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 Inspection

A F	or th	e 201	o calendar year, or tax year beginning		, 2019,	, and endin	g		, :	20				
В сі	neck if ap	plicable:	C Name of organization LAUREL LAKE RETIREMENT COMMU	INTTV EOIINI	A TT ON			D Employer ide	ntification nu	mber				
	Addre	ss		MIII FOONI	DATION			34-1779	202					
	chang	е	Doing Business As Number and street (or P.O. box if mail is not delivered	to street address)		Room/suite		E Telephone nu						
	†	change	,	· · · · · · · · · · · · · · · · · · ·										
	Initial		200 LAUREL LAKE DRIVE	roign postal anda				(330) 650-0681						
	Termi		City or town, state or province, country, and ZIP or for	reigii postai code				•	- ^	116	,437.			
	return	n Hobbott, on 44250					G Gross receipt H(a) Is this a grou							
	pendi		, ,					subordinates?	· -	Yes	X No			
	T		200 LAUREL LAKE DRIVE, HUDSO			1 1		H(b) Are all subordin	_	Yes	No			
		empt st	atus: $X \mid 501(c)(3)$ $501(c)() \blacktriangleleft (i)$ WWW.LAURELLAKE.ORG	nsert no.) 4	1947(a)(1) c	or 52			h a list. (see inst					
						1. 1/		H(c) Group exemp			ОН			
			ization: X Corporation Trust Association	Other -		L Year of	formati	ion: 1995 M :	State of legal of	domicile:	— UH			
126	art I		nmary		TO ENC		7 17 1/1	TMTCTTD c	COODDIA	77 1777				
	1		describe the organization's mission or most sign						COORDII	AIE				
nce		CHARITABLE GIVING TO FOSTER CAMPUS-WIDE ENRICHMENT PROJECTS, PROGRAMS & SERVICES FOR THE BENEFIT OF THE RESIDENTS OF LAUREL LAKE RETIREMENT												
rna														
Governance			this box I if the organization discontinued	•	•				1		7.			
ტ ფ	3	Numb	er of voting members of the governing body (Part	VI, line 1a)					3		6.			
es			er of independent voting members of the governi						4		0.			
Activities &			number of individuals employed in calendar year 2						5		6.			
√cti	6	Total	number of volunteers (estimate if necessary)						6		0.			
`			unrelated business revenue from Part VIII, column						7a		0			
	D	Net ur	related business taxable income from Form 990-7	I , line 34				Prior Year	7b	rrent Y				
		0 4	butions and months (Death)(III line 4b)	_				198,05			9,640			
ne	8	Contri	butions and grants (Part VIII, line 1h)	[COPY	Y FOR			0.	202	7,040			
Revenue			nm service revenue (Part VIII, line 2g)		PUBLIC IN	ISPECTION		-36,01		_77	2,441			
Re			ment income (Part VIII, column (A), lines 3, 4, and						0.	1 2				
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,					162,04	٠٠	195	7,199			
	12		evenue - add lines 8 through 11 (must equal Part					221,49			7,116			
			s and similar amounts paid (Part IX, column (A), line						0.	221	0			
			ts paid to or for members (Part IX, column (A), line es, other compensation, employee benefits (Part IX					0.						
ses			ssional fundraising fees (Part IX, column (A), line 1						0.		0			
Expenses			undraising expenses (Part IX, column (A), line 15		23,977									
Ĕ			expenses (Part IX, column (A), lines 11a-11d, 11f-					236,42	0	230	774			
			expenses. Add lines 13-17 (must equal Part IX, co					457,91			7,890			
			ue less expenses. Subtract line 18 from line 12					-295,86			,691			
es	13	IXEVE	de less expenses. Subtract line 10 from line 12 .				Begin	ning of Current Y		nd of Yea				
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)					4,220,85			3,482			
Ass Bal	21		assets (Part X, line 16) iabilities (Part X, line 26)					659,90		•),280			
E e	22		sets or fund balances. Subtract line 21 from line 2					3,560,95			3,202			
Pa	rt II		nature Block					.,,		, .				
			f perjury, I declare that I have examined this return, inc	cluding accompany	ying schedu	lles and staten	nents, a	nd to the best of	my knowledo	e and be	elief, it is			
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is b	ased on all informa	ation of whic	ch preparer ha	s any kn	owledge.						
Sig			Signature of officer					Date						
Hei	e													
			Type or print name and title											
			Type preparer's name Preparer's	signature		Date		Check	if PTIN					
Paid -		TRA	CY L BENDER, CPA					self-employe		18121				
-	oarer	Firm's	name ► HW&CO					Firm's EIN	34-16631	.57				
use	Only		address > 23240 CHAGRIN BLVD., SUITE 700 CI	LEVELAND, OH 44	4122-5450				216-831-					
May	the II		cuss this return with the preparer shown above? (s						X	Yes	No			
			Reduction Act Notice, see the separate instruction								(2019)			

P	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						
	Did the organization undertake any significant program services during the year which were not listed on the						
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No					
4 Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$245,387. 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 ENJOY THE SECURITY OF						
	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.						
4b	(Code:) (Expenses \$65,000. including grants of \$) (Revenue \$)						
	ATTACHMENT 2						
4c	(Code:) (Expenses \$16,729. including grants of \$) (Revenue \$)						
	ATTACHMENT 3						
_							
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$) (Revenue \$)						
4e	Total program service expenses ► 327,116.						

4e Total program service expenses ► JSA 9E1020 2.000 7083HV K369

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	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	1		
	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	115		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
٦	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
_	·		Х	21
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		37	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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		X
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	X	

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Part	V 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			3.7
	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	22	Х	
240	employees? If "Yes," complete Schedule J	23		
24 a				
	\$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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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		X
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			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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			3.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estable and accordable Day 0 of Estable 2000		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-		
	reportable gaming (gambling) winnings to prize winners?	1c		

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. . 2a 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 (2019) Page **6**

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

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

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						
	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	-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		37			
	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		X			
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						
	one or more members of the governing body?	7a		X			
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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		Х			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code					
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? •	11a	X				
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	X				
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	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
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?			37			
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	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	40.		Х			
	with a taxable entity during the year?	16a		Λ			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h					
Section	on C. Disclosure	16b		Ь			
17	List the states with which a copy of this Form 990 is required to be filed ► OH.	. (0	tion "	: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	tion 5	001(C)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,			
	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and record DAVID A. OSTER 200 LAUREL LAKE DRIVE HUDSON, OH 44236	ls ▶					

JSA Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 organization compensated any current officer, director, or trustee.										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 box, unless person is both officer and a director/trus Officer and Officer Individual trustee Individual trustee			is both	an	(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 PRESIDENT	.50	Х		Х				0.	300,034.	28,734
(2) SR. MARYANN GOLONKA, HM	.50	Λ						0.	300,034.	20,734
TRUSTEE	0.	X						0.	0.	0
(3) ELIZABETH MURPHY	.50	Λ						0.	0.	0
SECRETARY	2.00	X		X				0.	0.	0
(4) AMY MCCARTHY	.50	- 21		21				0.	0.	
TRUSTEE	0.	Х						0.	0.	0
(5) ANN KIRK	.50								0.	
TREASURER	0.	Х		Х				0.	0.	0
(6) BLAKE RAWSON	1.00									
VICE CHAIR	0.	X		Х				0.	0.	0
(7) WILLIAM FITZGERALD	1.00									
CHAIR	0.	Х		Х				0.	0.	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	1	1	1	1	1	1	1	1	1	1

Form **990** (2019)

JSA

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Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es, a	and H	ligl	hest Compensat	pensated Employees (continued)						
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more	e than or is both is both Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	portable compensation from related organizations (W-2/1099-MISC)			(F) timated ount of other oensatio om the anization I related nization	on n		
1b	Sub-total								0.	300	,034.		28,7	734.		
	Total from continuation sheets to Part VII, Se	_						•	0.		0.			0.		
	Total (add lines 1b and 1c)							<u> </u>	0.		,034.		28,7	/34.		
2	Total number of individuals (including but not li reportable compensation from the organization		nose 0.		d at	oove	e) who	re	ceived more than	\$100,000 (Of					
_	roportable compensation from the organization												Yes	No		
3	Did the organization list any former office	er. directo	r. or	tru	iste	e. I	kev e	mp	lovee, or highes	t compens	ated					
	employee on line 1a? If "Yes," complete Schedu											3		X		
4	For any individual listed on line 1a, is the s organization and related organizations gre	ater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for :	such					
_	individual											4	X			
5	Did any person listed on line 1a receive or a for services rendered to the organization? If "Yestion B. Indonendom Contractors											5		X		
1	Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.															
(A) Name and business address (B) Description of services Cor						(C)	ation									
								1								

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.

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to an	y 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 ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
တ် ဥ	c	Fundraising events 1c				
Ł\$,						
iai	d	Related organizations 1d				
i,S	e	Government grants (contributions) 1e				
įς	f	All other contributions, gifts, grants,				
he		and similar amounts not included above • 1f 269,640.				
ĒĔ	g	Noncash contributions included in				
5 E		lines 1a-1f				
2 g	h	Total. Add lines 1a-1f	269,640.			
		Business Code				
<u>8</u>	2a					
ه کے	b					
Program Service Revenue	c					
am e ve	d					
P.S.	u					
S	e					
_	t	All other program service revenue	0.			
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	91,725.			91,725.
	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 2,755,072.				
a	b	Less: cost or other basis				
Ž	_	and sales expenses 7b 2,919,238.				
Revenue		and dated expenses I I				
	C		-164,166.			-164,166.
Other	d	Net gain or (loss)	104,100.			104,100.
₹	8a	Gross income from fundraising				
		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 0 .				
	b	Less: direct expenses 8b				
	С	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				
	b	Less: cost of goods sold 10b 0.				
		Net income or (loss) from sales of inventory	0.			
·/		Business Code				
Miscellaneous Revenue	44:					
ne Jue	11a					
lla Ver	b					
Re	C	Au				
Ξ̈́	d	All other revenue	_			
		Total. Add lines 11a-11d	0.			-,
JSA	12	Total revenue. See instructions	197,199.			-72,441.
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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).

	not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	205 116	205 116		
	and domestic governments. See Part IV, line 21	327,116.	327,116.		
2	Grants and other assistance to domestic	0			
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	0.			
	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.			
	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.			
	Payroll taxes	0.			
	Fees for services (nonemployees):	188,171.		94,085.	94,086.
	Management	0.		94,003.	94,000.
	Legal	4,253.		4,253.	
	Accounting	4,233.		4,233.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	8,459.		8,459.	
	Investment management fees	0,137.		0,13).	
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O.)	29,891.			29,891.
	Advertising and promotion	25,651.			27,071.
	Office expenses	0.			
	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			
	Travel	0.1			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
10		0.			
	Conferences, conventions, and meetings	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	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					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	557,890.	327,116.	106,797.	123,977.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	29,145.	1	99,349.
	2	Savings and temporary cash investments	143,565.	2	65,686.
	3	Pledges and grants receivable, net	190,690.	3	26,000.
	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.
Ś	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		-	
	104	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	0	10c	0.
	11	Investments - publicly traded securities	3,857,454.	11	4,057,447.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.		0.
	14		0.	14	0.
	15	Intangible assets	0.	_	0.
		Other assets. See Part IV, line 11	4,220,854.	16	4,248,482.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,220,034.		0.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.		0.
	20	Tax-exempt bond liabilities.	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
ja		controlled entity or family member of any of these persons	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	CEO 004		(20, 200
		of Schedule D	659,904.		620,280.
_	26	Total liabilities. Add lines 17 through 25	659,904.	26	620,280.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
land	27	Net assets without donor restrictions	1,635,824.	27	1,943,899.
Ва	28	Net assets with donor restrictions.	1,925,126.	28	1,684,303.
pu		Organizations that do not follow FASB ASC 958, check here ▶	· · ·		
Ţ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	3,560,950.	32	3,628,202.
_z	33	Total liabilities and net assets/fund balances	4,220,854.	33	4,248,482.
			<u> </u>		Form 990 (2019)

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	70 (2013)				. α	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			97,1		
2	Total expenses (must equal Part IX, column (A), line 25)	. 2 557,89					
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 3,560,950					
5	Net unrealized gains (losses) on investments	5		4	27,9	943.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain 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		3,6	28,2	202.	
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	xplain	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	ted o	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	ersigh	t of	2c	Х		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	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						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

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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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

iiiicii	iai ite	veriue Service							inspection
Nam	e of th	ne organization						Employer identifi	ication number
LA	JREI	L LAKE RETIREMENT C	OMMUNITY FOUN	NDATION				34-17793	03
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See	instructions) .
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 chi	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)	(A)(i).	
2		A school described in secti	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 i	n sectio	n 170(b))(1)(A)(iii	i).	
4		A medical research organization	zation operated in	conjunction with a hos	spital de	scribed in	n sectior	170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and si		•	•				
5		An organization operated		a college or universit	y owned	d or ope	erated by	a governme	ental unit described ir
		section 170(b)(1)(A)(iv). (C		•	•	•	•	· ·	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170((b)(1)(A)	(v).	
7		An organization that norma	-						om the general public
		described in section 170(b)	=	· ·		· ·			
8		A community trust describe		· · · · · · · · · · · · · · · · · · ·	Part II.)				
9		An agricultural research or			-	operated	d in conju	unction with a	land-grant college
		or university or a non-land-	-			-	-		
		university:							-
10		An organization that norma	Illy receives: (1) m	ore than 331/3 % of its	support	from co	ntributio	ns, membersl	nip fees, and gross
		receipts from activities rela support from gross investm	ited to its exempt f	functions - subject to o	certain e	xception	ns, and (2) no more tha	in 331/3% of its
		acquired by the organization							Dusinesses
11		An organization organized							
12	X	An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functio	ons of, or to	carry out the purposes
		of one or more publicly su	pported organizati	ions described in sect	ion 509	(a)(1) or	rsection	509(a)(2). S	See section 509(a)(3)
		Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation an	d complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted or	ganization(s),	typically by giving
		the supported organization	· ·	•	-				
		_ supporting organization. \		- : : :		, ,			
b		Type II. A supporting org	-			with its	support	ed organizati	on(s), by having
		control or management of						=	· · · · -
		organization(s). You must		=		•			0 11
С		Type III functionally inte			ited in co	onnectio	n with, a	and functiona	lly integrated with,
		its supported organization							
d		Type III non-functionally							ted organization(s)
		that is not functionally into							
		requirement (see instruct	•	•				•	
е		Check this box if the orga		-					II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.		
f	Ent	ter the number of supported	dorganizations						1
g	Pro	ovide the following information	on about the supp	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	` '	unt of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?		pport (see structions)	other support (see instructions)
I	ATTA	ACHMENT 1			Yes	No			,
(A)									
· ·/									
(B)									

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

Schedule A (Form 990 or 990-EZ) 2019

327,116.

(C)

(D)

(E)

Total

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (lin						<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu			-			
D	331/3% support test - 2018. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		_			
174	10% or more, and if the organization		-				
	Part VI how the organization meets the					-	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organization						-
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support				T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
c	organization without charge						
6	Ĭ F						
ı 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						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	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 five years. If the Form 990 is for	•					` ` ` `
	organization, check this box and stop here .						▶ 🔼
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche					16	<u>%</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						. \square
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	lia not check a	a box on line 1	4, 19a, or 19b,	cneck this box	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

				- 3
Part l	V Supporting Organizations (continued)			
			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 (b) and (c)	44.		Х
h	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		X
	on B. Type I Supporting Organizations	1110		
	71 21 Type I capper and Game attended		Yes	No
	Did the directors trustees or membership of one or more supported exemizations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
C = =4!	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations		Vaa	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).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
	The solution of a great section of the section of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 in:	structi	ions).	
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 government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> 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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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) 2019

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		,

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 7083HV K369 074501

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exen	ed			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
_1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
<u>i</u>	Carryover from 2014 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from				
4					
	Section D, line 7: \$ Applied to underdistributions of prior years				
<u>а</u> b	Applied to underdistributions of prior years Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

9E1232 1.000 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 3	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	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	327,116.	0.
TOTAL AMOUNT OF SUPPORT				327,116.	0.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

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** \mid X \mid 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, 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,

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) (2019)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

Employer identification number 34-1779303

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
--------	--------------	---------------------	-------------------------	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

Employer identification number 34-1779303

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

Employer identification number 34-1779303

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pcity	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(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
		\$	

Name of o	rganization LAUREL LAKE RETIREMENT	COMMUNITY FOUNDA	TION	Employer identification number 34–1779303
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of	he year from any one ons completing Part III, e year. (Enter this inform	e contributor. Cor enter the total of	red in section 501(c)(7), (8), or applete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, and	d ZIP + 4	Relationsh	ip of transferor to transferee
(-) N-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, and	d ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, and	d ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, and	d ZIP + 4	Relationsh	ip 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION 34-1779303 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II 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). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2019

▶ \$

Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (b) Prior year (e) Four years back 312,387. 364,501 379,777. 414,864. 284,186. 1a Beginning of year balance 900. 650. 500. 1,390. 2,525. c Net investment earnings, gains, 21,041. -28,851. 35,946. -16,666. -15,073.d Grants or scholarships Other expenditures for facilities 88,560. 22,539. f Administrative expenses 306,127. 284,186. 312,387. 364,501. 379,777. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ 85.2700 % Term endowment ▶ 14.7300 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) **b** Buildings

Schedule D (Form 990) 2019

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

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	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:

Schedule D (F	Form 990) 2019			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	"Voo" on Form 000	Dort IV line 11e Coe Form 000	Dort V. line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rait ix	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	, rarriv, line rra. Occ roini 550,	(b) Book value
(1)	(a) De	Scription		(b) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2) GIFT	ANNUITIES PAYABLE			577,414.
(3) DUE	TO LAUREL LAKE			42,866.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	620,280.

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 JSA 9E1270 1.000 7083HV K369

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.	า.	
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		
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.)	4.	
c	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 rn	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	II I I I .	
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
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 IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Citier (Bescribe III art Alli.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	art V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation	
SEE	PAGE 5		

Schedule D (Form 990) 2019 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)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
LAUREL LAKE RETIREMENT COMMUNITY	FOUNDATION	N				34-177930)3
Part I General Information on Grants a	nd Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Go	vernments. Con	nplete if the organiz	ation answered "Y	es" 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 n	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAUREL LAKE RETIREMENT COMMUNITY							
200 LAUREL LAKE DRIVE HUDSON, OH 44236	34-1481142	501(C)(3)	327,116.		FMV		FUND RETIREMENT COM
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations li							1.
For Paperwork Reduction Act Notice, see the Instruc							nedule I (Form 990) (2019

7083HV K369 074501 Schedule I (Form 990) (2019)

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					
_2					
3					
_4					
_ 5					
_ 6					
7					

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

Department of the Treasury Internal Revenue Service Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

Inspection 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Manus Cale bear and Park Annual bank of the Manual Care Care Callege and Care and Ca			
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	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
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			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2019

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.			0.	0.	0.
1PRESIDENT	(ii)	291,544.	8,490.	0.	11,657.	17,077.	328,768.	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)							
	(ii)							
	(i) (ii)							
12								
40	(i) (ii)							
13	(i)							
14	(ii)							
14	(i)							
15	(ii)							
10	(i)							
16	(ii)							
10	(")	<u> </u>		L			L	<u> </u>

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

2019

Open to Public Inspection

34-1779303

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

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

DIRECTORS.

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

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. 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. WERE AREAS THAT HAD BEEN CAREFULLY MAINTAINED BUT NOT REDECORATED OR REMODELED IN OVER A DECADE. THE LAUREL LAKE FOUNDATION HELPED

Employer identification number 34-1779303

ATTACHMENT 2 (CONT'D)

TO REFURBISH THESE KEY AREAS USED FREQUENTLY BY RESIDENTS, FAMILY 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. 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 Name of the organization Employer identification number LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION 34-1779303

ATTACHMENT 3 (CONT'D)

NEED FOR A WHEELBARROW. PROPER MAINTENANCE OF OUR CAMPUS FOR THE 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 4,057,447. FMV

> 4,057,447. TOTALS

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

OMB No. 1545-0047

LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION

34-1779303

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

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ntrolling Section s	
						Yes	No
(1) LAUREL LAKE RETIRMENT COMMUNITY, INC. 34-1481142							
200 LAUREL LAKE DRIVE HUDSON, OH 44236	LONG-TERM CAR	OH	501(C)(3)	10	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(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 entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b) control entity	on (13) lled /?
(1)								Yes N	
(2)									_
(3)									_
(4) (5)								\vdash	_
(6)								\vdash	_
<u>(7)</u>									_

Schedule R (Form 990) 2019 Page 3

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b	X			
	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
C	Loans or loan guarantees by related organization(s)								
	Divided to the second and a second a second and a second and a second and a second and a second				1f		Х		
	Dividends from related organization(s)				-	-	X		
	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h	-	X		
i	Exchange of assets with related organization(s)				1i	-			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X X		
I Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	T	X		
	Sharing of paid employees with related organization(s)				10		X		
	g or pand compressions control of the control of th								
n	Reimbursement paid to related organization(s) for expenses				1р	Х			
	Reimbursement paid by related organization(s) for expenses				1g		X		
ч	The initial self-control of particular organization (3) for expenses 1111111111111111111111111111111111								
	Other transfer of cash or property to related organization(s)				1r		Х		
I e	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cove	ered relationships and trans	action thre					
_	(a)	(b)	(c)						
	Name of related organization	Transaction	Amount involved	Method			g		
		type (a-s)		amou	unt invo	lved			
							—		
(1)									
(1)									
(2)									
(2)									
رم،									
(3)									
(4)									
(5)									
(6)									
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2019

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	H EIN of entity Primary activity Leg (state of the control of the		unrelated, excluded	Are all sec 501 organiz	partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	, , , , , , , , , , , , , , , , , , , ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

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Part VII

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