, LLC
HEARTLAND OF ANN ARBOR MI, LLC - 26-0612384 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,008,397.	1,221,588.	HCR IV HEALTHCARE, LLC



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HEARTLAND OF AUSTIN TX, LLC - 26-0624533 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-29,733.	2,740.	HCR IV HEALTHCARE, LLC
HEARTLAND OF BATTLE CREEK MI, LLC - 26-0612206, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,703,113.	509,924.	HCR IV HEALTHCARE, LLC
HEARTLAND OF BECKLEY WV, LLC - 26-0625053 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF BEDFORD TX, LLC - 26-0624511 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	410.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF BELLEFONTAINE OH, LLC - 26-0609497, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-8,313.	183,201.	HCR IV HEALTHCARE, LLC
HEARTLAND OF BOCA RATON FL, LLC - 26-0623949 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,197,752.	925,259.	HCR III HEALTHCARE, LLC
HEARTLAND OF BOYNTON BEACH FL, LLC - 26-0623523, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,754,651.	1,304,989.	HCR III HEALTHCARE, LLC
HEARTLAND OF BROOKSVILLE FL, LLC - 26-0623416, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
HEARTLAND OF BUCYRUS OH, LLC - 26-0614610 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,858,100.	474,241.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CANTON IL, LLC - 26-0604153 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	566.	0.	HCR IV HEALTHCARE, LLC

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HEARTLAND OF CANTON MI, LLC - 26-0620527 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,969,762.	24,513.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CENTERBURG OH, LLC - 26-0614447 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CENTERVILLE OH, LLC - 26-0609683, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,481,310.	895,176.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CHAMPAIGN IL, LLC - 26-0615806 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,632.	56,834.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CHILLICOTHE OH, LLC - 26-0609311, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,829,259.	761,297.	HCR IV HEALTHCARE, LLC
HEARTLAND OF CLARKSBURG WV, LLC - 26-0625029 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF DEARBORN HEIGHTS MI, LLC - 26-0611231, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,956,135.	-194,562.	HCR IV HEALTHCARE, LLC
HEARTLAND OF DECATUR IL, LLC - 26-0615541 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF EATON OH, LLC - 26-0609364 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF FORT MYERS FL, LLC - 26-0623726 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,555,706.	792,724.	HCR III HEALTHCARE, LLC

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HEARTLAND OF GALESBURG IL, LLC - 26-0624455 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	6,979,994.	237,401.	HCR IV HEALTHCARE, LLC
HEARTLAND OF GRAND RAPIDS MI, LLC - 26-0611403, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF GREENVILLE OH, LLC - 26-0614250 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF HENRY IL, LLC - 26-0614845 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,903,686.	102,720.	HCR IV HEALTHCARE, LLC
HEARTLAND OF HILLSBORO OH, LLC - 26-0609351 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,549,833.	604,049.	HCR IV HEALTHCARE, LLC
HEARTLAND OF HOLLAND MI, LLC - 26-0611679 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	9,486.	HCR IV HEALTHCARE, LLC
HEARTLAND OF HYATTSVILLE MD, LLC - 26-0619980, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,109,636.	594,528.	HCR III HEALTHCARE, LLC
HEARTLAND OF IONIA MI, LLC - 26-0611974 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF JACKSON MI, LLC - 26-0611756 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF JACKSON OH, LLC - 26-0614303 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-13,256.	71,931.	HCR IV HEALTHCARE, LLC

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HEARTLAND OF JACKSONVILLE FL, LLC - 26-0623590, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,376,122.	1,365,596.	HCR III HEALTHCARE, LLC
HEARTLAND OF KALAMAZOO MI, LLC - 26-0612121 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF KENDALL FL, LLC - 26-0623392 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-4,073.	0.	HCR III HEALTHCARE, LLC
HEARTLAND OF KETTERING OH, LLC - 26-0609231 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,383,646.	734,144.	HCR IV HEALTHCARE, LLC
HEARTLAND OF KEYSER WV, LLC - 26-0624987 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF LAUDERHILL FL, LLC - 26-0623998 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-2,967.	20,151.	HCR III HEALTHCARE, LLC
HEARTLAND OF MACOMB IL, LLC - 26-0624476 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,386,298.	277,040.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MADEIRA OH, LLC - 26-0609604 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-343.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MARIETTA OH, LLC - 26-0609259 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	6,774,874.	518,277.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MARION OH, LLC - 26-0613105 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,966,788.	602,181.	HCR IV HEALTHCARE, LLC

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HEARTLAND OF MARTINSBURG WV, LLC - 26-0625081, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MARYSVILLE OH, LLC - 26-0609393 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MENTOR OH, LLC - 26-0610122 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,846,720.	1,596,220.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MIAMISBURG OH, LLC - 26-0794075 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,846,153.	1,230,900.	HCR IV HEALTHCARE, LLC
HEARTLAND OF MOLINE IL, LLC - 26-0624491 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,420,060.	416,728.	HCR IV HEALTHCARE, LLC
HEARTLAND OF NORMAL IL, LLC - 26-0615386 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-12,782.	10,335.	HCR IV HEALTHCARE, LLC
HEARTLAND OF ORANGE PARK FL, LLC - 26-0623613, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,749,116.	1,629,272.	HCR III HEALTHCARE, LLC
HEARTLAND OF OREGON OH, LLC - 26-0609590 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-5,299.	122,143.	HCR IV HEALTHCARE, LLC
HEARTLAND OF PAXTON IL, LLC - 26-0614884 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,464.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF PEORIA IL, LLC - 26-0615478 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-57.	0.	HCR IV HEALTHCARE, LLC

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HEARTLAND OF PERRYSBURG OH, LLC - 26-0609189 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,570,409.	1,691,855.	HCR IV HEALTHCARE, LLC
HEARTLAND OF PIQUA OH, LLC - 26-0609466 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	36,194.	HCR IV HEALTHCARE, LLC
HEARTLAND OF PITTSBURGH PA, LLC - 26-0610260 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,691,804.	1,956,803.	HCR III HEALTHCARE, LLC
HEARTLAND OF PLATTEVILLE WI, LLC - 26-0624818, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4.	0.	HCR III HEALTHCARE, LLC
HEARTLAND OF PORTSMOUTH OH, LLC - 26-0609290 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-2,806.	35,342.	HCR IV HEALTHCARE, LLC
HEARTLAND OF RAINELLE WV, LLC - 26-0625009 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF SAGINAW MI, LLC - 26-0612275 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF SAN ANTONIO TX, LLC - 26-0623701, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-8,631.	30,601.	HCR IV HEALTHCARE, LLC
HEARTLAND OF SARASOTA FL, LLC - 26-0623968 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,530,692.	682,161.	HCR III HEALTHCARE, LLC
HEARTLAND OF SPRINGFIELD OH, LLC - 26-0609416, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,212.	15,394.	HCR IV HEALTHCARE, LLC

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HEARTLAND OF TAMARAC FL, LLC - 26-0623500 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-20,477.	35,088.	HCR III HEALTHCARE, LLC
HEARTLAND OF THREE RIVERS MI, LLC - 26-0612325, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,950,601.	246,124.	HCR IV HEALTHCARE, LLC
HEARTLAND OF URBANA OH, LLC - 26-0614353 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF WATERVILLE OH, LLC - 26-0609511 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-29,664.	10,360.	HCR IV HEALTHCARE, LLC
HEARTLAND OF WAUSEON OH, LLC - 26-0614568 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	22,519.	HCR IV HEALTHCARE, LLC
HEARTLAND OF WEST BLOOMFIELD MI, LLC - 26-0611547, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	26,390.	HCR IV HEALTHCARE, LLC
HEARTLAND OF WEST HOUSTON TX, LLC - 26-0623684, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF WHITEHALL MI, LLC - 26-0612438 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-1,100.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND OF ZEPHYRHILLS FL, LLC - 26-0623476, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,260,463.	1,105,424.	HCR III HEALTHCARE, LLC
HEARTLAND REHABILITATION EXTENSION SERVICES, LLC - 81-2116419, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	248,480.	100.	HEARTLAND REHABILITATION SERVICES, LLC

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HEARTLAND REHABILITATION SERVICES OF FLORIDA, LLC - 59-2504386, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	FLORIDA	717,650.	875.	HEARTLAND REHABILITATION SERVICES, LLC
HEARTLAND REHABILITATION SERVICES OF KENTUCKY, LLC - 61-1301414, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	344,411.	450.	REHABILITATION ADMINISTRATION, LLC
HEARTLAND REHABILITATION SERVICES OF MICHIGAN, LLC - 30-0535129, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	9,928.	50.	HEARTLAND REHABILITATION SERVICES, LLC
HEARTLAND REHABILITATION SERVICES OF NEW JERSEY, LLC - 22-2137595, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	169,761.	50.	HEARTLAND REHABILITATION SERVICES, LLC
HEARTLAND REHABILITATION SERVICES OF OHIO, LLC - 34-1479648, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	OHIO	165,768.	100.	HEARTLAND REHABILITATION SERVICES, LLC
HEARTLAND REHABILITATION SERVICES OF VIRGINIA, LLC - 54-1508699, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	359,834.	450.	HEARTLAND REHABILITATION SERVICES, LLC
HEARTLAND REHABILITATION SERVICES, LLC - 34-1280619, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	OHIO	318,870.	10,098.	HCR HEALTHCARE, LLC
HEARTLAND SERVICES, LLC - 34-1760503 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	OHIO	0.	26,965,201.	HCR HEALTHCARE, LLC
HEARTLAND THERAPY PROVIDER NETWORK, LLC - 37-1027432, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	23,111.	0.	HCR HEALTHCARE, LLC
HEARTLAND VILLAGE OF WESTERVILLE OH (NC), LLC - 26-0609323, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,733,736.	1,194,279.	HCR IV HEALTHCARE, LLC



**Part I** Continuation of Identification of Disregarded Entities

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HEARTLAND VILLAGE OF WESTERVILLE OH (RC), LLC - 26-0609337, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,572,514.	321,967.	HCR IV HEALTHCARE, LLC
HEARTLAND-BEAVERCREEK OF DAYTON OH, LLC - 26-0609445, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,567,295.	767,848.	HCR IV HEALTHCARE, LLC
HEARTLAND-BRIARWOOD MI, LLC - 26-0611711 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,504,704.	1,233,948.	HCR IV HEALTHCARE, LLC
HEARTLAND-CHARLESTON OF HANAHAN SC, LLC - 26-0623167, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,941,174.	1,326,075.	HCR III HEALTHCARE, LLC
HEARTLAND-CRESTVIEW MI, LLC - 26-0611487 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-DORVIN OF LIVONIA MI, LLC - 26-0611095, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-19,404.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-FAIRFIELD OF PLEASANTVILLE OH, LLC - 26-0613145, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	51.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-FOSTRIAN OF FLUSHING MI, LLC - 26-0611818, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,463,715.	501,334.	HCR IV HEALTHCARE, LLC
HEARTLAND-GEORGIAN BLOOMFIELD OF BLOOMFIELD HILLS MI, LLC - 26-0611630, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-GEORGIAN EAST OF GROSSE POINTE MI, LLC - 26-0611334, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,237,614.	365,357.	HCR IV HEALTHCARE, LLC

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HEARTLAND-GREENVIEW MI, LLC - 26-0611920 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-HAMPTON OF BAY CITY MI, LLC - 26-0611865, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,409,671.	253,631.	HCR IV HEALTHCARE, LLC
HEARTLAND-HOLLY GLEN OF TOLEDO OH, LLC - 26-0614404, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,315.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-INDIAN LAKE OF LAKEVIEW OH, LLC - 26-0614489, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-KNOLLVIEW MI, LLC - 26-0612021 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	60.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-LANSING OF BRIDGEPORT OH, LLC - 26-0609376, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-MIAMI LAKES OF HIALEAH FL, LLC - 26-0623652, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,585.	10,396.	HCR III HEALTHCARE, LLC
HEARTLAND-MT. AIRY OF CINCINNATI OH, LLC - 26-0610060, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-OAK PAVILION OF CINCINNATI OH, LLC - 26-0614533, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-OAKLAND MI, LLC - 26-0620480 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,376,842.	-361,184.	HCR IV HEALTHCARE, LLC

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HEARTLAND-PEWAUKEE OF WAUKESHA WI, LLC - 26-0624873, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
HEARTLAND-PLYMOUTH COURT MI, LLC - 26-0610995, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-1,093.	9,878.	HCR IV HEALTHCARE, LLC
HEARTLAND-PRESTON COUNTY OF KINGWOOD WV, LLC - 26-0625067, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-PRESTWICK IN, LLC - 26-0619176 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-PROSPERITY OAKS OF PALM BEACH GARDENS FL, LLC - 26-0623909, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,407,408.	1,655,072.	HCR III HEALTHCARE, LLC
HEARTLAND-RIVERVIEW OF EAST PEORIA IL (SNF), LLC - 26-0619009, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-206.	8,363.	HCR IV HEALTHCARE, LLC
HEARTLAND-RIVERVIEW OF SOUTH POINT OH, LLC - 26-0609484, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,027,517.	275,596.	HCR IV HEALTHCARE, LLC
HEARTLAND-SOUTH JACKSONVILLE OF JACKSONVILLE FL, LLC - 26-0623559, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,615,081.	1,536,716.	HCR III HEALTHCARE, LLC
HEARTLAND-UNIVERSITY OF LIVONIA MI, LLC - 26-0611184, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,572,603.	326,897.	HCR IV HEALTHCARE, LLC
HEARTLAND-VICTORIAN VILLAGE OF COLUMBUS OH, LLC - 26-0609432, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC

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HEARTLAND-WASHINGTON MANOR OF KENOSHA WI, LLC - 26-0624859, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-13,953.	0.	HCR III HEALTHCARE, LLC
HEARTLAND-WILLOW LANE OF BUTLER MO, LLC - 26-0612474, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
HEARTLAND-WILLOWBROOK OF HOUSTON TX, LLC - 26-0624408, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
HEARTLAND-WOODRIDGE OF FAIRFIELD OH, LLC - 26-0609646, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,111.	0.	HCR IV HEALTHCARE, LLC
HOLIDAY NURSING CENTER-CENTER TX, LLC - 26-0624488, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
IN HOME HEALTH, LLC - 41-1458213 333 N. SUMMIT ST. TOLEDO, OH 43604	HOME HEALTH CARE SERVICE	MINNESOTA	235,315,626.	-27,308,760.	MANORCARE HEALTH SERVICES, LLC
INDUSTRIAL WASTES, LLC - 25-1457630 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	639,539.	HCR HEALTHCARE, LLC
KENSINGTON MANOR-SARASOTA FL, LLC - 26-0623931, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,015,754.	1,250,643.	HCR III HEALTHCARE, LLC
LEXINGTON REHABILITATION AND NURSING CENTER-LEXINGTON SC, LLC - 26-0623428, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE AVIATION, LLC - 52-1462072 333 N. SUMMIT ST. TOLEDO, OH 43604	AVIATION	DELAWARE	0.	0.	HCR HEALTHCARE, LLC

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MANOR CARE- LELY PALMS OF NAPLES FL (SH), LLC - 26-0625295, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	6,034,192.	2,564,266.	HCR III HEALTHCARE, LLC
MANOR CARE NURSING CENTER OF SARASOTA FL, LLC - 26-0624159, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,908,093.	2,152,053.	HCR III HEALTHCARE, LLC
MANOR CARE OF ABERDEEN SD, LLC - 26-0623462 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	52.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF AKRON OH, LLC - 26-0610034 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-5,112.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF ALEXANDRIA VA, LLC - 26-0624590, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,305,207.	1,527,440.	HCR IV HEALTHCARE, LLC
MANOR CARE OF ALLENTOWN PA, LLC - 26-0610673 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,368,851.	1,497,225.	HCR III HEALTHCARE, LLC
MANOR CARE OF ANDERSON IN, LLC - 26-0619221 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF ARLINGTON VA, LLC - 26-0624619 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,549,582.	2,384,907.	HCR IV HEALTHCARE, LLC
MANOR CARE OF BARBERTON OH, LLC - 26-0609528 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,998,662.	875,932.	HCR IV HEALTHCARE, LLC
MANOR CARE OF BETHEL PARK PA, LLC - 26-0622002, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,613,768.	846,481.	HCR III HEALTHCARE, LLC

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MANOR CARE OF BETHESDA MD, LLC - 26-0620122 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,594,297.	1,443,229.	HCR III HEALTHCARE, LLC
MANOR CARE OF BETHLEHEM PA (2021), LLC - 26-0614878, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,715,991.	1,808,910.	HCR III HEALTHCARE, LLC
MANOR CARE OF BETHLEHEM PA (2029), LLC - 26-0621845, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,990,221.	1,414,471.	HCR III HEALTHCARE, LLC
MANOR CARE OF BOCA RATON FL, LLC - 26-0624217, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,796,773.	1,737,739.	HCR III HEALTHCARE, LLC
MANOR CARE OF BOULDER CO, LLC - 26-0623287 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,886,943.	1,446,978.	HCR IV HEALTHCARE, LLC
MANOR CARE OF BOYNTON BEACH FL, LLC - 26-0624241, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,004,442.	2,427,429.	HCR III HEALTHCARE, LLC
MANOR CARE OF CAMP HILL PA, LLC - 26-0623070 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,221,759.	2,126,533.	HCR III HEALTHCARE, LLC
MANOR CARE OF CARLISLE PA, LLC - 26-0610623 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,439,430.	1,458,848.	HCR III HEALTHCARE, LLC
MANOR CARE OF CEDAR RAPIDS IA, LLC - 26-0624378, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,790,233.	350,500.	HCR III HEALTHCARE, LLC
MANOR CARE OF CHAMBERSBURG PA, LLC - 26-0614915, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,989,598.	1,410,226.	HCR III HEALTHCARE, LLC

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MANOR CARE OF CHERRY HILL NJ, LLC - 26-0612749, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF CHEVY CHASE MD, LLC - 26-0620158, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,079,471.	1,767,280.	HCR III HEALTHCARE, LLC
MANOR CARE OF CITRUS HEIGHTS CA, LLC - 26-0622564, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	19,127,155.	1,806,358.	HCR IV HEALTHCARE, LLC
MANOR CARE OF DALLAS TX, LLC - 26-0623497 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF DALLASTOWN PA, LLC - 26-0614534, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,364,229.	1,245,361.	HCR III HEALTHCARE, LLC
MANOR CARE OF DAVENPORT IA, LLC - 26-0624394 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,372,093.	626,708.	HCR III HEALTHCARE, LLC
MANOR CARE OF DELAWARE COUNTY, LLC - 52-1916053, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
MANOR CARE OF DELRAY BEACH FL, LLC - 26-0624068, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,478,168.	1,561,843.	HCR III HEALTHCARE, LLC
MANOR CARE OF DENVER CO, LLC - 26-0623262 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,155,702.	1,454,307.	HCR IV HEALTHCARE, LLC
MANOR CARE OF DUBUQUE IA, LLC - 26-0624416 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,936,529.	125,123.	HCR III HEALTHCARE, LLC

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MANOR CARE OF DUNEDIN FL, LLC - 26-0624190 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,066,071.	1,648,342.	HCR III HEALTHCARE, LLC
MANOR CARE OF EASTON PA, LLC - 26-0621877 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	18,758,531.	1,972,836.	HCR III HEALTHCARE, LLC
MANOR CARE OF ELGIN IL, LLC - 26-0615951 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF ELIZABETHTOWN PA, LLC - 26-0622774, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	2,599.	HCR III HEALTHCARE, LLC
MANOR CARE OF ELK GROVE VILLAGE IL, LLC - 26-0618782, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,302,114.	2,497,484.	HCR IV HEALTHCARE, LLC
MANOR CARE OF FARGO ND, LLC - 26-0612718 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-38,781.	1,153.	HCR IV HEALTHCARE, LLC
MANOR CARE OF FLORISSANT MO, LLC - 26-0612550, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	153.	1,653.	HCR III HEALTHCARE, LLC
MANOR CARE OF FOND DU LAC WI, LLC - 26-0624802, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-2,325.	5,449.	HCR III HEALTHCARE, LLC
MANOR CARE OF FORT WORTH TX (NRH), LLC - 26-0623538, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	466.	21,353.	HCR IV HEALTHCARE, LLC
MANOR CARE OF FORT WORTH TX (NW), LLC - 26-0623570, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,909.	21,635.	HCR IV HEALTHCARE, LLC



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MANOR CARE OF FOUNTAIN VALLEY CA, LLC - 26-0622988, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,573,333.	1,124,579.	HCR IV HEALTHCARE, LLC
MANOR CARE OF FT. MYERS FL, LLC - 26-0624272 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,688,440.	2,060,769.	HCR III HEALTHCARE, LLC
MANOR CARE OF GREEN BAY WI (EAST), LLC - 26-0624767, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF GREEN BAY WI (WEST), LLC - 26-0624786, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	28.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF HEMET CA, LLC - 26-0623107 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,928,981.	2,081,945.	HCR IV HEALTHCARE, LLC
MANOR CARE OF HINSDALE IL, LLC - 26-0615984 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	20,178,135.	3,682,420.	HCR IV HEALTHCARE, LLC
MANOR CARE OF HOMEWOOD IL, LLC - 26-0614920 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,309,805.	476,751.	HCR IV HEALTHCARE, LLC
MANOR CARE OF HUNTINGDON VALLEY PA, LLC - 26-0610582, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,833,423.	1,176,065.	HCR III HEALTHCARE, LLC
MANOR CARE OF INDY (SOUTH) IN, LLC - 26-0619623, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,504,294.	707,888.	HCR IV HEALTHCARE, LLC
MANOR CARE OF JERSEY SHORE PA, LLC - 26-0614957, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,889,918.	988,706.	HCR III HEALTHCARE, LLC

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MANOR CARE OF KANKAKEE IL, LLC - 26-0615706 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF KING OF PRUSSIA PA, LLC - 26-0610645, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,835,599.	1,901,463.	HCR III HEALTHCARE, LLC
MANOR CARE OF KINGSFORD MI, LLC - 26-0611592 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,099,536.	27,308.	HCR IV HEALTHCARE, LLC
MANOR CARE OF KINGSTON PA, LLC - 26-0615323 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,852,267.	1,188,736.	HCR III HEALTHCARE, LLC
MANOR CARE OF LANCASTER PA, LLC - 26-0621637 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,544,757.	1,681,333.	HCR III HEALTHCARE, LLC
MANOR CARE OF LAURELDALE PA, LLC - 26-0615380, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,224,298.	2,475,220.	HCR III HEALTHCARE, LLC
MANOR CARE OF LEBANON PA, LLC - 26-0615358 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,757,471.	1,335,394.	HCR III HEALTHCARE, LLC
MANOR CARE OF LIBERTYVILLE IL, LLC - 26-0615859, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,581,137.	1,738,468.	HCR IV HEALTHCARE, LLC
MANOR CARE OF MARIETTA GA, LLC - 26-0624336 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,524,886.	1,278,263.	HCR III HEALTHCARE, LLC
MANOR CARE OF MAYFIELD HEIGHTS OH, LLC - 26-0609565, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	3,061.	7,488.	HCR IV HEALTHCARE, LLC

**Part I** Continuation of Identification of Disregarded Entities

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MANOR CARE OF MCMURRAY PA, LLC - 26-0614341 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,723,884.	1,090,659.	HCR III HEALTHCARE, LLC
MANOR CARE OF MIDWEST CITY OK, LLC - 26-0610183, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF MINOT ND, LLC - 26-0612693 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF MONROEVILLE PA, LLC - 26-0614497, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,716,750.	1,392,204.	HCR III HEALTHCARE, LLC
MANOR CARE OF MOUNTAINSIDE NJ, LLC - 26-0612791, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,253,275.	1,401,136.	HCR III HEALTHCARE, LLC
MANOR CARE OF NAPERVILLE IL, LLC - 26-0615638, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-7,032.	68,588.	HCR IV HEALTHCARE, LLC
MANOR CARE OF NAPLES FL, LLC - 26-0624049 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,950,999.	1,163,401.	HCR III HEALTHCARE, LLC
MANOR CARE OF NEW PROVIDENCE NJ, LLC - 26-0612827, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	27.	17,393.	HCR III HEALTHCARE, LLC
MANOR CARE OF NORTH OLMSTED OH, LLC - 26-0610082, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,513.	51,445.	HCR IV HEALTHCARE, LLC
MANOR CARE OF NORTHBROOK IL, LLC - 26-0618960, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,273.	14,646.	HCR IV HEALTHCARE, LLC

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MANOR CARE OF OAK LAWN (EAST) IL, LLC - 26-0615929, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,041,253.	1,424,618.	HCR IV HEALTHCARE, LLC
MANOR CARE OF OAK LAWN (WEST) IL, LLC - 26-0616038, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,316,005.	2,436,665.	HCR IV HEALTHCARE, LLC
MANOR CARE OF OKLAHOMA CITY (NORTHWEST), LLC - 26-0610163, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF OKLAHOMA CITY (SOUTHWEST), LLC - 26-0610197, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF OVERLAND PARK KS, LLC - 26-0619843, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF PALM DESERT CA, LLC - 26-0623221, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,944,379.	1,559,712.	HCR IV HEALTHCARE, LLC
MANOR CARE OF PALM HARBOR FL, LLC - 26-0624018, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	19,661,125.	2,233,054.	HCR III HEALTHCARE, LLC
MANOR CARE OF PALOS HEIGHTS (WEST) IL, LLC - 26-0618879, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,068,590.	1,066,401.	HCR IV HEALTHCARE, LLC
MANOR CARE OF PALOS HEIGHTS IL, LLC - 26-0615889, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,914,190.	3,257,948.	HCR IV HEALTHCARE, LLC
MANOR CARE OF PARMA OH, LLC - 26-0609661 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,065,559.	1,072,930.	HCR IV HEALTHCARE, LLC

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MANOR CARE OF PINEHURST NC, LLC - 26-0612589 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	23,452.	HCR III HEALTHCARE, LLC
MANOR CARE OF PLANTATION FL, LLC - 26-0624255, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-4,746.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF POTOMAC MD, LLC - 26-0620187 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	20,143,197.	2,117,456.	HCR III HEALTHCARE, LLC
MANOR CARE OF POTTSTOWN PA, LLC - 26-0615421 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,326,335.	1,307,720.	HCR III HEALTHCARE, LLC
MANOR CARE OF POTTSVILLE PA, LLC - 26-0615453, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,540,917.	1,359,460.	HCR III HEALTHCARE, LLC
MANOR CARE OF RENO NV, LLC - 26-0613035 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-15,533.	11,456.	HCR IV HEALTHCARE, LLC
MANOR CARE OF ROLLING MEADOWS IL, LLC - 26-0619150, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	499.	68,004.	HCR IV HEALTHCARE, LLC
MANOR CARE OF SAN ANTONIO (NORTH) TX, LLC - 26-0623600, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF SHAWANO WI, LLC - 26-0624831 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
MANOR CARE OF SILVER SPRING MD, LLC - 26-0620058, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,593,058.	1,518,864.	HCR III HEALTHCARE, LLC

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MANOR CARE OF SINKING SPRING PA, LLC - 26-0621908, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,432,268.	1,890,403.	HCR III HEALTHCARE, LLC
MANOR CARE OF SOUTH HOLLAND IL, LLC - 26-0615010, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	177.	200,718.	HCR IV HEALTHCARE, LLC
MANOR CARE OF SOUTH OGDEN UT, LLC - 26-0624547, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF SPRINGFIELD MO, LLC - 26-0612506, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,388.	7,607.	HCR III HEALTHCARE, LLC
MANOR CARE OF SUNBURY PA, LLC - 26-0615499 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,985,810.	879,687.	HCR III HEALTHCARE, LLC
MANOR CARE OF SUNNYVALE CA, LLC - 26-0623034 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,252,297.	2,444,282.	HCR IV HEALTHCARE, LLC
MANOR CARE OF TOPEKA KS, LLC - 26-0619810 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF TOWSON, LLC - 26-0620456 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,288,592.	1,477,004.	HCR III HEALTHCARE, LLC
MANOR CARE OF TUCSON AZ, LLC - 26-0622500 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF TULSA OK, LLC - 26-0610215 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC

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MANOR CARE OF VENICE FL, LLC - 26-0624092 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	12,884,030.	1,550,934.	HCR III HEALTHCARE, LLC
MANOR CARE OF VOORHEES NJ, LLC - 26-0612955 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,761,740.	1,540,828.	HCR III HEALTHCARE, LLC
MANOR CARE OF W. PALM BEACH FL, LLC - 26-0624142, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,246,570.	1,251,280.	HCR III HEALTHCARE, LLC
MANOR CARE OF WALNUT CREEK CA, LLC - 26-0623196, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	22,174,336.	1,568,111.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WATERLOO IA, LLC - 26-0624363 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,768,630.	492,339.	HCR III HEALTHCARE, LLC
MANOR CARE OF WEBSTER TX, LLC - 26-0623637 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WEST DES MOINES IA, LLC - 26-0624438, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,759,272.	948,748.	HCR III HEALTHCARE, LLC
MANOR CARE OF WEST READING PA, LLC - 26-0615529, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,032,095.	1,601,573.	HCR III HEALTHCARE, LLC
MANOR CARE OF WESTERVILLE OH, LLC - 26-0609626, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WESTMONT IL, LLC - 26-0619027 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	-64.	54,171.	HCR IV HEALTHCARE, LLC

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MANOR CARE OF WHEATON MD, LLC - 26-0620376 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,454,659.	1,365,135.	HCR III HEALTHCARE, LLC
MANOR CARE OF WICHITA KS, LLC - 26-0619870 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,206.	1.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WILLIAMSPORT PA (NORTH), LLC - 26-0621747, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,104,240.	1,482,416.	HCR III HEALTHCARE, LLC
MANOR CARE OF WILLIAMSPORT PA (SOUTH), LLC - 26-0621778, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,334,028.	947,764.	HCR III HEALTHCARE, LLC
MANOR CARE OF WILLOUGHBY OH, LLC - 26-0610097, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,860,615.	1,113,326.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WILMETTE IL, LLC - 26-0615773 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE OF WILMINGTON DE, LLC - 26-0623367, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,537,483.	1,825,663.	HCR III HEALTHCARE, LLC
MANOR CARE OF WINTER PARK FL, LLC - 36-2899194, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,664.	56,281.	WINTER PARK NURSING CENTER, LLC
MANOR CARE OF YARDLEY PA, LLC - 26-0614171 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,375,559.	3,089,214.	HCR III HEALTHCARE, LLC
MANOR CARE OF YEADON PA, LLC - 26-0621815 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,177,587.	1,851,497.	HCR III HEALTHCARE, LLC



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MANOR CARE OF YORK PA (NORTH), LLC - 26-0622887, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,047,901.	1,687,046.	HCR III HEALTHCARE, LLC
MANOR CARE OF YORK PA (SOUTH), LLC - 26-0622947, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,537,921.	1,429,997.	HCR III HEALTHCARE, LLC
MANOR CARE REHABILITATION CENTER OF DECATUR GA, LLC - 26-0624293, 333 N. SUMMIT ST., TOLEDO, OH 43604	OCCUPATIONAL THERAPY	DELAWARE	12,098,854.	1,448,620.	HCR III HEALTHCARE, LLC
MANOR CARE SUPPLY, LLC - 52-2055097 333 N. SUMMIT ST. TOLEDO, OH 43604	PURCHASING COMPANY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
MANOR CARE-BELDEN VILLAGE OF CANTON OH, LLC - 26-0613074, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	86.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE-CARROLLWOOD OF TAMPA FL, LLC - 26-0624118, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,509.	2,554.	HCR III HEALTHCARE, LLC
MANOR CARE-DULANEY MD, LLC - 26-0619923 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	64,893.	HCR III HEALTHCARE, LLC
MANOR CARE-EUCLID BEACH OF CLEVELAND OH, LLC - 26-0609550, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	575.	13,010.	HCR IV HEALTHCARE, LLC
MANOR CARE-FAIR OAKS OF FAIRFAX VA, LLC - 26-0624605, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,514,544.	1,382,336.	HCR IV HEALTHCARE, LLC
MANOR CARE-GREENTREE OF PITTSBURGH PA, LLC - 26-0622713, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,869,431.	1,986,288.	HCR III HEALTHCARE, LLC

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MANOR CARE-IMPERIAL OF RICHMOND VA, LLC - 26-0624643, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,228,936.	1,302,201.	HCR IV HEALTHCARE, LLC
MANOR CARE-KINGSTON COURT OF YORK PA, LLC - 26-0610561, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	13,998,103.	1,415,064.	HCR III HEALTHCARE, LLC
MANOR CARE-LANSDALE OF MONTGOMERYVILLE PA, LLC - 26-0614451, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,177,924.	1,859,086.	HCR III HEALTHCARE, LLC
MANOR CARE-LARGO MD, LLC - 26-0620266 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,193,672.	357,436.	HCR III HEALTHCARE, LLC
MANOR CARE-LINDEN VILLAGE OF LEBANON PA, LLC - 26-0621960, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,992,256.	313,899.	HCR III HEALTHCARE, LLC
MANOR CARE-NORTH HILLS OF PITTSBURGH PA, LLC - 26-0610604, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,754,614.	2,346,024.	HCR III HEALTHCARE, LLC
MANOR CARE-PIKE CREEK OF WILMINGTON DE, LLC - 26-0623346, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	18,107,943.	2,481,247.	HCR III HEALTHCARE, LLC
MANOR CARE-ROCKY RIVER OF CLEVELAND OH, LLC - 26-0610139, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	36.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE-ROLAND PARK MD, LLC - 26-0620341 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,567,695.	1,562,251.	HCR III HEALTHCARE, LLC
MANOR CARE-ROSSVILLE MD, LLC - 26-0620310 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,308,268.	2,144,268.	HCR III HEALTHCARE, LLC

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MANOR CARE-RUXTON MD, LLC - 26-0620431 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,880,273.	2,991,277.	HCR III HEALTHCARE, LLC
MANOR CARE-SHARPCVIEW OF HOUSTON TX, LLC - 26-0623656, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR IV HEALTHCARE, LLC
MANOR CARE-STRATFORD HALL OF RICHMOND VA, LLC - 26-0624664, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,846,427.	1,396,914.	HCR IV HEALTHCARE, LLC
MANOR CARE-SUMMER TRACE OF CARMEL IN, LLC - 26-0619716, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,289,450.	1,207,847.	HCR IV HEALTHCARE, LLC
MANOR CARE-TICE VALLEY CA, LLC - 26-0622591 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	16,022,912.	1,168,758.	HCR IV HEALTHCARE, LLC
MANOR CARE-WEST DEPTFORD OF PAULSBORO NJ, LLC - 26-0612993, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	14,186,243.	1,982,196.	HCR III HEALTHCARE, LLC
MANOR CARE-WOODBRIDGE VALLEY MD, LLC - 26-0620223, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4.	91,959.	HCR III HEALTHCARE, LLC
MANORCARE HEALTH SERVICES OF OKLAHOMA, LLC - 52-2055078, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
MANORCARE HEALTH SERVICES OF TOLEDO OH, LLC - 90-0904333, 333 N. SUMMIT ST., TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	HCR HEALTHCARE, LLC
MANORCARE HEALTH SERVICES, LLC - 26-1305666 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	64,390,635.	25,250,847.	HCR HEALTHCARE, LLC

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MEDICAL CARE CENTER-LYNCHBURG VA, LLC - 26-0624567, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,473,883.	202,310.	HCR IV HEALTHCARE, LLC
MILESTONE HEALTHCARE, LLC - 75-2592398 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	2,255,255.	13,960.	HEARTLAND REHABILITATION SERVICES, LLC
OAKMONT EAST-GREENVILLE SC, LLC - 26-0623316 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,707,649.	1,331,063.	HCR III HEALTHCARE, LLC
OAKMONT OF UNION SC, LLC - 26-0623208 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	7,992,187.	1,090,093.	HCR III HEALTHCARE, LLC
OAKMONT WEST-GREENVILLE SC, LLC - 26-0623335 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	10,326,853.	856,533.	HCR III HEALTHCARE, LLC
OLD ORCHARD HEALTH CARE CENTER-EASTON PA, LLC - 26-0623007, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	18,538,592.	1,729,859.	HCR III HEALTHCARE, LLC
PERRYSBURG COMMONS SENIOR HOUSING-PERRYSBURG OH, LLC - 26-0623264, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,960,874.	228,485.	HCR IV HEALTHCARE, LLC
PORTFOLIO ONE, LLC - 22-1604502 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	OHIO	13,056,391.	1,914,506.	HCR HEALTHCARE, LLC
PROMEDICA OF ADRIAN MI, LLC - 38-3985660 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	1,186,771.	6,082,539.	MANORCARE HEALTH SERVICES OF TOLEDO OH, LLC
PROMEDICA OF SYLVANIA OH, LLC - 61-1771805 333 N. SUMMIT ST. TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	5,654,800.	2,346,964.	MANORCARE HEALTH SERVICES OF TOLEDO OH, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROMEDICA SKILLED NURSING AND REHABILITATION (BRIGHTWOOD), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (EXTON), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (LAFAYETTE), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (LAKEWOOD) - 85-4395571, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (MOORESTOWN), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (PHILADELPHIA), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (PISCATAWAY), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (VOORHEES EAST), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
PROMEDICA SKILLED NURSING AND REHABILITATION (WILLOW GROVE), 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE			HCR III HEALTHCARE, LLC
REHABILITATION ADMINISTRATION, LLC - 61-1295825, 333 N. SUMMIT ST., TOLEDO, OH 43604	REHABILITATION SERVICES	DELAWARE	0.	0.	HEARTLAND REHABILITATION SERVICES, LLC

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHADYSIDE NURSING AND REHABILITATION CENTER-PITTSBURGH PA, LLC - 26-0610325, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	11,612,677.	1,776,010.	HCR III HEALTHCARE, LLC
SKY VUE TERRACE-PITTSBURGH PA, LLC - 26-0610347, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	8,722,891.	1,216,535.	HCR III HEALTHCARE, LLC
SPRINGHOUSE OF BETHESDA MD, LLC - 26-0622235 333 N. SUMMIT ST. TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
SPRINGHOUSE OF PIKESVILLE MD, LLC - 26-0620079, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	4,259,272.	514,134.	HCR III HEALTHCARE, LLC
SPRINGHOUSE OF SILVER SPRING MD, LLC - 26-0622508, 333 N. SUMMIT ST., TOLEDO, OH 43604	ASSISTED LIVING FACILITY	DELAWARE	0.	0.	HCR III HEALTHCARE, LLC
TWINBROOK MEDICAL CENTER-ERIE PA, LLC - 26-0610373, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	36.	0.	HCR III HEALTHCARE, LLC
WALLINGFORD NURSING AND REHABILITATION CENTER-WALLINGFORD PA, LLC - 26-06105, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	17,655,400.	1,709,779.	HCR III HEALTHCARE, LLC
WEST ASHLEY REHABILITATION AND NURSING CENTER-CHARLESTON SC, LLC - 26-062336, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	9,056,862.	2,226,435.	HCR III HEALTHCARE, LLC
WHITEHALL BOROUGH-PITTSBURGH PA, LLC - 26-0622805, 333 N. SUMMIT ST., TOLEDO, OH 43604	SKILLED NURSING FACILITY	DELAWARE	15,884,885.	1,865,283.	HCR III HEALTHCARE, LLC
WINTER PARK NURSING CENTER, LLC - 37-1019107 333 N. SUMMIT ST. TOLEDO, OH 43604	HOLDING COMPANY	DELAWARE	0.	0.	MANORCARE HEALTH SERVICES, LLC

**Part II** Continuation of 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 organization?	
						Yes	No
EMMA L. BIXBY MEDICAL CENTER - 38-2796005 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	MICHIGAN	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
EMMA L. BIXBY MEDICAL CENTER AUXILIARY - 38-2149602, 818 RIVERSIDE AVE., ADRIAN, MI 43604	HOSPITAL / FOUNDATION SUPPORT	MICHIGAN	501(C)(3)	12B, II	EMMA L. BIXBY MEDICAL CENTER	X	
FOSTORIA HOSPITAL ASSOCIATION - 34-0898745 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
FOSTORIA HOSPITAL AUXILIARY - 34-6517634 P.O. BOX 907 FOSTORIA, OH 44830	HOSPITAL / FOUNDATION SUPPORT	OHIO	501(C)(3)	10	FOSTORIA HOSPITAL ASSOCIATION	X	
HCR MANORCARE FOUNDATION, INC. - 52-2031975 444 N. SUMMIT ST. TOLEDO, OH 43604	FOUNDATION	OHIO	501(C)(3)	12B, II	PROMEDICA FOUNDATION	X	
HEARTLAND HOSPICE MEMORIAL FUND, INC. - 27-0497199, 444 N. SUMMIT ST., TOLEDO, OH 43604	FOUNDATION	OHIO	501(C)(3)	12B, II	PROMEDICA FOUNDATION	X	
HERRICK MEDICAL CENTER AUXILIARY - 38-3076105, 500 E. POTTAWATAMIE ST., TECUMSEH, MI 49286	HOSPITAL / FOUNDATION SUPPORT	MICHIGAN	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL, INC.	X	
HERRICK MEMORIAL HOSPITAL, INC. - 38-3049015 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	MICHIGAN	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
KAITLYN'S COTTAGE, INC. - 45-4781053 100 MADISON AVE. TOLEDO, OH 43604	RESPIRE CARE	OHIO	501(C)(3)	10	DEFIANCE HOSPITAL, INC.	X	
LENAWEE LONG TERM CARE - 38-2879330 PO BOX 10086, ATTN: TAX-5 TOLEDO, OH 43699	LONG TERM CARE	MICHIGAN	501(C)(3)	10	HCR MANORCARE, INC.	X	
MANOR CARE OF GIG HARBOR WA, ASSOCIATION - 26-0624719, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	
MANOR CARE OF LACEY WA, ASSOCIATION - 26-0624391, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	

**Part II** Continuation of 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 organization?	
						Yes	No
MANOR CARE OF LYNNWOOD WA, ASSOCIATION - 26-0624675, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	
MANOR CARE OF SALMON CREEK WA, ASSOCIATION - 26-0624375, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	
MANOR CARE OF SPOKANE WA, ASSOCIATION - 26-0624687, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	
MANOR CARE OF TACOMA WA, ASSOCIATION - 26-0624696, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	SKILLED NURSING FACILITY	DELAWARE	501(C)(3)	10	HCR MANORCARE, INC.	X	
MEMORIAL HOSPITAL - 34-4430849 100 MADISON AVE. TOLEDO, OH 43604	HOSPITAL	OHIO	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
MEMORIAL PROFESSIONAL SERVICES - 27-3763993 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
MERCY MEMORIAL HOSPITAL CORPORATION - 38-1984289, 100 MADISON AVE., TOLEDO, OH 43604	HOSPITAL	MICHIGAN	501(C)(3)	3	PROMEDICA HEALTH SYSTEM, INC.	X	
MONROE COMMUNITY HEALTH SERVICES - 38-2934134, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43699	LONG TERM CARE	MICHIGAN	501(C)(3)	10	HCR MANORCARE, INC.	X	
PARAMOUNT ADVANTAGE - 20-3376102 1901 INDIAN WOOD CIR. MAUMEE, OH 43537	HEALTH INSURANCE	OHIO	501(C)(3)	10	PROMEDICA INSURANCE CORP., INC. AND	X	
PROMEDICA AT HOME, INC. - 85-2320857 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN SUPPORT	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA CENTRAL PHYSICIANS - 34-1881137 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA CHILDRENS SPECIALISTS - 20-8734161 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	



**Part II** Continuation of 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 organization?	
						Yes	No
PROMEDICA CONTINUING CARE SERVICES CORP. - 34-4492440, 100 MADISON AVE., TOLEDO, OH 43604	LONG TERM AND HOME HEALTH CARE	OHIO	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	X	
PROMEDICA CONTINUUM SERVICES - 34-1880767 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN MANAGEMENT SERVICES	OHIO	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM, INC.	X	
PROMEDICA COURIER SERVICES, INC. - 26-0324790, 100 MADISON AVE., TOLEDO, OH 43604	COURIER SERVICE	OHIO	501(C)(3)	12B, II	PROMEDICA CONTINUUM SERVICES	X	
PROMEDICA FOUNDATION - 34-1517672 444 N. SUMMIT ST. TOLEDO, OH 43604	FOUNDATION	OHIO	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM, INC.	X	
PROMEDICA GENITO-URINARY SURGEONS - 46-1120436, 100 MADISON AVE., TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA HEALTH SYSTEM, INC. - 34-1517671 100 MADISON AVE. TOLEDO, OH 43604	PARENT COMPANY OF HEALTH SYSTEM	OHIO	501(C)(3)	12B, II	N/A		X
PROMEDICA INDEMNITY CORP. - 34-1931936 ONE CHURCH ST., 5TH FLOOR BURLINGTON, VT 05401	PROFESSIONAL & GENERAL LIABILITY	VERMONT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM, INC.	X	
PROMEDICA MONROE CARDIOLOGY - 27-2920342 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA MONROE PHYSICIANS - 46-1111822 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA NORTHWEST OHIO CARDIOLOGY CONSULTANTS - 26-3888045, 100 MADISON AVE., TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	
PROMEDICA PHYSICIAN GROUP, INC. - 34-1899439 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	OHIO	501(C)(3)	10	PROMEDICA HEALTH SYSTEM, INC.	X	
PROMEDICA PHYSICIANS AT HOME, INC - 85-2181349, 100 MADISON AVE., TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP, INC.	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST-WEST HOLDINGS, LTD. - 20-4066818, 715 SOUTH TAFT AVE., FREMONT, OH 43420	REAL ESTATE	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43604	SKILLED NURSING	PA	MANOR CARE OF DELAWARE COUNTY, LLC	RELATED	110,762.	0.		X	N/A		X	50.00%
NORMAN SPECIALTY HOSPITAL, LLC - 42-1627672, PO BOX 10086, ATTN: TAX-5, TOLEDO, OH 43604	HEALTH CARE	DE	MANOR CARE HEALTH SERVICES OF OKLAHOMA, LLC	RELATED	-592,228.	0.		X	N/A		X	60.50%
NORTHWEST OHIO DEDICATED BREAST MRI, LLC - 26-0679898, 100 MADISON AVE., TOLEDO, OH 43604	MEDICAL DIAGNOSTICS	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**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
HERRICK MEMORIAL DEVELOPMENT CORP. - 38-3146907, 500 E. POTTAWATAMIE TR., ADRIAN, MI 49221	FACILITY LEASING	MI	N/A	C CORP	N/A	N/A	N/A		X
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION - 38-3639616, 818 RIVERSIDE AVE., ADRIAN, MI 49221	FACILITY MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
MONROE HEALTH VENTURES, INC. - 38-2704426 718 N. MACOMB MONROE, MI 48164	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A		X
PROMEDICA CENTRAL CORPORATION OF MICHIGAN - 38-3322278, 100 MADISON AVE., TOLEDO, OH 43604	PHYSICIAN HEALTH CARE SERVICES	OH	N/A	C CORP	N/A	N/A	N/A		X
PROMEDICA HEALTH NETWORK, INC. - 47-4006496 100 MADISON AVE. TOLEDO, OH 43604	PHYSICIAN MANAGEMENT SERVICES	OH	N/A	C CORP	N/A	N/A	N/A		X

**Part III** Continuation of 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) Disproportion- ate 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	
PROMEDICA DOWNTOWN CAMPUS LANDLORD, LLC - 47-3163945, 100 MADISON AVE., TOLEDO, OH 43604	REAL ESTATE	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PROMEDICA MASTER TENANT, LLC - 47-5288490, 100 MADISON AVE., TOLEDO, OH 43604	REAL ESTATE	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PROMEDICA PATHOLOGY LABORATORIES LLC - 83-1022842, 2130 W. CENTRAL AVE. STE. 300, TOLEDO, OH	CLINICAL LABORATORY	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PROMEDICA SURGICAL SERVICES CO-MANAGEMENT CO., LLC - 46-1989695, 100 MADISON AVE., TOLEDO, OH 43604	PHYSICIAN MANAGEMENT SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
REYNOLDS ROAD SURGICAL CENTER, LTD - 31-1569454, 2865 N. REYNOLDS RD., TOLEDO, OH 43615	FREESTANDING AMBULATORY SURGICAL CENTER	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
ROCKET VENTURE FUND II, LLC - 47-5603627, 2865 N REYNOLDS RD, STE 220, TOLEDO, OH 43615	INVESTMENT FUND	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SENIOR & REHAB CARE AT METROHEALTH, LLC - 87-2465544, 100 MADISON AVE., ATTN: TAX DEPT, TOLEDO, OH	SKILLED NURSING	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
THE SURGICAL INSTITUTE OF MONROE AMBULATORY SURGERY CENTER, LLC - 27-0843485, 1051 S. TELEGRAPH RD.,	AMBULATORY SURGICAL CENTER	MI	N/A	N/A	N/A	N/A		X	N/A	X		N/A
WEST CENTRAL SURGICAL CENTER, LLC - 20-0088459, 7055 W. CENTRAL, TOLEDO, OH 43617	AMBULATORY SURGICAL CENTER	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A



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

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

**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?

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

**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) MANOR CARE OF GIG HARBOR WA, ASSOCIATION	L	266,834.	FMV
(2) MANOR CARE OF GIG HARBOR WA, ASSOCIATION	O	4,043,224.	FMV
(3) MANOR CARE OF LYNNWOOD WA, ASSOCIATION	L	449,104.	FMV
(4) MANOR CARE OF LYNNWOOD WA, ASSOCIATION	O	7,488,262.	FMV
(5) MANOR CARE OF LACEY WA, ASSOCIATION	L	437,710.	FMV
(6) MANOR CARE OF LACEY WA, ASSOCIATION	O	6,839,405.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MANOR CARE OF TACOMA WA, ASSOCIATION	L	459,959.	FMV
(8) MANOR CARE OF TACOMA WA, ASSOCIATION	O	7,048,753.	FMV
(9) MANOR CARE OF SPOKANE WA, ASSOCIATION	L	400,627.	FMV
(10) MANOR CARE OF SPOKANE WA, ASSOCIATION	O	6,280,546.	FMV
(11) MANOR CARE OF SALMON CREEK WA, ASSOCIATION	L	495,989.	FMV
(12) MANOR CARE OF SALMON CREEK WA, ASSOCIATION	O	7,472,878.	FMV
(13) MONROE COMMUNITY HEALTH SERVICES	L	338,279.	FMV
(14) MONROE COMMUNITY HEALTH SERVICES	O	5,219,588.	FMV
(15) LENAWEE LONG TERM CARE	L	310,069.	FMV
(16) LENAWEE LONG TERM CARE	O	4,900,012.	FMV
(17) VISITING NURSE HOSPICE & HEALTH CARE	L	433,267.	FMV
(18) VISITING NURSE HOSPICE & HEALTH CARE	O	7,165,738.	FMV
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			







# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

# 2020

**For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868**

▶ **Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

**Taxpayer identification number**

HCR MANORCARE, INC.

82-5373223

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> 45,458.
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration of Officer or Person Subject to Tax

**8**  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named organization or  I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ \_\_\_\_\_ **TREASURER**  
Signature of officer or person subject to tax Date Title, if applicable

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____			
					Phone no. _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's name ▶ _____	Firm's EIN ▶ _____			
	Firm's address ▶ _____	Phone no. _____			