

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning **2013**, and ending **2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAKEWOOD HOSPITAL FOUNDATION, INC.			D Employer identification number 34-6519834
	Doing Business As			E Telephone number (216) 529-7009
	Number and street (or P O box if mail is not delivered to street address) 14601 DETROIT AVENUE		Room/suite 240	G Gross receipts \$ 23,627,724.
	City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, OH 44107			
F Name and address of principal officer KRISTIN BROADBENT SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website ▶ WWW.LAKEWOODHOSPITALFOUNDATION.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1956	M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LAKEWOOD HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SEEK PRIVATE GIFTS TO SUPPORT THE WORK AND ACTIVITIES OF LAKEWOOD HOSPITAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,045,679.	1,542,737.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b)	1,211,286.	3,247,832.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,768.	-7,781.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,252,197.	4,782,788.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	775,495.	745,636.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	211,292.	283,498.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,392.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	359,046.	309,452.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,345,833.	1,338,586.
19 Revenue less expenses Subtract line 18 from line 12	906,364.	3,444,202.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,654,640.	36,284,834.
	22 Net assets or fund balances Subtract line 21 from line 20.	3,734,829.	3,492,629.
		27,919,811.	32,792,205.

Part II Signature Block

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

Sign Here	Signature of officer <i>Robert L. Potts</i>	Date Aug 12, 2014
	Type or print name and title Robert L. Potts, TREAS.	

Paid Preparer Use Only	Print/Type preparer's name KAREN B COONEY	Preparer's signature <i>[Signature]</i>	Date AUG 11 2014	Check <input type="checkbox"/> if self-employed	PTIN P00285983
	Firm's name ▶ MEADEN & MOORE, LTD.	Firm's EIN ▶ 34-1818258			
	Firm's address ▶ 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44119-2523	Phone no 216-241-3272			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

SCANNED SEP 10 2014

917 2387

23

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

LAKWOOD HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO SEEK PRIVATE GIFTS TO SUPPORT THE WORK AND ACTIVITIES OF LAKEWOOD HOSPITAL.

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,082,802 including grants of \$ 745,636) (Revenue \$)
ATTACHMENT 1

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,082,802.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24 a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and columns for Yes/No responses. Includes questions about voting members, family relationships, and governance documents.

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

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and columns for Yes/No responses. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- List of disclosure questions: 17 (states with copy of Form 990), 18 (public inspection of Forms 1023/1024), 19 (governing documents availability), 20 (person with 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 X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH HABER PRESIDENT	7.00	X		X				0	0	0
(2) W. CHARLES GEIGER, III VICE PRESIDENT	4.00	X		X				0	0	0
(3) ROBERT L. POTTS TREASURER	2.00	X		X				0	0	0
(4) THOMAS BAKER SECRETARY	2.00	X		X				0	0	0
(5) DOROTHY GINLEY BAHM TRUSTEE	1.00	X						0	0	0
(6) PATRICIA A. BERRY TRUSTEE	1.00	X						0	0	0
(7) MARY ANNE CRAMPTON GOVERNANCE CHAIR	2.00	X						0	0	0
(8) LARRY E. FAULHABER ADVANCEMENT CHAIR	2.00	X						0	0	0
(9) JAMES P. FORAN REDESIGN AD HOC CHAIR	2.00	X						0	0	0
(10) RICHARD B. FREEMAN, MD, PHD TRUSTEE	1.00	X						0	0	0
(11) DEBORAH HOLMES DALTON TRUSTEE	1.00	X						0	0	0
(12) COLLEEN MEREDITH TRUSTEE	1.00	X						0	0	0
(13) WARREN COLEMAN TRUSTEE	1.00	X						0	0	0
(14) JAMES W. HARRIS TRUSTEE	1.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WENDY SUMMERS ----- TRUSTEE	1.00	X					0	0	0	
(16) MARGARET B. KUECHLE ----- TRUSTEE	1.00	X					0	0	0	
(17) WILLIAM B. LA PLACE ----- AUDIT CHAIR	2.00	X					0	0	0	
(18) KATHLEEN A. MCGRATH ----- FINANCE CHAIR	2.00	X					0	0	0	
(19) CAROLYN P. SEELBACH ----- TRUSTEE	1.00	X					0	0	0	
(20) MARCELLO MELLINO, MD ----- TRUSTEE	1.00	X					0	0	0	
(21) NANCY HUFFMAN ----- TRUSTEE	1.00	X					0	0	0	
(22) RICHARD SMITH ----- TRUSTEE	1.00	X					0	0	0	
(23) DOUG SPIKER ----- TRUSTEE	1.00	X					0	0	0	
(24) ROBERT ELWOOD ----- TRUSTEE	1.00	X					0	0	0	
(25) KRISTIN BROADBENT ----- EXECUTIVE DIRECTOR	50.00				X		102,650.	0	11,653.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							102,650.	0	11,653.	
d Total (add lines 1b and 1c)							102,650.	0	11,653.	

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

	Yes	No
3 Did the organization list any former officer, director, or 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
ATTACHMENT 2		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	138,428				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,404,309				
	g	Noncash contributions included in lines 1a-1f \$		5,890				
	h	Total. Add lines 1a-1f		1,542,737				
Program Service Revenue			Business Code					
	2a	_____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
g	Total. Add lines 2a-2f		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		554,105		554,105		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			21,467,288					
			b	Less cost or other basis and sales expenses		18,773,561		
			c	Gain or (loss)		2,693,727		
	d	Net gain or (loss)		2,693,727		2,693,727		
	8a	Gross income from fundraising events (not including \$ 138,428 of contributions reported on line 1c) See Part IV, line 18	ATCH 4					
b	Less direct expenses		63,594					
c	Net income or (loss) from fundraising events	ATCH 5		-7,781		-7,781		
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses							
c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue See instructions			4,782,788		3,240,051		

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
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	745,636.	745,636.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	114,224.	68,534.	22,845.	22,845.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	112,785.	67,671.	22,557.	22,557.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	56,489.	33,893.	11,298.	11,298.
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	31,000.		31,000.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees	156,288.	93,772.	31,258.	31,258.
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	39,746.	23,848.	7,949.	7,949.
13 Office expenses	14,033.	8,419.	2,807.	2,807.
14 Information technology	6,384.	3,830.	1,277.	1,277.
15 Royalties	0			
16 Occupancy	25,098.	15,058.	5,020.	5,020.
17 Travel	2,291.	1,375.	458.	458.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,033.	1,819.	607.	607.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	3,664.	2,198.	733.	733.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INCREASE IN GIFT ANNUITY LIA	3,761.	2,257.	752.	752.
b DONOR RELATIONS	12,209.	7,325.	2,442.	2,442.
c DUES & SUBSCRIPTIONS	1,517.	911.	303.	303.
d MISC OPERATING EXP	10,428.	6,256.	2,086.	2,086.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	1,338,586.	1,082,802.	143,392.	112,392.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

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
Assets	1 Cash - non-interest-bearing	58.	1	55.
	2 Savings and temporary cash investments	1,023,436.	2	1,411,013.
	3 Pledges and grants receivable, net	378,291.	3	312,105.
	4 Accounts receivable, net	36,144.	4	13,366.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges ATCH. 6	900.	9	900.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 65,560.		
	b Less accumulated depreciation	10b 65,560.	10c	0
	11 Investments - publicly traded securities ATCH. 7	21,647,421.	11	24,964,365.
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	8,568,390.	15	9,583,030.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,654,640.	16	36,284,834.	
Liabilities	17 Accounts payable and accrued expenses	99,178.	17	73,275.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,635,651.	25	3,419,354.
	26 Total liabilities. Add lines 17 through 25	3,734,829.	26	3,492,629.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,133,459.	27	14,112,607.
	28 Temporarily restricted net assets	1,224,233.	28	1,353,416.
	29 Permanently restricted net assets	15,562,119.	29	17,326,182.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,919,811.	33	32,792,205.	
34 Total liabilities and net assets/fund balances.	31,654,640.	34	36,284,834.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,782,788.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,338,586.
3	Revenue less expenses Subtract line 2 from line 1	3	3,444,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,919,811.
5	Net unrealized gains (losses) on investments	5	1,428,192.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,792,205.

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
- 2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis
- 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization LAKEWOOD HOSPITAL FOUNDATION, INC.	Employer identification number 34-6519834
--	--

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									745,636.

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

Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013** 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 - 2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

TYPE III FUNCTIONALLY INTEGRATED STATUS

LINE 11F

THE ORGANIZATION'S DETERMINATION LETTER ISSUED IN 1958 DOES NOT REFERENCE

ITS TYPE III FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION STATUS.

HOWEVER, LHF RECENTLY OBTAINED AN OPINION FROM LEGAL COUNSEL THAT IT

QUALIFIES AS A TYPE III FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
LAKWOOD HOSPITAL	34-1542312	03		X	X		X		745,636
TOTAL AMOUNT OF SUPPORT									<u>745,636</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: LAKEWOOD HOSPITAL FOUNDATION, INC. Employer identification number: 34-6519834

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts related to these items.

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

Schedule D (Form 990) 2013

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities.

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

(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) -----		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	58,646.
(2) CSV - LIFE INSURANCE	299,207.
(3) PERMANENTLY RESTRICTED	
(4) INVESTMENTS HELD IN PERPETUAL	
(5) TRUSTS	9,225,177.
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	9,583,030.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY PAYABLE	24,802.
(3) ALLOCATIONS PAYABLE - LAKEWOOD	217,552.
(4) PLEDGE PAYABLE - VISION	
(5) FOR TOMORROW	3,177,000.
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,419,354.

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

Part XIII Supplemental Information (continued)

INTENDED USES OF ENDOWMENTS FUNDS

PART V, LINE 4

THE ORGANIZATION ESSENTIALLY OPERATES AS THE ENDOWMENT FUND FOR LAKEWOOD HOSPITAL. ENDOWMENT FUNDS CONSIST OF PERMANENTLY RESTRICTED CONTRIBUTIONS WHEREBY THE PRINCIPAL MUST REMAIN INTACT WHILE THE INCOME THEREON MAY BE USED IN GENERAL OPERATIONS OF THE ORGANIZATION TO SUPPORT THE HOSPITAL. ENDOWMENT FUNDS MAY BE RESTRICTED BY DONORS OR BE BOARD DESIGNATED.

THE ORGANIZATION CURRENTLY HAS A POLICY OF DISTRIBUTING TO THE HOSPITAL A MAXIMUM OF 5% OF THE 3 YEAR TRAILING AVERAGE MARKET VALUE OF ALL INVESTMENTS (UNRESTRICTED, BOARD DESIGNATED AND PERMANENT) AS DETERMINED AT THE CLOSE OF EACH CALENDAR YEAR.

DURING 2011, FOR PERMANENTLY RESTRICTED ENDOWMENTS, THE ORGANIZATION ADOPTED A SPENDING POLICY - UNLESS OTHERWISE DIRECTED BY THE DONOR - WHERE 4% OF THE TRAILING 3 YEAR AVERAGE FAIR VALUE OF THE PERMANENTLY RESTRICTED ENDOWMENTS CAN BE TRANSFERRED TO OPERATIONS OR USED FOR THE PURPOSE INTENDED AS LONG AS THE ORIGINAL CORPUS IS NOT INVADED. FOR BOARD DESIGNATED ENDOWMENTS, ALL INTEREST AND DIVIDENDS, REALIZED AND UNREALIZED GAINS AND LOSSES ARE USED IN OPERATIONS AND ONLY THE ORIGINAL CORPUS REMAINS IN THE ENDOWMENT.

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" PRESCRIBE A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE, IF ANY. THE ORGANIZATION HAD NO UNRECOGNIZED TAX UNCERTAINTIES IN 2013 OR 2012.

TAXING AUTHORITIES (FEDERAL, STATE AND LOCAL) CAN EXAMINE PRIOR TAX PERIODS FOR VARYING AMOUNTS OF TIME, GENERALLY 3 - 5 YEARS. THE ORGANIZATION IS CURRENTLY OPEN TO EXAMINATION BY TAXING AUTHORITIES, ALTHOUGH NO EXAMINATIONS ARE CURRENTLY OCCURRING, FOR FISCAL 2009 TO THE PRESENT.

THE ORGANIZATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART V, ENDOWMENT FUNDS

OTHER INFORMATION

NOTE THAT THE AMOUNTS SHOWN IN COLUMNS D AND E ARE AS REPORTED ON PRIOR YEAR FORMS 990. THE PRIOR PERIOD ADJUSTMENT THAT INCREASED THE VALUE OF ASSETS HELD IN PERPETUAL TRUST WAS INCLUDED IN COLUMN C AS PART OF NET INVESTMENT EARNINGS.

SCHEDULE D, PARTS XI AND XII

RECONCILIATION TO AUDITED FINANCIAL STATEMENTS

NOTE THAT LAKEWOOD HOSPITAL FOUNDATION HAS ITS OWN AUDITED FINANCIAL STATEMENTS, AND IT IS ALSO INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF THE CLEVELAND CLINIC FOUNDATION. THE RECONCILIATION SHOWN IN PARTS XI AND XII ARE TO THE LHF AUDITED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

LAKEWOOD HOSPITAL FOUNDATION, INC.

Employer identification number

34-6519834

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		STARRY NIGHT (event type)	AMBULANCE CHAS (event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	138,112.	63,910.	0	202,022.
	2	Less Contributions	98,682.	39,746.		138,428.
	3	Gross income (line 1 minus line 2)	39,430.	24,164.	0	63,594.
Direct Expenses	4	Cash prizes	750.			750.
	5	Noncash prizes	172.			172.
	6	Rent/facility costs	40,101.	5,210.		45,311.
	7	Food and beverages	10,486.			10,486.
	8	Entertainment	750.			750.
	9	Other direct expenses	5,048.	8,858.		13,906.
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Subtract line 10 from line 3, column (d)					-7,781.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

Schedule G (Form 990 or 990-EZ) 2013

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

ADDITIONAL DISCLOSURE

PART II, LINE 11

PLEASE SEE DISCLOSURE ON SCHEDULE O REGARDING FUNDRAISING EVENTS

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LAKEWOOD HOSPITAL FOUNDATION, INC.

Employer identification number

34-6519834

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LAKEWOOD HOSPITAL 14519 DETROIT AVENUE LAKEWOOD, OH 44107	34-1542312	170(B)(1)(A), III	745,636.				GENERAL SUPPORT
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

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

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

Schedule I (Form 990) (2013)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS

PART I, LINE 2

THE BOARD COMMUNICATES WITH THE LAKEWOOD HOSPITAL TO ENSURE THAT MONIES GRANTED ARE USED FOR THE PURPOSES AND PROGRAMS INTENDED, WHETHER THAT BE GENERAL UNRESTRICTED SUPPORT OR FOR A SPECIFIC EQUIPMENT PURCHASE OR FOR A SPECIFIC PROGRAM SPONSORED BY THE HOSPITAL.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

LAKWOOD HOSPITAL FOUNDATION, INC.

34-6519834

EMPLOYEE COUNT

PART V, LINE 2A

THE FOUNDATION HAS 3 EMPLOYEES WHO ARE COMPENSATED USING A COMMON PAYMASTER ARRANGEMENT. WHILE THE FOUNDATION DOES NOT ACTUALLY ISSUE FORM W-2, IT DOES REIMBURSE THE PAYROLL MASTER FOR THE WAGES AND BENEFITS PAID TO THE 3 PERSONS EMPLOYED BY THE FOUNDATION.

FUNDRAISING EVENT

PART VIII, LINE 8C

IN ORDER TO COMPLY WITH FORM 990 INSTRUCTIONS, THE FOUNDATION HAS APPROPRIATELY SEPARATED GROSS RECEIPTS FROM FUNDRAISING EVENTS INTO CONTRIBUTION REVENUE (REPORTED ON LINE 1C OF PART VIII) AND NON-CONTRIBUTION RECEIPTS (REPORTED ON LINE 8A OF PART VIII). HOWEVER, THIS REPORTING CAN BE MISLEADING AS IT APPEARS TO RESULT IN LESS INCOME FROM FUNDRAISING EVENTS THAN ACTUALLY REALIZED. THE FOUNDATION'S FUNDRAISING EVENTS ARE VERY SUCCESSFUL AND EACH EVENT RESULTED IN NET INCOME DURING 2013. PLEASE SEE BELOW, WHICH IS A TRUER REPRESENTATION OF THE SUCCESS OF THESE EVENTS:

	GROSS RECEIPTS	DIRECT EXPENSE	NET INCOME
AMBULANCE CHASE	\$63,910	\$14,067	\$49,843
STARRY NIGHT	\$138,112	\$57,308	\$80,804
	-----	-----	-----
	\$202,022	\$71,375	\$130,647

Name of the organization LAKEWOOD HOSPITAL FOUNDATION, INC.	Employer identification number 34-6519834
--	--

INDEPENDENT CONTRACTOR

PART VII, SECTION B, LINE 1

THE REPORTED INVESTMENT MANGEMENT FEES ARE COLLECTED BY MORGAN STANLEY SMITH BARNEY; HOWEVER, THE MAJORITY OF THESE FEES ARE THEN REMITTED TO INDIVIDUAL FUND MANAGERS.

PROCESS USED TO REVIEW THE FORM 990

PART VI, LINE 11B

A COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD. IN ADDITION, THE AUDIT, THE FINANCE AND EXECUTIVE COMMITTEES ARE CHARGED WITH TAKING A DETAILED REVIEW OF THE RETURN AND REPORTING THEIR FINDINGS BACK TO THE FULL BOARD.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, LINE 12B & 12C

BOARD MEMBERS ARE REQUIRED TO PERIODICALLY DISCLOSE INTERESTS THAT MAY CREATE A CONFLICT. THE BOARD REGULARLY REVIEWS ANY DISCLOSED CONFLICTS AND DECIDES IF ANY FURTHER ACTION NEED BE TAKEN.

DETERMINING COMPENSATION OF EXECUTIVE DIRECTOR

PART VI, LINE 15A

THE EXECUTIVE COMMITTEE OF THE FOUNDATION'S BOARD IS CHARGED WITH REVIEWING THE ANNUAL COMPENSATION OF THE FOUNDATION'S EXECUTIVE DIRECTOR. THE BOARD ALSO CONSIDERS THE CLEVELAND CLINIC'S SALARY ADMINISTRATION PROCESS AND BUDGET. COMPENSATION IS SET BASED ON COMPARABLE POSITIONS IN THE REGION.

Name of the organization

Employer identification number

LAKEWOOD HOSPITAL FOUNDATION, INC.

34-6519834

AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION

PART VI, LINE 19

THE LAKEWOOD HOSPITAL FOUNDATION'S ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

RECLASSIFICATIONS

PART I, LINE 15

PRIOR YEAR SALARIES, OTHER COMPENSATION & BENEFITS HAVE BEEN RECLASSIFIED FROM OTHER EXPENSES TO BE COMPARATIVE TO CURRENT YEAR PRESENTATION.

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LAKEWOOD HOSPITAL FOUNDATION ESTABLISHES AND MAINTAINS RELATIONSHIPS THAT GENERATE PHILANTHROPIC SUPPORT TO ENHANCE LAKEWOOD HOSPITAL'S ABILITY AS A COMMUNITY HOSPITAL TO FULFILL ITS MISSION. THE FOUNDATION, FOUNDED IN 1956, PROVIDES A DIRECT LINK TO THE WEST SHORE COMMUNITY'S NEED FOR COMPASSIONATE HEALTH CARE BY SUPPORTING THE ENHANCEMENT OF LAKEWOOD HOSPITAL'S PROGRAMS AND SERVICES.

PROTECTING THE COMMUNITY'S GOOD HEALTH HAS BEEN LAKEWOOD HOSPITAL'S PRIMARY CONCERN SINCE 1907. THE FOUNDATION SERVES AS A BRIDGE BETWEEN A CARING COMMUNITY AND A HOSPITAL THAT REQUIRES AN INNOVATIVE APPROACH TO FUNDRAISING AND PHILANTHROPIC ACTIVITIES. THE FOUNDATION ASPIRES TO TOUCH LIVES IN WAYS THAT ARE POSITIVE AND MEANINGFUL. BY FOCUSING ON THE HEALTH AND WELLNESS OF THE

Name of the organization

LAKEWOOD HOSPITAL FOUNDATION, INC.

Employer identification number

34-6519834

ATTACHMENT 1 (CONT'D)

COMMUNITY, LAKEWOOD HOSPITAL FOUNDATION IS STEADFAST IN ITS PATH TO SUCCESS AND USES ITS MISSION, VISION AND VALUES AS GUIDES WHILE STRIVING TO ACCOMPLISH ITS GOAL.

DURING 2013, LAKEWOOD HOSPITAL FOUNDATION PROVIDED DIRECT SUPPORT TO LAKEWOOD HOSPITAL IN THE AMOUNT OF \$745,636 IN THE FORM OF GRANTS AND GIFTS, AND PROVIDED \$112,392 OF INDIRECT SUPPORT TO THE HOSPITAL AS THE COST FOR GENERATING FUNDS TO SUPPORT THE HOSPITAL AND ITS PROGRAMS.

PHILANTHROPIC SUPPORT OF LAKEWOOD HOSPITAL PROVIDES A VALUABLE FINANCIAL BASE AND IS DIRECTED TOWARD INITIATIVES SUCH AS FREE AND SUBSIDIZED CARE FOR THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY, NEW PROGRAMS, EDUCATION, LEADING-EDGE TECHNOLOGY, STATE-OF-THE-ART EQUIPMENT AND CAPITAL EXPANSION. GIFTS TO LAKEWOOD HOSPITAL FOUNDATION IN 2013 CONTINUED TO ASSIST IN ENHANCING PATIENT CARE, MAKING OUR DONORS ESSENTIAL TO THE ACCOMPLISHMENT OF LAKEWOOD HOSPITAL'S MISSION.

SUPPORT OF VARIOUS HOSPITAL PROGRAMS AND SERVICES INCLUDED:

BRAIN HEALTH INITIATIVE RECEIVED \$40,000 FOR A RESEARCH ASSISTANT WHO OVERSEES AND COORDINATES CLINICAL TRIALS AT LAKEWOOD HOSPITAL IN CONJUNCTION WITH CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH. IN 2013, LAKEWOOD HOSPITAL CONTINUED PARTICIPATION

Name of the organization LAKEWOOD HOSPITAL FOUNDATION, INC.	Employer identification number 34-6519834
--	--

ATTACHMENT 1 (CONT'D)

IN THE AVANIR CLINICAL DRUG TRIAL, AND ENROLLED OR SCREENED SEVEN PATIENTS OVER THE COURSE OF THE TRIAL. THIS IS A RANDOMIZED, PLACEBO-CONTROLLED STUDY TO ASSESS THE EFFICACY, SAFETY, AND TOLERABILITY OF A MEDICATION FOR THE TREATMENT OF AGITATION IN PATIENTS WITH ALZHEIMER'S DISEASE. IN LATE-2013 LAKEWOOD HOSPITAL SECURED THE NOVEL, NON-INVASIVE MEDICAL DEVICE CALLED NEUROAD. THIS DEVICE UNIQUELY EMPLOYS A CONCURRENT COMBINATION OF NON-INVASIVE, TRANSCRANIAL MAGNETIC STIMULATION (TMS) WITH COGNITIVE TRAINING, BOTH OF WHICH ARE APPLIED TO ACT ON THE SAME BRAIN REGIONS KNOWN TO BE AFFECTED BY ALZHEIMER'S DEMENTIA. THE STUDY IS FOR PATIENTS WITH MILD TO MODERATE ALZHEIMER'S DEMENTIA. THE TREATMENTS REQUIRE DAILY WEEKDAY VISITS FOR SIX WEEKS AND PARTICIPATION LASTS A TOTAL OF 15 WEEKS.

THROUGH THE DIABETES ASSISTANCE INITIATIVE, \$318,729 IN SUPPORT WAS PROVIDED IN THE FORM OF PRESCRIPTION MEDICATION AND TESTING SUPPLIES, AND DIABETES EDUCATION SCHOLARSHIPS- TWO CORE COMPONENTS OF DIABETES CARE- TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED.

EMPLOYEE CARE FUND, THROUGH WHICH LAKEWOOD HOSPITAL EMPLOYEES EXPERIENCING ADVERSE FINANCIAL SITUATIONS OR CATASTROPHIC HARDSHIPS RECEIVED FINANCIAL ASSISTANCE TOTALING NEARLY \$7,000, TO PUT FOOD ON THE TABLE, COVER THE COST OF RENT OR MORTGAGE PAYMENTS, AND HELP WITH UTILITY AND CAR PAYMENTS.

Name of the organization

LAKEWOOD HOSPITAL FOUNDATION, INC.

Employer identification number

34-6519834

ATTACHMENT 1 (CONT'D)

\$60,290 WAS DIRECTED TO THE HOPE PROGRAM TO MAKE AVAILABLE TO UNINSURED WOMEN FREE BREAST HEALTH SCREENINGS, INCLUDING A CLINICAL BREAST EXAM, SCREENING AND DIAGNOSTIC MAMMOGRAMS, AND BREAST ULTRASOUNDS.

NURSING ADVANCEMENT PROVIDED GRANTS TOTALING NEARLY \$7,000 TO LAKEWOOD HOSPITAL NURSES FOR CONTINUING EDUCATION, TRAINING OPPORTUNITIES, AND ONGOING SKILL DEVELOPMENT.

PATIENT ASSISTANCE FUND MADE AVAILABLE TO PATIENTS A SHORT-TERM QUANTITY OF MEDICATIONS OR SUPPLIES THAT WERE NECESSARY TO CONTINUE THE RECOVERY PROCESS POST DISCHARGE, TOTALING NEARLY \$4,000.

PATIENT NAVIGATOR INITIATIVE RECEIVED \$45,800 TO FUND A PILOT PROJECT THAT EMPLOYED THE CONCEPT OF GUIDING PATIENTS THROUGH THE COMPLEX HEALTH CARE SYSTEM, AND FOCUSED ON IMPROVING CARE COORDINATION AND DISCHARGE PLANNING FOR PATIENTS WHO DON'T HAVE A PRIMARY PHYSICIAN OR HEALTH INSURANCE, OR BOTH.

REHAB SERVICES RECEIVED \$53,547 FOR REHABILITATIVE MATERIALS AND CUTTING-EDGE THERAPY TECHNOLOGY AND EQUIPMENT, ALLOWING PATIENTS TO RECEIVE THE BEST POSSIBLE CARE AND TO REGAIN SKILLS NEEDED FOR EVERYDAY LIVING.

Name of the organization

Employer identification number

LAKEWOOD HOSPITAL FOUNDATION, INC.

34-6519834

ATTACHMENT 1 (CONT'D)

SENIOR BEHAVIORAL HEALTH PROGRAMMING FUND PROVIDED NEARLY \$7,000 IN SUPPORT FOR VARIOUS PATIENT ACTIVITIES THAT OFFER ENHANCED STIMULATION AND SOCIALIZATION SUCH AS RECREATIONAL AND MUSIC THERAPY.

SENIORCARE SERVICES RECEIVED MORE THAN \$135,000 IN SUPPORT OF THEIR EFFORTS TO MEET THE GROWING NEEDS OF OLDER ADULTS. FUNDING ENHANCED A VARIETY OF SERVICES AT MULTIPLE LEVELS OF CARE THAT BENEFIT THE HEALTHY AGING AND THE SPECIALIZED CARE NEEDS OF FRAIL SENIORS.

TEEN HEALTH CENTER, WHICH PROVIDES MEDICAL AND MENTAL HEALTH CARE AND EDUCATION FOR ADOLESCENTS, REGARDLESS OF THEIR ABILITY TO PAY, RECEIVED MORE THAN \$2,500 FOR PATIENT ACCESS TO CARE, CONFIDENTIAL VISITS AND BEHAVIORAL HEALTH PROGRAMS INCLUDING VARIOUS TYPES OF THERAPY.

LAKEWOOD HOSPITAL FOUNDATION'S PROFESSIONAL STAFF AND BOARD OF TRUSTEES WORK TO ADDRESS THE SPECIFIC WISHES OF EACH DONOR AND PROVIDE SOUND GUIDANCE THAT ENSURES EACH GIFT IS ALLOCATED SO IT WILL MAKE THE MOST SIGNIFICANT IMPACT ON THE CURRENT AND EMERGING NEEDS OF PATIENTS SERVED BY LAKEWOOD HOSPITAL.

ATTACHMENT 2

Name of the organization LAKEWOOD HOSPITAL FOUNDATION, INC.	Employer identification number 34-6519834
--	--

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MORGAN STANLEY SMITH BARNEY 159 CROCKER PARK BLVD, STE 460 WESTLAKE, OH 44145	INVESTMENT MGMT	169,343.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST AND DIVIDEND INCOME	554,105.			554,105.
TOTALS	<u>554,105.</u>			<u>554,105.</u>

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AMBULANCE CHASE	39,746.
STARRY NIGHT	98,682.
TOTAL	<u>138,428.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
AMBULANCE CHASE	24,164.	14,067.	10,097.
STARRY NIGHT	39,430.	57,308.	-17,878.
SEE PAGE 1 OF SCH O.			
TOTALS	<u>63,594.</u>	<u>71,375.</u>	<u>-7,781.</u>

*Gross Income above is net of Contributions received, see page 1 of Schedule O.

Name of the organization LAKEWOOD HOSPITAL FOUNDATION, INC.	Employer identification number 34-6519834
--	--

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	900.
TOTALS	<u>900.</u>

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITIES	18,427,865.	FMV
CORPORATE BONDS & NOTES	3,357,500.	FMV
U.S. GOVERNMENT SECURITIES	3,179,000.	FMV
TOTALS	<u>24,964,365.</u>	

**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. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

LAKEWOOD HOSPITAL FOUNDATION, INC.

Employer identification number
34-6519834

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

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

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
(1) LAKEWOOD HOSPITAL 14519 DETROIT AVENUE LAKEWOOD, OH 44107 34-1542312	HOSPITAL	OH	501(C)(3)	3	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

2	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LAKWOOD HOSPITAL	B	745,636.	CASH PAID
(2)	LAKWOOD HOSPITAL	K	112,392.	FMV
(3)	LAKWOOD HOSPITAL	O, P	283,498.	CASH PAID
(4)				
(5)				
(6)				

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

RELATED PARTY DISCLOSURE - ADDITIONAL INFORMATION

THE LAKEWOOD HOSPITAL FOUNDATION IS RELATED TO THE LAKEWOOD HOSPITAL AS DESCRIBED IN SCHEDULE R. LAKEWOOD HOSPITAL IS ALSO AFFILIATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AS ONE OF ITS REGIONAL HOSPITALS. THE LAKEWOOD HOSPITAL FOUNDATION IS NOT FINANCIALLY ACCOUNTABLE TO THE CLEVELAND CLINIC, NOR CAN THE CLEVELAND CLINIC APPOINT ANY FOUNDATION BOARD MEMBERS.

PART V, LINE 2, TRANSACTION K

LAKWOOD HOSPITAL FOUNDATION PERFORMS FUNDRAISING FOR LAKEWOOD HOSPITAL AS DESCRIBED THROUGHOUT FORM 990. THE AMOUNT POSTED TO COLUMN (C) IS THE TOTAL EXPENSES INCURRED BY THE FOUNDATION ALLOCATED TOWARDS FUNDRAISING EXPENSES PER FORM 990, PART IX, COLUMN (D).