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 Open to Public Inspection

		C Name of organization LAUREL LAKE RET.			and ending	9	D Employer ide	entifica	tion number	
B c	heck if ap	pplicable: INC.								
	Addre chang	Doing Business As					34-1779	303		
	Name	Number and street (or P.O. box if mail is n	not delivered to street address)	F	Room/suite		E Telephone no	umber		
	Initial	return 200 LAUREL LAKE DRIVE					(330) 65	0 – 06	581	
	Termi	City or town, state or province, country, ar	nd ZIP or foreign postal code							
	Amen						G Gross receipt	s \$	86	7,538.
		F Name and address of principal officer:	DAVID A. OSTE	R			H(a) Is this a grou		for Ye	s X No
	_ pena	200 LAUREL LAKE DRIVE,	HUDSON, OH 442	36			subordinates: H(b) Are all subord		uded? Ye	s No
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	r 527	,	If "No," attac	h a list.	(see instructions	;)
J	Websi	ite: ▶ WWW.LAURELLAKE.ORG	7 (333 37)	- (-)()			H(c) Group exemp	otion nur	mber -	
K	Form o	of organization: X Corporation Trust A	Association Other		L Year of	formati	ion: 1995 M			le: OH
_	art I	Summary								
		Briefly describe the organization's mission or	most significant activities:	TO ENC	OURAGE,	ADM	INISTER &	COC	RDINATE	
ø	•	CHARITABLE GIVING TO FOSTER								
Governance		& SERVICES FOR THE BENEFIT								
ern	2	Check this box ▶ if the organization dis								
Š		Number of voting members of the governing by						3		7.
	1	Number of independent voting members of the						4		6.
ies								5		0.
Activities &		Total number of individuals employed in caler						6		6.
Act	1	Total number of volunteers (estimate if necess								0.
_		Total unrelated business revenue from Part VII						7a		0
	D	Net unrelated business taxable income from F	orm 990-1, line 34				Prior Year	7b	Current	
		0					269,64	0		56,455
ne	8	Contributions and grants (Part VIII, line 1h)		COPY	FOR		209,04	0.	3.	0 , 433
Revenue	9	Program service revenue (Part VIII, line 2g)		PUBLIC INS	SPECTION		-72,44			
Re		Investment income (Part VIII, column (A), lines	s 3, 4, and 7d) [-/2,44			64,976
	11	Other revenue (Part VIII, column (A), lines 5, 6					107 10	0.		0
	12	Total revenue - add lines 8 through 11 (must					197,19	- 1		21,431
	13	Grants and similar amounts paid (Part IX, colu					327,11			94,812
	14	Benefits paid to or for members (Part IX, colun						0.		0
es	15	Salaries, other compensation, employee bene-				0.		0		
Expenses	16a	Professional fundraising fees (Part IX, column				0.		0		
×	b	Total fundraising expenses (Part IX, column (D)), line 25) \blacktriangleright $^{\perp}$	10,101.						
ш		Other expenses (Part IX, column (A), lines 11a					230,77			14,907
		Total expenses. Add lines 13-17 (must equal l					557,89			09,719
	19	Revenue less expenses. Subtract line 18 from	line 12				-360,69	1.	3	11,712
Net Assets or Fund Balances						Begin	ning of Current Y		End of \	'ear
set	20	Total assets (Part X, line 16)					4,248,48			44,035
AB	21	Total liabilities (Part X, line 26)					620,28			40,697
ᇗ	22	Net assets or fund balances. Subtract line 21	from line 20				3,628,20	2.	3,9	03,338
Pa	ırt II	Signature Block								
Un	der per	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other than	return, including accompar	nying schedule	es and statem	ents, a	and to the best of	my kr	nowledge and	belief, it is
true	s, corre		onicer) is based on an inform	ation of willer	i preparei nas	ally Ki	lowledge.			
٠.										
Sig		Signature of officer					Date			
He	re									
		Type or print name and title								
_	_	Print/Type preparer's name	Preparer's signature		Date		Check	if P1	ΠN	
Paid		DAVID M REAPE, CPA		self-employed P00068117						
	parer	Firm's name			-		Firm's EIN	34-1	663157	
Use	Only	Firm's address > 23240 CHAGRIN BLVD., SUI	TE 700 CLEVELAND. OH 4	4122-5450					831-120	0
May	the I	RS discuss this return with the preparer shown							X Yes	No
		rwork Reduction Act Notice, see the separate	<u> </u>							90 (2020)

JSA 0E1065 1.000 7083HV K369 074501

Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ATTACHMENT 1	
	ATTACHMENT	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
	prior Form 990 or 990-EZ?	LA 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	X No
	services?	LA NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	acurad by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	to others,
	and total original original and, it and, it and, it are program or not reperious.	
40	(Code:) (Expenses \$ 38,562. including grants of \$) (Revenue \$	\
4a	(Code:) (Expenses \$38,562. including grants of \$) (Revenue \$) THE LAUREL LAKE FOUNDATION PROVIDED RESOURCES TO HELP SATISFY THE	_)
	NEEDS OF LIFE CARE CONTRACTED RESIDENTS AT LAUREL LAKE RETIREMENT	
	COMMUNITY. LIFE CARE CONTRACTED RESIDENTS AT HACKET HAKE RETIREMENT	
	LIFETIME CARE, EVEN WHEN CAUSES BEYOND THEIR CONTROL MAKE IT NO	
	LONGER POSSIBLE TO FULLY PAY THEIR LAUREL LAKE MONTHLY SERVICE	
	FEE. EACH YEAR SINCE INCEPTION OVER TWO DECADES AGO, BETWEEN TWO	
	AND SIX RESIDENTS HAVE FOUND PEACE OF MIND IN RECEIVING SUBSIDIES	
	DUE TO UNANTICIPATED FINANCIAL CIRCUMSTANCES SUCH AS OUTLIVING	
	THEIR RESOURCES.	
41-	(Codes) (European C.) (Pausaus C.)	`
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
	ATTACHMENT 2	
4c	(Code:) (Expenses \$ 6,250. including grants of \$) (Revenue \$)
70		_'
	ATTACHMENT 3	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 94,812.	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	40	X	
44		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		- 21
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	···		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1_4		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	Х	
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١.,		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II.	26		Х
27	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			
				Х
	persons? If "Yes," complete Schedule L, Part III	27		Λ
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? $\it lf$			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		
32		32		Х
22	complete Schedule N, Part II	32		- 25
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		,,,	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		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.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	2 College Colle	<u> </u>	Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	Enter the number of Forme W 20 moladed in the rat. Enter of in het applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a 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. 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?.............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u> 1a 7</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.5
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	90	Χ	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.5		_
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	9	١	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>.)</i> Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
Soct	organization's exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ► OH,	(800	tion F	:01/2\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(Sec	11011 5	1 (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
22	and financial statements available to the public during the tax year.	ام ا		
20	State the name, address, and telephone number of the person who possesses the organization's books and record DAVID A. OSTER 200 LAUREL LAKE DRIVE HUDSON, OH 44236	is 🟲		

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

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	l orga	niza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than of box, unless person is both officer and a director/truste employee Officer Individual trustee or director				is both	an tee)	(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
(1)DAVID OSTER	.50									
PRESIDENT	45.00	Х		Х				0.	408,213.	12,000
(2) SR. MARYANN GOLONKA, HM	.50									
TRUSTEE	0.	X						0.	0.	0
(3) ELIZABETH MURPHY	.50									
SECRETARY	.50	Х		Х				0.	0.	0
(4) AMY MCCARTHY	.50									
TRUSTEE	0.	X						0.	0.	0
(5)ANN KIRK	.50									
TREASURER	0.	X		Х				0.	0.	0
(6)BLAKE RAWSON	2.00									
VICE CHAIR	.50			Х				0.	0.	0
(7)WILLIAM FITZGERALD	4.00	-								
CHAIR	0.	X		Х				0.	0.	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(4.4)	1	1	1	1	1	1	1			

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y En	plo	yee	es, a	and F	lig	hest Compensat	ed Emplo	yees (c	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than or/truste e is both or/truste e mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	Est am comp fro orga and	(F) timated ount of other pensation the anization related in its pensation of the anization	on n
							Δ.							
									0.	400	,213.		12,0	<u> </u>
С	Sub-total Total from continuation sheets to Part VII, Se	_						>	0.		0.		12,0	0.
	Total (add lines 1b and 1c)	imited to tl		liste				re					12,0	700.
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete Schedu	er, directo	r, or	tru								3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for	such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue coi	mpen	satio	on f	from	any	un	related organization	on or indiv	idual	5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report covers.													
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation	

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 ► 0.

Form 990 (2020) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	ny line in this Part \	/III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
٦٤	С	Fundraising events 1c				
ifts	d	Related organizations 1d				
يَّ قُ	е	Government grants (contributions) 1e				
Sin	f	All other contributions, gifts, grants,				
e Éi		and similar amounts not included above . 1f 556,455.				
들본	g	Noncash contributions included in				
Ę	3	lines 1a-1f				
ပ္က ၕ	h	Total. Add lines 1a-1f	556,455.			
		Business Code				
8	2a					
ه ڲٙ	b					
Program Service Revenue	c					
am	d					
Pg	e					
F	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
	-	other similar amounts)	88,411.			88,411.
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a 222,672.				
ø	b	Less: cost or other basis				
Z		and sales expenses 7b 246,107.				
evenue	С	Gain or (loss) 7c -23,435.				
2	d	Net gain or (loss)	-23,435.			-23,435.
Other	8a	Gross income from fundraising				
δ	ou	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 0.				
	b	Less: direct expenses 8b				
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a 0.				
	b	Less: direct expenses 9b 0.				
	c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances 10a 0.				
	b	Less: cost of goods sold 10b				
	C	Net income or (loss) from sales of inventory.	0.			
2		Business Code				
Miscellaneous Revenue	11a					
an	b					
e e	С					
IS R	d	All other revenue				
2	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	621,431.			64,976.
JSA 0F105	1 1 000					Form 990 (2020)
00	70	83HV K369		074501		

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 resp	onse or note to any lin	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	94,812.	94,812.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. 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	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	^			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (nonemployees):	183,617.		91,808.	91,809.
	Management	163,617.		<i>5</i> 1,000.	<i>5</i> ⊥,0∪ <i>9</i> .
	Legal	4,836.		4,836.	
	Accounting	0.		1,050.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	8,162.		8,162.	
	Investment management fees	0,1021		3,102.	
y	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	18,292.			18,292.
13	Office expenses	0.			· · · · · · · · · · · · · · · · · · ·
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	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.)				
а					
b					
C					
d					
	All other expenses	309,719.	0/ 010	104,806.	110,101.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	309,719.	94,812.	104,800.	110,101.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet Check if Schedu

	art X	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	99,349.	1	359,275.
	2	Savings and temporary cash investments	65,686.	2	90,918.
	3	Pledges and grants receivable, net	26,000.	3	13,000.
	4	Accounts receivable, net	0.	4	0.
	5	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	4,057,447.	11	3,980,842.
	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	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,248,482.	16	4,444,035.
	17	Accounts payable and accrued expenses	0.	17	0.
	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.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	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	620,280.	25	540,697.
	26	Total liabilities. Add lines 17 through 25	620,280.	26	540,697.
		Organizations that follow FASB ASC 958, check here ► X	,		•
Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	1,943,899.	27	2,235,723.
Ва	28	Net assets with donor restrictions.	1,684,303.	28	1,667,615.
pg		Organizations that do not follow FASB ASC 958, check here ▶	, ,		, ,
显		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
¥,	32	Total net assets or fund balances	3,628,202.	32	3,903,338.
ž	33	Total liabilities and net assets/fund balances	4,248,482.	33	4,444,035.
_	1		, -,		Form 990 (2020)

7083HV K369 074501

Form 990 (2020) Page **12**

01111 30	70 (2020)				1 4	gc • -	
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		6	21,4	131.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			09,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			11,7		
4							
5							
6							
7	Investment expenses	7				$\frac{0.}{0.}$	
8	8 Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		3,9	03,3	338.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

7083HV K369 074501

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INC.

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

Employer identification number 34-1779303

Par	t I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S	
The	orga	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated f	for the benefit of	a college or universit	ty owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7		An organization that norma	ally receives a sub	ostantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of a	griculture (see instruct	tions). Ei	nter the	name, city, and state of	the college or	
		university:			•		·	-	
0		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross	
		receipts from activities rela support from gross investm	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more than	331/3 % of its	
		acquired by the organizatio	n after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	Dusinesses	
1		An organization organized a							
2	Х	An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes	
		of one or more publicly su	pported organizati	ions described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).	
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.	
а		X Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
		supporting organization.	You must complet	te Part IV, Sections A	and B.				
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or management of							
	organization(s). You must complete Part IV, Sections A and C.								
С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
		its supported organization							
d		Type III non-functionally		•				ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	I an attentiveness	
		requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		$\stackrel{ extsf{X}}{ullet}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	nat it is a Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.		
		ter the number of supported						1	
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		_		above (see instructions))		ment?	instructions)	instructions)	
A	TTI	ACHMENT 1			Yes	No			
A)									
B)									
_,									
_,									
C)									
C)									
C)									
C) D)									

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

JSA 0E1210 0.030 7083HV K369 074501 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		T.	T		T	T
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s						
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Supp		_				
14	Public support percentage for 2020 (lin						<u>%</u>
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu	-		-			
D	331/3% support test - 2019. If the org						
170	this box and stop here. The organization	-		-			
ı ı a	10%-facts-and-circumstances test - 2 10% or more, and if the organization		_				
	Part VI how the organization meets t					•	•
	organization			-	· ·	-	
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organiz		_				
	in Part VI how the organization meets					-	•
	organization			=	-	-	
18	Private foundation. If the organizatio	n did not ched	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see
	instructions						· · · · <u> </u>

0E1220 1.000 7083HV K369 074501 Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7 a	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.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
800	tion R. Total Support						
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(4) 2010	(6) 2017	(6) 2010	(4) 2019	(6) 2020	(i) i Otai
9 10 a	Amounts from line 6. 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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2020 (line 8		•	```		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the organization						. \square
00	line 18 is not more than 331/3 %, check		-	•			
20	Private folingation if the Organization of	IIII DOI CDECK 2	a nov on line 1	⊿ iya ∩riiyh	CHECK THIS HOY	and see instriid	mone =

Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in **Part VI.**
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No Χ 1 X 2 Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 Χ 9a Χ 9b Χ 9c Χ 10a 10b

JSA 0E1229 1.010

Schedule A (Form 990 or 990-EZ) 2020

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			- 3
	Capper and G. games (communica)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		Х
Section	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations		V	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Saction	on D. All Type III Supporting Organizations	1		
occii	71 D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	<u>.</u>		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	\ \alpha_{=}		
I-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(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		7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(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		
С	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			ated Type III supporting	g organization
	(see instructions).	-		· -

Schedule A (Form 990 or 990-EZ) 2020

7083HV K369 074501

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes	1	1
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations 3	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	6
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	8
9	Distributable amount for 2020 from Section C, line 6		g	9
10	Line 8 amount divided by line 9 amount		10	10
		(i)	(ii)	(iii)

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

Schedule A (Form 990 or 990-EZ) 2020

7083HV K369 074501

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
LAUREL LAKE RETIREMENT COMMUNITY	34-1481142	10	Х	94,812.	0.
TOTAL AMOUNT OF SUPPORT				94,812.	

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

Department of the Treasury

Internal Revenue Service

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

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

Schedule of Contributors

OMB No. 1545-0047

2020

Employer identification number Name of the organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, 34-1779303 Organization type (check one): Filers of: Section: X 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** $\lfloor exttt{X}
floor$ 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

7083HV K369

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, Employer identification number 34-1779303

34-1779303 INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 N/A Χ Person **Payroll** 13,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 N/A Person **Payroll** 10,300. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 N/A Χ Person **Payroll** 76,702. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 N/AΧ Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 N/AΧ Person **Payroll**

Noncash
(Complete Part II for noncash contributions.)

\$

93,855.

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, Employer identification number 1NC. Suppose 1779303

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 7 N/A Χ Person **Payroll** 10,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 N/A Person **Payroll** 5,250. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 N/A Person **Payroll** 139,198. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 N/A Χ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, TNC 34-1779303

	1110.	31 1	112303
Part II Non	cash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 •	

Employer identification number

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

	INC.			34-1779303
Part III	Exclusively religious, charitable, etc.,			
	(10) that total more than \$1,000 for t the following line entry. For organization			
	contributions of \$1,000 or less for the			
	Use duplicate copies of Part III if addition			
(a) No.		strai space is riceat	<u>Ju.</u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
raiti	+			
				-
				-
				1
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
	, ,			•
			-	
			-	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			_	
		(a) Trans	ion of wift	
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I				() (
		(e) Transf	er of gift	
	Transferee's name, address, and	d 7ID . 4	Dolotio	enship of transferor to transferee
	Transferee's fiame, address, and	u ZIF + 4	Relatio	distrip of transferor to transferee
(a) No.				
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I	+			
				1
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	enship of transferor to transferee
				-

SCHEDULE D (Form 990)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

Employer identification number

INC		34-1779303
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
6		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
D	conferring impermissible private benefit?	
Pa		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of a biotonically inconstant land and
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	the fermi of a second section
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified transferred extinguished, and the conservation extinguished extinguis	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservation easements it holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public lese items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
b	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	

Sche	dule D (Form 990) 2020									Page 2
Pa	rt Organizations Maintainir	ng Collections	of Art, Histo	rical Tre	asures,	or Other	Similar A	Assets (d	continue	d)
3	Using the organization's acquisition		other reco	ds, check	any of t	he follow	ing that r	nake sigr	nificant us	se of its
	collection items (check all that apply	y):	_	_						
а	Public exhibition		d		or exchan	ge prograi	m			
b	Scholarly research		e	Other						
С	Preservation for future generation									
4	Provide a description of the organ	ization's collection	ns and expl	ain how t	hey furth	er the or	ganization	's exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization							_	_	
	assets to be sold to raise funds rathe		ntained as pa	art of the o	organizati	on's collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial Ar	•	–							
	Complete if the organizat	tion answered "	res" on For	m 990, F	art IV, Iir	ne 9, or r	eported a	ın amour	nt on For	m
	990, Part X, line 21.									
1 a	Is the organization an agent, trust			•				ets not	- 7.,	
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and col	npiete the to	llowing tar	oie:			A		
_	Denimina kalanas				-			Amount		
	Beginning balance									
	Additions during the year					d				
e	Distributions during the year					_				
f 20	Ending balance Did the organization include an amount of the organization of th						account lie	shility?	Yes	No
	If "Yes," explain the arrangement in									
	rt V Endowment Funds.	Trait Alli. Check	nere ii tile e	λριαι ιατίσι ι	nas been	provided	OII F alt All	<u>'</u>		• <u> </u>
Га	Complete if the organization	tion answered "	Yes" on For	m 990 F	Part IV lir	ne 10				
	Complete ii the organizati	(a) Current year	(b) Pric		(c) Two y		(d) Three y	ears hack	(e) Four v	ears back
4.	Denimain a of warm halance	306,127		4,186.		2,387.		4,501.		79,777
1a	Beginning of year balance	750		900.		650.		500.		1,390
D	Contributions									,
C	Net investment earnings, gains, and losses	-7,129	. 2	1,041.	-2	8,851.	3	5,946.	_	16,666
٨	Grants or scholarships					-				
	Other expenditures for facilities									
C	and programs						8	8,560.		
f	Administrative expenses									
g	End of year balance	299,748	. 30	6,127.	28	4,186.	31	2,387.	3	64,501
2	Provide the estimated percentage of	of the current vea	r end balanc	e (line 1a.	column (a	ı)) held as				
	Board designated or quasi-endown		%	c (c .g,	(0	.,,	•			
b	Permanent endowment ▶ 87.3	300 %								
С	Term endowment ▶ 12.6700 g	%								
	The percentages on lines 2a, 2b, and	nd 2c should equa	ıl 100%.							
3a	Are there endowment funds not in t	he possession of	the organiza	ation that	are held a	and admir	nistered for	the	_	
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended us		zation's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equi Complete if the organiza	ipment. ition answered "	Yes" on Fo	rm 990 I	Part IV li	ne 11a 9	See Form	990 Pa	rt X line	10
	Description of property	(a) Cost	or other basis		or other basis	(c) Acc	cumulated		l) Book valu	
		(inv	estment)		ther)		eciation	,		
	Land									
b	Buildings									

Schedule D (Form 990) 2020

c Leasehold improvements.....d Equipment....

7083HV K369 074501

e Other

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

Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, 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
Financial derivatives		
(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" on Form 99	0, 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)		
(0)		

Part IX	Other	Assets.
---------	-------	---------

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X

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)	GIFT ANNUITIES PAYABLE	508,367.
(3)	DUE TO LAUREL LAKE	32,330.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	540,697.

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 .

(7)

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c 5
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
С.	Carlot looseer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d		2e
e	Add lines 2a through 2d	3
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.

Schedule D (Form 990) 2020 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, #4

ENDOWMENTS SUPPORT THE MAINTENANCE OF CAMPUS HONORARIUM PLANTINGS AND FINANCIAL ASSISTANCE FOR THE EDUCATION OF EMPLOYEES. CAMPUS HONORARIUMS RECOGNIZE AND SHARE SPECIAL PEOPLE, PLACES AND EVENTS THAT HAVE MADE A POSITIVE IMPACT ON THE LIVES OF RESIDENTS AND OTHERS WHO ARE OR WERE A PART OF LAUREL LAKE RETIREMENT COMMUNITY. THESE TRIBUTES ENABLE RESIDENTS, FAMILY MEMBERS AND STAFF TO BENEFIT FROM A SENSE OF WELLBEING BY SEEING HONORARIUMS THROUGHOUT THE LAUREL LAKE CAMPUS. FINANCIAL ASSISTANCE FOR TUITION AND BOOKS IS PROVIDED TO LAUREL LAKE RETIREMENT COMMUNITY STAFF MEMBERS SEEKING ADVANCED EDUCATION. AS EMPLOYEES WORK TOWARD REACHING THEIR FULL POTENTIAL, RESIDENTS AND THEIR FAMILIES BENEFIT FROM MORE KNOWLEDGEABLE AND ENTHUSIASTIC CAREGIVERS.

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 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION. **Employer identification number** 34-1779303 INC. 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) LAUREL LAKE RETIREMENT COMMUNITY 34-1481142 501(C)(3) 200 LAUREL LAKE DRIVE HUDSON, OH 44236 94.812. FUND RETIREMENT COMM (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)1.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. 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					
1					

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

SCHEDULE I, PART I, LINE #2

THE FOUNDATION REQUIRES AN ACCOUNTABILITY REPORT 12 MONTHS FROM THE TIME

OF FUNDING GRANTS OF \$5,000 OR MORE.

Page 2

SCHEDULE J (Form 990)

Compensation InformationFor 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 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

Employer identification number 34-1779303

Part	Questions Regarding Compensation			
			Yes	No
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. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees 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	46		
2	explain	1b		
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. Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee	2		
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:			X
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_ A
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
6	If "Yes" on line 5a or 5b, describe in Part III. 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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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.	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID OSTER	(i)	0.	0.					
1PRESIDENT	(ii)	299,613.	108,600.	0.	12,000.	0.	420,213.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii) (i)							
14	(ii)							
	(i)							
15	(ii)							
19	(i)							
_16	(ii)							
10	(")	1		<u> </u>			l	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Omage

Om

Department of the Treasury Internal Revenue Service Name of the organization

INC.

DIRECTORS.

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

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

34-1779303

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

THE FORM 990 IS REVIEWED BY THE LAUREL LAKE RETIREMENT COMMUNITY CHIEF

FINANCIAL OFFICER AND BY MANAGEMENT. UPON REVIEW, THE FORM 990 IS

APPROVED BY LAUREL LAKE RETIREMENT COMMUNITY'S AUDIT AND FINANCE

COMMITTEES, THEN DISTRIBUTED TO THE FOUNDATION'S ENTIRE BOARD OF

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

ALL BUSINESS TRANSACTIONS THAT MAY POTENTIALLY INVOLVE A CONFLICT OF

INTEREST WITH BOARD MEMBERS OR EMPLOYEES ARE FIRST REVIEWED BY THE

ORGANIZATION'S MANAGEMENT STAFF FOR APPROPRIATENESS. IF NECESSARY, A

LEGAL REVIEW OF THE SITUATION WILL BE PERFORMED. IF THE INDIVIDUAL WITH

THE CINFLICT IS A BOARD MEMBER, HE/SHE IS PROHIBITED FROM DISCUSSING OR

VOTING WITH REGARD TO THE TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION ACCEPTS REQUESTS FOR INFORMATION IN WRITTEN OR VERBAL FORM. DOCUMENTS REQUESTED ARE MAILED TO THE REQUESTOR. THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION A, LINE 6

LAUREL LAKE RETIREMENT COMMUNITY WAS THE SOLE MEMBER FOR THE ENTIRE YEAR.

FORM 990, PART III, LINE 4D

THE LAUREL FOUNDATION PROVIDED FUNDING TO SUPPORT ENGAGING WELLNESS AND

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, Name of the organization INC.

Employer identification number 34-1779303

LIFESTYLE PROGRAMS, THE BEAUTIFICATION OF CAMPUS GROUNDS, THE MAINTENANCE OF LANDSCAPE HONORARIUMS, EMPLOYEES SEEKING ADVANCED EDUCATION AND EMPLOYEES FACING LIFE-ALTERING EMERGENCIES.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ESTABLISHED IN 1994, THE LAUREL LAKE FOUNDATION IS THE CHARITABLE ARM OF LAUREL LAKE RETIREMENT COMMUNITY. ITS PURPOSE IS TO GENERATE AND MANAGE RESOURCES THAT VIGOROUSLY SUPPORT AND ENRICH THE QUALITY OF LIFE FOR LAUREL LAKE RESIDENTS - NOW AND IN THE FUTURE. THE FOUNDATION IS DEDICATED TO HELPING SATISFY THE SOCIAL, INTELLECTUAL, PHYSICAL AND EMOTIONAL NEEDS OF RESIDENTS THROUGHOUT EVERY LEVEL OF LIFE WHILE INSPIRING OUR COMMUNITY OF FAMILIES, FRIENDS AND STAFF. THE FOUNDATION FUNDS A WIDE VARIETY OF PROJECTS AND PROGRAMS WHICH HELP CARE FOR RESIDENTS THROUGHOUT LIFE'S TRANSITIONS AND ENHANCE THE ACTIVE, STIMULATING AND REWARDING LIFESTYLE THAT LAUREL LAKE RESIDENTS ENJOY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMITTED TO PROVIDING RESOURCES THAT HELP SATISFY THE PHYSICAL PLANT AND CAMPUS NEEDS OF LAUREL LAKE RETIREMENT COMMUNITY, THE FOCUS WAS GIVEN TO HIGHLY VISIBLE, HEAVILY UTILIZED PUBLIC AREAS DUE FOR REPLACEMENT OF WORN FURNITURE AND DATED DÉCOR, BUT NOT INCLUDED IN THE ONGOING TOWN CENTER RENOVATION PROJECT. THESE WERE AREAS THAT HAD BEEN CAREFULLY MAINTAINED BUT NOT REDECORATED OR REMODELED IN OVER A DECADE. THE LAUREL LAKE FOUNDATION HELPED TO REFURBISH THESE KEY AREAS USED FREQUENTLY BY RESIDENTS, FAMILY

Employer identification number 34-1779303

ATTACHMENT 2 (CONT'D)

Page 2

MEMBERS AND GUESTS OF LAUREL LAKE. THIS UPGRADE SIGNIFICANTLY IMPROVED THE APPEARANCE, COMFORT, AND FUNCTIONALITY OF THE WELLNESS CENTER, GREENWOOD SUITES AND GREENWOOD COMMONS ASSISTED LIVING, PAT'S PATIO OUTDOOR DINING AREA, GUEST SUITES USED BY FAMILIES AND OTHER VISITORS, THE FRONT ENTRANCE BREEZEWAY AND THE LAUREL LAKE LIBRARY.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE ENRICHING EFFECTS OF THE FOUNDATION TOUCH ON ALL FACETS OF LIFE AT LAUREL LAKE, FROM LIFE-CHANGING PROGRAMS TO THE MOST PRACTICAL PROJECTS LIKE FACILITY-WIDE EQUIPMENT NEEDS. CAREFUL CAPITAL PLANNING PROVIDES FOR MOST EQUIPMENT AT LAUREL LAKE. HOWEVER, WHEN THE FOUNDATION CAN STEP IN AND HELP WITH A CAPITAL NEED, SOME PROJECTS THAT MAY NOT HAVE BEEN POSSIBLE TO TACKLE UNTIL LATER CAN BE BROUGHT TO FRUITION SOONER. THE NEED TO REPLACE A CAMPUS UTILITY VEHICLE IS ONE OF THOSE INSTANCES. EQUIPPED WITH A FULLY ENCLOSED CAB, A NEW CUSHMAN TRUCKSTER SERVES THE COMMUNITY YEAR-ROUND. THE COMPACT TRUCK IS USED FOR MANY WINTER PROJECTS, ESPECIALLY REPLENISHING SALT BARRELS STATIONED AT ENTRYWAYS THROUGHOUT CAMPUS. THE WIDE TIRES ENSURE THAT IT CAN

AN EXTRA-LARGE DUMP BED HAULS ONE TON OF SOIL AND MULCH OR OTHER SUPPLIES THROUGH THE WARMER MONTHS RIGHT TO A WORKSITE WITHOUT THE NEED FOR A WHEELBARROW. PROPER MAINTENANCE OF OUR CAMPUS FOR THE

Name of the organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION, Employer identification number 34-1779303 INC.

ATTACHMENT 3 (CONT'D)

ENJOYMENT, SAFETY, AND WELL-BEING OF HUNDREDS OF PEOPLE IS ESSENTIAL. THE CUSHMAN TRUCKSTER AND ITS MIGHTY HAULING CAPABILITY ENABLE THE GROUNDSKEEPER AND OTHER OPERATORS TO PROVIDE LAUREL LAKE WITH RELIABLE CAMPUS-WIDE UPKEEP.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST DESCRIPTION BOOK VALUE OR FMV

INVESTMENTS 3,980,842. FMV

> TOTALS 3,980,842.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

	OMB No. 1545-0047
	2020
	Open to Public
	Inspection
Employer ide	entification number

Name of the organization LAUR INC.

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION,

34-1779303

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.

(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	cont	g) 512(b)(13) rolled tity?
					Yes	No
LONG_TERM CAR	On	501(C)(3)	10	NI / 7\		Х
LONG TERM CAR	011	301(0)(3)	10	N/A		
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Primary activity Direct controlling entity	or foreign country) (if section 501(c)(3)) entity cont ent Yes

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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			portionate Code V - UBI General Amount in box 20 management		Code V - UBI General mount in box 20 managin f Schedule K-1 partner?		(k) Percentage ownership
		oounity)					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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s)

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?

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

7083HV K369

С	Gift, grant, or capital contribution from related organization(s)				1c	X	ζ
d	Loans or loan guarantees to or for related organization(s)				1d	X	ζ
e	Loans or loan guarantees by related organization(s)				1e	Х	_
·							Ī
f	Dividends from related organization(s)				1f	X	2
а	Sale of assets to related organization(s)				1g	X	ζ
h					1h	X	_
i	Exchange of assets with related organization(s).				1i	Х	_
i	Lease of facilities, equipment, or other assets to related organization(s).				1j	Х	_
,	25000 of facilities, equipment, of other assess to foldiou organization(o), [[[[[]]]]] [[[[]]]]						Ī
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	2
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	_
n	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	ζ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	_
	Sharing of paid employees with related organization(s)				10	Х	_
·	onaling of paid omployood marrolated enganication(e)						Ī
р	Reimbursement paid to related organization(s) for expenses				1p	х	
q					1q	Х	_
٩	realing a comonic paid by rotated organization (b) for expenses 1111111111111111111111111111111111				•		Ī
r	Other transfer of cash or property to related organization(s)				1r	X	ζ.
r s					1r 1s	X	_
S	Other transfer of cash or property from related organization(s)				1s	X	_
S	Other transfer of cash or property from related organization(s)	is line, including cove	red relationships and trans	action thre	1s shold:	X S.	_
S	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
S	Other transfer of cash or property from related organization(s)	is line, including cove	red relationships and trans	action thre	1s shold:	S. mining	_
S	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
S	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
s 	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
s 	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1) (2) (3)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1) (2) (3)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans	action thre	1s sholds (d) of dete	S. mining	_
(1) (2) (3) (4) (5)	Other transfer of cash or property from related organization(s)	is line, including cove (b) Transaction	red relationships and trans. (c) Amount involved	action thre	1s shold: (d) of dete unt invo	S. rmining alved	<u> </u>

074501

Schedule R (Form 990) 2020 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership
			sections 512 - 514	Yes	No			Yes	No	(1 11,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

7083HV K369 074501

Schedule R (Form 990) 2020 Page 5

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.