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

Tour-cempt status X	A F	or th	e 202	0 calendar year, or tax year begin	ning	, 2020,	and end	ing			, 20	
Date	_			C Name of organization					D Employer ide	entification	number	
Number and street (or P.O. box if mail is not delivered to street address) Room/suite Embelyonic number of the province, country, and ZiP or foreign postal code Coros receipts 2.00 LAUREL LAKE DRIVE Collection Co	Во	heck if ap	plicable:	LAUREL LAKE RETIREMENT	COMMUNITY, IN	NC.						
Number and street (or P.C. Loss firms in not delivered to street autheress) Room/suite E Telephore number (3.30 in 550 - 661		Addre	ess	Doing Business As					34-1481	142		
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Website: NWM. LAURELLAKE.ORG		_		I	-	1						No
Part Summary Summar) (insert no.)	4947(a)(1) o	r 5	27		·		
Briefly describe the organization's mission or most significant activities: A RETIREMENT COMMUNITY OF CHOICE FOR ADULTS WHO ASPIRE TO LEAD LIVES FILLED WITH MEANING, PURPOSE, AND LIFELONG OPPORTUNITIES FOR GROWTH AND SERVICE. 2 Check this box ► □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 12 5 Total number of independent voting members of the governing body (Part VI, line 2a) 5 Total number of independent voting members of the governing body (Part VI, line 2b) 5 Total number of independent voting members of the governing body (Part VI, line 2b) 5 Total number of independent voting members of the governing body (Part VI, line 2b) 5 Total number of independent voting members of the governing body (Part VI, line 2b) 6 100 7a Total unrelated business revenue (Part VIII, line 1b) 7b Intervent Year 13 Grants and similar amounts paid (Part VIII, line 2b) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 2b) 16 Total fundraising expenses (Part IX, column (A), line 2b) 17 Other expenses (Part IX, column (A), line 2b) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2b) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total liabilities (Part X, line 2b) 10 Total assets (Part X, line 2b) 10 Total liabilities (Part X, line 2b) 10 Total lia												
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Prior Year Current Year Survey										7b	5	1,509
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Sign Here Sign Type or print name and title Print/Type preparer's name Preparer's signature Date Date	Pa	art II	Sig	gnature Block								
Sign Here Signature of officer	Un	der per	nalties o	of perjury, I declare that I have examined this	s return, including accomp	panying schedul	les and state	ements, a	and to the best of	my knowle	dge and b	elief, it is
Type or print name and title Praid Preparer Use Only Prim's name ► HW&CO Firm's address ► 23240 CHAGRIN BLVD., SUITE 700 CLEVELAND, OH 44122-5450 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature Date Check if PTIN P00068117 P00068117 Pim's EIN ► 34-1663157 Phone no. 216-831-1200 X Yes N	tiu	0, 00110	Tot, and	Complete. Declaration of preparer (other than	omeer) is based on an ime	mation of wine	прторагогт	ias arry Ki	lowicage.			
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Preparer Use Only Preparer Use Only Firm's name ► HW&CO Firm's EIN ► 34-1663157			Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Use Only Firm's name ► HW&CO Firm's EIN ► 34-1663157 Firm's address ► 23240 CHAGRIN BLVD., SUITE 700 CLEVELAND, OH 44122-5450 Phone no. 216-831-1200 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N			DAV	ID M REAPE, CPA					self-employe	ed P00	068117	1
Firm's address > 23240 CHAGRIN BLVD., SUITE 700 CLEVELAND, OH 44122-5450 Phone no. 216-831-1200 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N		•	Firm's	s name ► HW&CO					Firm's EIN ▶	34-166	3157	
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Pa	Statement of Program Service Accomplishments									
_	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission: ATTACHMENT 1									
2	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.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$5,388,402. including grants of \$) (Revenue \$14,499,525)									
	LIFE PLAN COMMUNITY THAT PROVIDES AN ACTIVE RETIREMENT LIFESTYLE.									
	THE COMMUNITY PROVIDES HOUSEKEEPING, ENVIRONMENTAL SERVICES,									
	EDUCATIONAL AND ENTERTAINMENT ACTIVITIES.									
	(O. I									
4D	(Code:) (Expenses \$12,889,202. including grants of \$) (Revenue \$7,163,025) PROVIDE SKILLED NURSING LONG-TERM CARE FOR RESIDENTS TO INCLUDE									
	HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.									
	HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.									
_										
4C	(Code:) (Expenses \$ 2,855,492. including grants of \$) (Revenue \$ 3,062,437.)									
	PROVIDE ASSISTED LIVING LONG-TERM CARE FOR RESIDENTS TO INCLUDE									
	HOUSING, MEALS, ENVIROMENTIAL SERVICES, AND ACTIVITIES.									
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ▶ 21,133,096.									

Pa	t 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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		21
U	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
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.			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
ı	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
(Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
12	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
120	Schedule D. Parts XI and XII	12a		Х
	• Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			**
	If "Yes," complete Schedule G, Part III		-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 9	90 (2020)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	Х	
24.5	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	
b	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			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3.7
	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		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		
55	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,			
	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	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
-	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	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			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	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 411			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \bigs			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		- 21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			X
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

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 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
	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	_		37
	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		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		Х
	one or more members of the governing body?	7a		21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
•	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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		Х
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	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?	45	X	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
L	with a taxable entity during the year?	104		
D	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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ○H ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,500		5 (0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	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	s 🕨		

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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 neit	ther the organization	nor anv relate	ed organization	compensated a	anv current office	r. director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both an officer and a director/trustee) officer and a director/trustee) or director or dir		(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	45.00								
PRESIDENT & CEO	.50			Х			408,213.	0.	12,000.
(2) LORETTA STEVENS	45.00						100,220.	<u> </u>	127000.
CHIEF FINANCIAL OFFICER	.50			Х			145,941.	0.	5,530.
(3) SANDRA BOCK	40.00						-,-		
REGISTERED NURSE	0.				Х		103,247.	0.	0.
(4) STEPHANIE FALLCREEK	2.00								
TRUSTEE	0.	Х					0.	0.	0.
(5)MICHAEL DENK	.50								
SECRETARY	0.	Х		Х			0.	0.	0.
(6)LIZ MURPHY	2.00								
VICE CHAIR	.50	X		Х			0.	0.	0.
(7) KATHLEEN HOOVER	4.00								
TREASURER	0.	Х		Х			0.	0.	0.
(8) WILLIAM YOUNG	.50								
TRUSTEE	0.	Х					0.	0.	0.
(9) DAVID WILLIAMS	1.50								
RESIDENT TRUSTEE	0.	X					0.	0.	0.
(10) JOHN MULLIGAN	10.00								
CHAIR	0.	Х		Х			0.	0.	0.
(11) CLINTON SIMMONS	.50								
TRUSTEE	0.	X					0.	0.	0.
(12) JOHN JANOCH	5.00								
TRUSTEE	0.	Х					0.	0.	0.
(13) JANE WAGNER	4.00								
RESIDENT TRUSTEE	0.	X					0.	0.	0.
(14) LYNN MILD	4.00								
RESIDENT TRUSTEE	0.	X					0.	0.	0.

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than c is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15	PETER GOHEEN	1.50									
_	RESIDENT TRUSTEE	0.	X						0	0.	0
			1								
	Sub-total							>	657,401.	0.	17,530.
	Total from continuation sheets to Part VII, Solution I Total (add lines 1b and 1c)	-							657,401.	0.	0. 17,530.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re		- 1	
_											Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5 X
Se	ction B. Independent Contractors										
1											

,		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 26

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
a a	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c					
fts	d	Related organizations	94,812.				
₽ë	e	Government grants (contributions) 1e	7 1,411				
ns,	f	All other contributions, gifts, grants,					
를 X	•	and similar amounts not included above • 1f	662,730.				
ş Ş	~	Noncash contributions included in	002,730.				
받	g	lines 1a-1f 1g	¢				
a C	h			757,542.			
		Total: Add lilles Ta-11 , 1 , 1 , 1 , 1 , 1 , 1 , 1	Business Code	73773121			
g,	_	ANCILLARY SERVICES REVENUE	900099	1,566,113.	1,566,113.		
Š	2a	RESIDENT SERVICES	623000	19,819,598.	19,819,598.		
Program Service Revenue	b		900099	2,436,950.	2,384,489.	52,461.	
E E	С	INCOME FROM ACTIVITIES				52,461.	
gra Re	d	PROVIDER RELIEF FUNDS	623000	954,787.	954,787.		
Š.	е						
┺	f	All other program service revenue					
	g	Total. Add lines 2a-2f		24,777,448.			
	3	Investment income (including dividends,	_				
		other similar amounts)		492,957.			492,957.
	4	Income from investment of tax-exempt bond		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)	<u> </u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 3,552,957.					
ē.	b	Less: cost or other basis					
evenue		and sales expenses 7b 3,604,884.					
é	С	Gain or (loss)					
<u>ت</u> ح	d	Net gain or (loss)		-51,927.			-51,927.
Other	8a	Gross income from fundraising					
Õ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
	Ja	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					
	iva	returns and allowances	0.				
	L		0.				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
		(,	Business Code	ÿ.			
Miscellaneous Revenue	44-						
nue	11a						
ye.	b						
Sce	C	All other revenue					
Ξ	d	All other revenue		0.			
		Total revenue See instructions			24 724 005	EQ 461	441 020
JSA	12	Total revenue. See instructions		25,976,020.	24,724,987.	52,461.	441,030. Form 990 (2020)
0E105	1 1.000 7 N	85HV K369			074502		FOIII 330 (2020)
	, 0				J. 1502		

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
D-											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and	0.									
	foreign individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors, trustees, and key employees	571,684.	496,222.	75,462.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	6,718,233.	5,831,426.	886,807.							
8	Pension plan accruals and contributions (include	74.603	6.4 EE-	2 242							
	section 401(k) and 403(b) employer contributions)	74,603.	64,755.	9,848.							
9	Other employee benefits	1,647,265.	1,429,826.	217,439.							
10	Payroll taxes	542,682.	471,048.	71,634.							
	Fees for services (nonemployees):	_									
	Management	0. 7,315.	6 240	066							
	Legal	7,315.	6,349.	966.							
	Accounting	0.									
	l Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	121,873.		121,873.							
	f Investment management fees	121,073.		1217073.							
Ę	J Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	2,718,838.	2,359,951.	358,887.							
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	392,438.	340,636.	51,802.							
13	Office expenses	313,469.	272,091.	41,378.							
14	Information technology	426,063.	369,823.	56,240.							
15	Royalties	0.									
16	Occupancy	3,159,520.	2,742,463.	417,057.							
17	Travel	19,812.	17,197.	2,615.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	13,833.	12,007.	1,826.							
20	Interest	1,454,395.	1,262,415.	191,980.							
21	Payments to affiliates	0.	2 2 1 2								
22	Depreciation, depletion, and amortization	3,850,850.	3,342,538.	508,312.							
23	Insurance	364,572.	316,448.	48,124.							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
		1,281,217.	1,112,096.	169,121.							
•	FRANCHISE FEE	363,726.	363,726.	109,121.							
_	MEDICAL SUPPLIES	260,275.	260,275.								
-	BAD DEBT EXPENSE	61,804.	61,804.								
•	·	01,001.	01,001.								
	• All other expenses Total functional expenses. Add lines 1 through 24e	24,364,467.	21,133,096.	3,231,371.							
_	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.	,===,020.	-,,	Form 990 (2020)						

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Part X Balance Sheet

Pa	art X	Balance Sheet Check if Schedule O contains a response or note to any line in t	his Part X		
		Check is contoure a contains a response of note to any line in t	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,569,782.	1	669,529.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,087,784.	4	1,035,485.
	5	Loans and other receivables from any current or former officer, direct	tor,		
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as define	ned		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E		6	0.
şţs	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use		8	0.
⋖	9	Prepaid expenses and deferred charges	569,751.	9	824,277.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 90,575,1			
	b	Less: accumulated depreciation		10c	67,046,579.
	11	Investments - publicly traded securities		11	23,957,091.
	12	Investments - other securities. See Part IV, line 11		12	364,808.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.10 1.00	14	1,500,000.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0 4 5 0 0 4 4	16	95,397,769.
	17	Accounts payable and accrued expenses		17	2,273,198.
	18	Grants payable		18	0.
	19	Deferred revenue	0 105 000	19	33,729,538.
	20	Tax-exempt bond liabilities.		20	7,810,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
Liabilities	22	Loans and other payables to any current or former officer, direct			
ij		trustee, key employee, creator or founder, substantial contributor, or 3			0
ja		controlled entity or family member of any of these persons			0. 25,985,717.
_	23	Secured mortgages and notes payable to unrelated third parties		23	25,965,717.
	24	Unsecured notes and loans payable to unrelated third parties.		24	0.
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17-24). Complete Particle D	5,194,635.	25	7,469,302.
	26	Total liabilities. Add lines 17 through 25		25 26	77,267,755.
	20	Organizations that follow FASB ASC 958, check here	75,151,010.	26	77,207,733.
Ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	16,115,420.	27	18,130,014.
Ba	28	Net assets with donor restrictions.		28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶		20	
亞		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
1ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances		32	18,130,014.
ž	33	Total liabilities and net assets/fund balances		33	95,397,769.
					Form 990 (2020)

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	70 (2020)					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			76,0	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			11,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			15,4	
5	Net unrealized gains (losses) on investments	5		4	03,0)41.
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	-	L8,1	30,0	14.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		Ш
			ſ		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				3.7	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	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	_			х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Λ	
	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	_		Х
	Single Audit Act and OMB Circular A-133?			3a		
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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

vaiii	e or ti	ne organization					Employer identifi	cation number
LA	JRE:	L LAKE RETIREMENT CO					34-14811	
Рa	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	anization is not a private fou	ndation because it	: is: (For lines 1 throuç	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section	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).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10	X	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more than	n 331/3 % of its
		acquired by the organizatio						Dusii lesses
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 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 and complete li	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b		☐ Type II. A supporting org	-					
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		_ organization(s). You must	•					
С								lly integrated with,
		its supported organization		•				
d		Type III non-functionally			-			
		that is not functionally inte		•			•	d an attentiveness
		requirement (see instructi						
е		Check this box if the orga						ı, туре ііі
f	En	functionally integrated, or ter the number of supported			porting c	organizai	ion.	
a		ovide the following information	-					
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	ame of supported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					100			
(A)								
(B)								
(D)								
(C)								
(D)								
. ,								
(E)								
T_4	. I							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

0E1220 1.000 7085HV K369 074502 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	265,349.	1,890,616.	462,648.	349,654.	757,542.	3,725,809.
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	24,269,566.	24,430,524.	25,103,701.	24,064,526.	24,724,987.	122,593,304.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	24,534,915.	26,321,140.	25,566,349.	24,414,180.	25,482,529.	126,319,113.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						126,319,113.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	24,534,915.	26,321,140.	25,566,349.	24,414,180.	25,482,529.	126,319,113.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	124,595.	237,227.	265,242.	271,166.	492,957.	1,391,187.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				27,195.	52,461.	79,656.
С	Add lines 10a and 10b	124,595.	237,227.	265,242.	298,361.	545,418.	1,470,843.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
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.)	24,659,510.	26,558,367.	25,831,591.	24,712,541.	26,027,947.	127,789,956.
14	First 5 years. If the Form 990 is for	the organization	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Sup		•				
15	Public support percentage for 2020 (line 8				1	15	98.85%
16	Public support percentage from 2019 Sche					16	99.27%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2020 (lin					17	1.15%
18	Investment income percentage from 2019				,	18	.73%
19 a	331/3% support tests - 2020. If the or	ganization did n	ot check the box	x on line 14, ar	nd line 15 is mo	re than 331/3 %,	
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	ization qualifies	as a publicly su	pported organiza	tion . ► X
b	331/3% support tests - 2019. If the organization	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	janization qualifie	es as a publicly	supported organiz	zation 🕨 🔛
20	Private foundation. If the organization of	did not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	tions ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 2 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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Schedule A (Form 990 or 990-EZ) 2020

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

				- 3
Part	Supporting Organizations (continued)		V	NIa
44	Here the consequentian accounted a wife or contribution from any of the following property.		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
C	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
ocotii	71 D. Type I Supporting Significations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			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			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	ructions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
D	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		1

Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
_7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
d	I Total (add lines 1a, 1b, and 1c)	1d							
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization					
	(see instructions).			· -					

Schedule A (Form 990 or 990-EZ) 2020

7085HV K369 074502

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	1	1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2	2		
3	Administrative expenses paid to accomplish exempt purpo	zations 3	3		
4	Amounts paid to acquire exempt-use assets	4	4		
5	Qualified set-aside amounts (prior IRS approval required - p	5	5		
6	Other distributions (describe in Part VI). See instructions.	6	6		
7	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.	8	8		
9	Distributable amount for 2020 from Section C, line 6	9	9		
10	Line 8 amount divided by line 9 amount	10	0		
Section F - Distribution Allocations (see instructions) [ii] (iii) Underdistribution				(iii) Distributable	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

7085HV K369 074502

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

Name of the organization

or 990-PF)

Department of the Treasury
Internal Revenue Service

➤ Attach to
➤ Go to www

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

2020

Employer identification number

LAUREL LAKE RETIRE	MENT COMMUNITY, INC.		34-1481142				
Organization type (check o	ne):		34 1401142				
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3)(6	enter number) organization					
	4947(a)(1) nonex	empt charitable trust not treated as a private four	ndation				
	527 political orga	anization					
Form 990-PF	501(c)(3) exempt	t private foundation					
	4947(a)(1) nonex	rempt charitable trust treated as a private foundati	ion				
	501(c)(3) taxable	private foundation					
	s covered by the General Rul (7), (8), or (10) organization	e or a Special Rule. can check boxes for both the General Rule and a S	pecial Rule. See				
General Rule							
	y or property) from any one c	or 990-PF that received, during the year, contribut contributor. Complete Parts I and II. See instruction					
Special Rules							
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and 170(and that received from any or	c)(3) filing Form 990 or 990-EZ that met the 33 1/(b)(1)(A)(vi), that checked Schedule A (Form 990 one contributor, during the year, total contributions 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)				
contributor, durin literary, or educa	g the year, total contributions ional purposes, or for the pre	c)(7), (8), or (10) filing Form 990 or 990-EZ that resoft more than \$1,000 exclusively for religious, characteristics of cruelty to children or animals. Complet name and address), II, and III.	aritable, scientific,				
contributor, durin contributions tota during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization th	at isn't covered by the Gener	ral Rule and/or the Special Rules doesn't file Sche	dule B (Form 990,				

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization LAUREL LAKE RETIREMENT COMMUNITY, INC.

Employer identification number 34-1481142

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_	N/A	\$\$\$\$	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, INC.

Employer identification number 34-1481142

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

(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 or	ganization LAUREL LAKE RETIREMENT	COMMUNITY, INC	•	Employer identification number 34-1481142
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any of ions completing Part e year. (Enter this inf	one contributor. Only enter the total formation once. So	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		nship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of the organization		Employ	er identification number
LA	JREL LAKE RETIREMENT COMMUNITY, INC.		34	-1481142
Pa	Organizations Maintaining Donor Advi Complete if the organization answered		r Accoun	its.
		(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year.			
5	Did the organization inform all donors and donor	advisors in writing that the assets held	l in donor	advised
•	funds are the organization's property, subject to the	organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the bene-			
	conferring impermissible private benefit?			Yes Mo
Pa	Conservation Easements.	W/		
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (for example			orically important land area
	Frotection of natural nabitat	Preservation	of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i		
	easement on the last day of the tax year.		Н	eld at the End of the Tax Year
а	Total number of conservation easements		2a	1.
b	Total acreage restricted by conservation easements	3	2b	45.00
С	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (conservation)	e) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by	the organization during the
_	tax year			1
4	Number of states where property subject to conse			1.
5	Does the organization have a written policy reg			-
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations, and enforcing	conservati	on easements during the year
•	S	ing, nanding of violations, and emoroling	JOH JOH VALI	orreasements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes X No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		cial statem	ents that describes the
	organization's accounting for conservation easeme			
Pa	Organizations Maintaining Collections		er Similar	Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	ASB ASC 958, not to report in its reven ts held for public exhibition, education to its financial statements that describes	ue statem , or resea these item	ent and balance sheet works arch in furtherance of public s.
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he provide the following amounts relating to these iter	ld for public exhibition, education, or re	statement search in t	and balance sheet works of furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported under F.			5 . ,
а	Revenue included on Form 990, Part VIII, line 1.			> \$
b	Assets included in Form 990, Part X			

Schedule D (Form 990) 2020 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): Public exhibition Loan or exchange program а 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. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses 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 Permanent endowment > Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) 3b 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)

3,762,828

73,378,685.

8,192,648.

5,241,038.

18,022,415

4,582,092

924,113

Schedule D (Form 990) 2020

3,762,828.

3,610,556.

4,316,925. 67,046,579.

55,356,270.

c Leasehold improvements

d Equipment........

b Buildings

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

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 1					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			

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

Part VIII	Investments -	Program	Related.
		 	. tolatoui

Investments - Other Securities.

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

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

Part IX Other Assets.

Schedule D (Form 990) 2020

Part VII

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED REAL ESTATE TAX	1,085,711.
(3) REFUNDABLE ENTRANCE FEES	1,995,630.
(4) SECURITY DEPOSITS	1,785,504.
(5) INTEREST RATE SWAP LIABILITY	2,602,457.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,469,302.

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 .

Page 3

Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	4.
	Add lines 4a and 4b	4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	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	Part V line 4: Part X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.
SCHE	DULE D, PART II, LINE 9	
CONS	ERVATION EASEMENTS FINANCIAL REPORTING: LAUREL LAKE DOES NOT REPORT	
ANY Z	AMOUNTS IN THE FINANCIAL STATEMENTS SINCE THE EASEMENT IS ONLY A	
COMM	ITMENT NOT TO BUILD ON WETLAND AREAS.	

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY, INC.

Employer identification number

34-1481142

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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	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		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		37
а	The organization?	5a		X
b	Any related organization?	5b		Λ
•	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:	0-		Х
a	The organization?	6a		X
b	Any related organization?	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	۵		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
	(i)	299,613.	108,600.	0.	12,000.	0.	420,213.	0.
	(ii)	0.	0.	0.				
LORETTA STEVENS	(i)	143,441.	2,500.	0.	5,530.	0.	151,471.	0.
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.				
	(i)							
_ 3	(ii)							
	(i)							
	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY, INC.

Part 1 Bond Issues

Employer identification number
34-1481142

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	ed (e)	Issue price	(f) D	escription of p	urpose	(g) De	efeased	(h) beha issu	alf of	(i) Poo financ	
										Yes	No	Yes	No	Yes	No
A co	UNTY OF SUMMIT OHIO	34-6002767	86605HBA7	12/30/20	13	14,280,000.	TO FINANCE	PROJECTS OF	LLRC		Х		Х		х
В															
<u> </u>															<u> </u>
_															
D															Щ.
Part	Proceeds			1					1						
	A					A		В	C	;			D		
1	Amount of bonds retired				6,	470,000	•								
2	Amount of bonds legally defeased				1.4	200 000									
3	Total proceeds of issue				14,	280,000									
4	Gross proceeds in reserve funds					461,813									
5	Capitalized interest from proceeds					308,388	•								
6	Proceeds in refunding escrows.														
7	Issuance costs from proceeds					285,600	•								
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds				13,	224,199	•								
10	Capital expenditures from proceeds														
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				20	13									
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding														
	if issued prior to 2018, a current refunding issue)					X									
15	Were the bonds issued as part of a refund														
	issued prior to 2018, an advance refunding issue)	?				X									
16	Has the final allocation of proceeds been made?				Х										
17	Does the organization maintain adequate bo													_	
	final allocation of proceeds?				X										
Fa:: D:	anarwork Paduation Act Nation, san the Instructions for													~ 000\ ·	

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

Schedule K (Form 990) 2020

7085HV K369 074502

Schedule K (Form 990) 2020

5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	Pa	rt III Private Business Use St	JMMIT CO	UNTY, OH	IO					
which owned property financed by tax-exempt bonds? 2. Are there any lease arrangements that may result in private business use of bond-financed property? 3.a. Are there any management or service contracts that may result in private business use of bond-financed property? b if "Yes" to line 3a, does the organization routinely engage bond counsel or other coview any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any management of service contracts relating to the financed property? d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? d if "Yes" to line 3c, does the organization or a state or local government. b % % % S Enter the percentage of financed property used in a private business use as a result of urrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. b % % % 5 Enter the percentage of financed property used in a private business use as a result of urrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. b % % % % 5 Tools the bond stose meet the private security organization enterty. x \ \				Α	В		(C	ſ	D
2 Are there any lease arrangements that may result in private business use of bond-financed property? 3 Are there any management or service contracts that may result in private business use of bond-financed property? 4 If "Yes" to line 3, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? 5 Are there any research agreements that may result in private business use of bond-financed property? 6 Total financed property? 7 Service to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 8 Senter the percentage of financed property used in a private business use by entities other than a section 501(G)3 organization or a state or local government 8 Senter the percentage of financed property used in a private business use as a result of urrelated trade or business activity carried on by your organization, another section 501(G)3 organization or a state or local government 9 Section 5 Total of lines 4 and 5. 9 To Does the bond issue meet the private security or payment test? 8 Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(G)3 organization, and there than 501(G)3 organization is nice the bonds were issued? 8 If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1,141-12 and 1,145-27. 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1,141-12 and 1,145-27. 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1,141-12 and 1,145-27. 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Personal Personal	1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
bond-financed property? 3 Are there any management or service contracts that may result in private business use of bond-financed property? 5 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? 6 Are there any research agreements that may result in private business use of bond-financed property? 6 If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any managements that may result in private business use of bond-financed property? 4 Enter the percentage of financed property used in a private business use by entities outside counsel to review any research agreements relating to the financed property? 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another socion 501(c)/3) organization or a state or local government. 7 Dees the bond issue meet the private security or payment test? 8 Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)/3) organization, another socion 501(c)/3 organization or granization since the bonds were issued? 8 If "Yes" to line 8a, enter the private security or payment test? 8 If "Yes" to line 8a, enter the precentage of bond-financed property sol or disposed of		which owned property financed by tax-exempt bonds?		X						
bond-financed property? 3 Are there any management or service contracts that may result in private business use of bond-financed property? 5 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? 6 Are there any research agreements that may result in private business use of bond-financed property? 6 If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any managements that may result in private business use of bond-financed property? 4 Enter the percentage of financed property used in a private business use by entities outside counsel to review any research agreements relating to the financed property? 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another socion 501(c)/3) organization or a state or local government. 7 Dees the bond issue meet the private security or payment test? 8 Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)/3) organization, another socion 501(c)/3 organization or granization since the bonds were issued? 8 If "Yes" to line 8a, enter the private security or payment test? 8 If "Yes" to line 8a, enter the precentage of bond-financed property sol or disposed of	2	Are there any lease arrangements that may result in private business use of								
3a Are there any management or service contracts that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements that may result in private business use of bond-financed property? 4 Enter the percentage of financed property used in a private business use to the financed property? 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization or a state or local government . ▶ % % % % % % % % % % % % % % % % % %				X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service countracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?. 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. 6 Total of lines 4 and 5	3a									
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service countracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?. 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. 6 Total of lines 4 and 5		business use of bond-financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	b									
bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. 5 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization, or a state or local government. 6 Total of lines 4 and 5. 7 Does the bond issue meet the private security or payment test? 8 Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? 2 If "Not to line 1, did the following apply? a Rebate not due yei? b Exception to rebate? C No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.		counsel to review any management or service contracts relating to the financed property?								
d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	С	Are there any research agreements that may result in private business use of								
outside counsel to review any research agreements relating to the financed property?. 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		bond-financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
other than a section 501 (c) (3) organization or a state or local government. ▶ % % % % % % % % % % % % % % % % % %		outside counsel to review any research agreements relating to the financed property?								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	4	Enter the percentage of financed property used in a private business use by entities								
result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	5	Enter the percentage of financed property used in a private business use as a								
6 Total of lines 4 and 5										
7 Does the bond issue meet the private security or payment test? X 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501 (c) (3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		another section 501(c)(3) organization, or a state or local government ▶				%				%
7 Does the bond issue meet the private security or payment test?	6	Total of lines 4 and 5		%		%		%		%
nongovernmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	7			Х						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	8a	Has there been a sale or disposition of any of the bond-financed property to a								
disposed of % % % % % % % % % % % % % % % % %		nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	•	X						
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
sections 1.141-12 and 1.145-2?				%		%		%		%
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	C	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		, ,								
requirements under Regulations sections 1.141-12 and 1.145-2?	9	Has the organization established written procedures to ensure that all								
Part IV Arbitrage A B C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? X 2 If "No" to line 1, did the following apply? a Rebate not due yet? X b Exception to rebate? X c No rebate due? X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		nonqualified bonds of the issue are remediated in accordance with the								
A B C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? X 2 If "No" to line 1, did the following apply? a Rebate not due yet? X b Exception to rebate? X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		requirements under Regulations sections 1.141-12 and 1.145-2?	X							
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? X 2 If "No" to line 1, did the following apply? a Rebate not due yet? X b Exception to rebate? X C No rebate due? X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.	Pa	rt IV Arbitrage	'							•
Penalty in Lieu of Arbitrage Rebate?				Α		В	(C	ſ	D
2 If "No" to line 1, did the following apply? a Rebate not due yet?	1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
2 If "No" to line 1, did the following apply? a Rebate not due yet?				X						
a Rebate not due yet?	2									•
b Exception to rebate?	а	Rebate not due yet?	X							
c No rebate due?				Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				Х						
performed										
		performed								
	3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2020

7085HV K369 074502

Schedule K (Form 990) 2020 Page 3

Part IV Arbitrage (continued)								
		Α	E	3		C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider						•		•
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								ı
		A	E	3	(C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to	question	ns on Scho	edule K. Se	e instruc	tions.		•	
	<u> </u>							

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

ISSUER NAME: COUNTY OF SUMMIT, OHIO. TO FINANCE THE ACQUISITION,

CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF LLRC.

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 Inspection

34-1481142

Department of the Treasury Internal Revenue Service

LAUREL LAKE RETIREMENT COMMUNITY, INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED BY LAUREL LAKE'S INDEPENDENT AUDITORS AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. THE 990 IS APPROVED BY THE BOARD'S AUDIT AND COMPLIANCE COMMITTEE AND ACCEPTED BY THE BOARD OF DIRECTORS. THE RETURN IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C ALL BOARD MEMBERS ARE COVERED BY THE LAUREL LAKE RETIREMENT COMMUNITY CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURE ON AN ANNUAL BASIS. ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY LAUREL LAKE RETIREMENT COMMUNITY CORPORATE COMPLIANCE OFFICER. AT THE BEGINNING OF EACH BOARD MEETING, ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. BOARD MEMBERS DETERMINED TO HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISION-MAKING FOR THE TRANSACTION IN WHICH THE CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT, DAVID OSTER, IS DETERMINED BY LAUREL LAKE RETIREMENT COMMUNITY. LAUREL LAKE UTILIZES A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, DATA FROM SIMILAR ORGANIZATIONS, AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHEN DETERMINING MR. OSTER'S COMPENSATION. THIS ANALYSIS WAS PERFORMED IN 2018 AT THE EFFECTIVE DATE OF THE CURRENT

Name of the organization	Employer identification number
LAUREL LAKE RETIREMENT COMMUNITY, INC.	34-1481142

THREE-YEAR CONTRACT.

FORM 990, PART VI, SECTION B, LINE 15B A COMPENSATION ANALYSIS WAS PERFORMED FOR THE CHIEF FINANCIAL OFFICER IN JANUARY 2018.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MAILED TO REQUESTORS. AUDITED FINANCIAL STATEMENTS ARE

ATTACHMENT 1

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

ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

LAUREL LAKE STRIVES TO BE THE COMMUNITY OF CHOICE FOR ADULTS WHO ASPIRE TO LEAD LIVES FILLED WITH MEANING, PURPOSE, AND LIFELONG OPPORTUNITES FOR GROWTH SERVICES. LAUREL LAKE ACCOMPLISHES THIS PURPOSE BY DEMONSTRATING OUR CORE VALUES OF COMPASSION, RESPECT, EXCELLENCE, AND SERVICE.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
SELECT REHABILITATION P.O. BOX 71985 CHICAGO, IL 60694-1985	THERAPY SERVICES	708,890.		
AMERICAN MEDICAL PERSONNEL 1428 EDISON STREET NW HARTVILLE, OH 44632	NURSING STAFF	1,050,384.		
SUMMIT CONTSRUCTION 1095 HOME AVENUE AKRON, OH 44310	CONSTRUCTION	2,841,834.		

Name of the organization Employer identification number 34-1481142 LAUREL LAKE RETIREMENT COMMUNITY, INC. ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

US FOODSERVICE FOOD 720,549.

PO BOX 642561

PITSBURGH, PA 15264

MID-OHIO ASPHALT & CONCRETE, INC. CONSTRUCTION 437,860.

2926 TUCKER COURT TWINSBURG, OH 43087

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROFESSIONAL FEES	301,940.	262,084.	39,856.	
PURCHASED SERVICES	2,416,898.	2,097,867.	319,031.	
TOTALS	2,718,838.	2,359,951.	358,887.	

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID EXPENSES 824,277.

824,277. TOTALS

ATTACHMENT 5

Name of the organization Employer identification number LAUREL LAKE RETIREMENT COMMUNITY, INC. 34-1481142 ATTACHMENT 5 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING COST DESCRIPTION BOOK VALUE OR FMV CITIZENS INVESMENT ACCOUNT 23,957,091. FMV 23,957,091. TOTALS ATTACHMENT 6 FORM 990, PART X - DEFERRED REVENUE ENDING BOOK VALUE DESCRIPTION DEFERRED ENTRANCE FEES 33,729,538.

33,729,538.

TOTALS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
0000
1 2020
Open to Public
Inspection

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY, INC.

Employer identification number 34-1481142

(a) 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
			if applicable) of disregarded entity Primary activity Legal domicile (state	if applicable) of disregarded entity Primary activity Legal domicile (state Total income	if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) olled
						Yes	No
(1) LAUREL LAKE RETIREMENT COMMUNITY FNDN 34-1779303							
200 LAUREL LAKE DRIVE HUDSON, OH 44236	RECEIVE CHARI	OH	501(C)(3)	12-TYPE I	LAUREL LAKE	X	
(2)							
(3)							
_(4)							I
_(5)							
(6)							
<u>(7)</u>							1

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 Schedule R (Form 990) 2020

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?

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

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	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	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		X
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
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
S	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 t		•				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method ((d) of dete	rminin	a
	· · · · · · · · · · · · · · · · · · ·	type (a-s)			nt invo		9
/ / \	LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION	C	94,812.	FMV			
(1)	LAUREL LARE RETIREMENT COMMUNITY FOUNDATION	C	94,012.	FMV			
(2)							
(2)							
(3)							
(-,							
(4)							
` '/							
(5)							
,							
(6)							
SA.			Scl	hedule R (F	orm	990) 2	2020
JA							

Schedule R (Form 990) 2020 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(b) (c) Legal domicile (state or foreign country) un				(h) Disproportionate allocations? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership	
			sections 512 - 514)	Yes	No		Yes	No	,	Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

Schedule R (Form 990) 2020 Page 5

Part VII

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

ESTIMATED TAX WORKSHEET FOR FORM 990-W

Α.	2021 Estimated Tax	Α	
B.	Enter 100 % of Line A Enter 100 % of tax on 2020 FORM 990-T C 10,817.		
C.	Enter 100 % of tax on 2020 FORM 990-T C 10,817.		
D.	Required Annual Payment (Smaller of lines B or C)	D	10,817.
	Income tax withheld (if applicable)		
	Balance (As rounded to the nearest multiple of		12,000.

Record of Estimat	ed Tax Payments			
Payment number	(a) Date	(b) Amount	(c) 2019 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	04/15/2021			
2	06/15/2021			
3	09/15/2021			
4	12/15/2021	12,000.		12,000.
Total		12,000.		12,000.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

0E7093 1.000 7085HV K369 074502

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

► Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 34-1481142

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

LAUREL LAKE RETIREMENT COMMUNITY, INC.

Par	Required Annual Payment					
1	Total tax (see instructions)				1	10,817.
2a b	Personal holding company tax (Schedule PH (For Look-back interest included on line 1 under secti contracts or section 167(g) for depreciation under	on 4	60(b)(2) for completed long	g-term		
c	Credit for federal tax paid on fuels (see instru				2d	
d 3	Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is					
	does not owe the penalty			•	·	10,817.
4	Enter the tax shown on the corporation's 20					
	the tax year was for less than 12 months, sk	ip th	is line and enter the amo	unt from line 3 on line 5	4	6,125.
5 Par	Required annual payment. Enter the smalle the amount from line 3				5	6,125. oration must file
	Form 2220 even if it does not	owe	e a penalty. See inst	ructions.	-	
6	The corporation is using the adjusted					
7	The corporation is using the annualize					
8	The corporation is a "large corporation	" fig	uring its first required in	stallment based on the pric	or year's tax.	
Part	Figuring the Underpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a)		(a)	(5)	(0)	(α)
9	through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9		07/15/2020	09/15/2020	12/15/2020
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,531.	1,531.	1,531.	1,532.
11	Estimated tax paid or credited for each period.					
	For column (a) only, enter the amount from					
	line 11 on line 15. See instructions	11				
	Complete lines 12 through 18 of one column					
40	before going to the next column.	4.0				
12	Enter amount, if any, from line 18 of the preceding column	12 13				
13 14	Add lines 11 and 12	14		1,531.	3,062.	4,593.
15	Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0	15		1,331.	3,002.	1,323.
16	If the amount on line 15 is zero, subtract line 13					
10	from line 14. Otherwise, enter -0-	16		1,531.	3,062.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to		1 505			1 500
18	line 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	17 18	1,531.	1,531.	1,531.	1,532.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

Page 2 Form 2220 (2020)

Pa	art IV Figuring the Penalty					
			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month					
	instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21				
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23	ATTACHME	NT 1		
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24		\$	\$	\$
	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25	SEE PENAI	TY COMPU	TATION WHIT	EPAPER DETAI
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27				
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x *%	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29				
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31				
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35				
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns				· ·	s \$ 125.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2020)

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
QUARTER 1, RAT	E PERIOD 1 (07	/15/2020 -	12/31/2020)	=		
TOTAL	1,531. TO FORM 2220,		12/31/2020 DLUMN A	169	3	21. 21.
QUARTER 1, RAT	E PERIOD 2 (12	/31/2020 -	05/15/2021)	_		
TOTAL	1,531. TO FORM 2220,		05/15/2021 DLUMN A	135	3	17. 17.
QUARTER 2, RAT	E PERIOD 1 (07	/15/2020 -	12/31/2020)	=		
TOTAL	1,531. TO FORM 2220,		12/31/2020 DLUMN B	169	3	21. 21.
QUARTER 2, RAT	'E PERIOD 2 (12	/31/2020 -	05/15/2021)	=		
TOTAL	1,531. TO FORM 2220,		05/15/2021 DLUMN B	135	3	17. 17.
QUARTER 3, RAT	'E PERIOD 1 (09	/15/2020 -	12/31/2020)	=		
TOTAL	1,531. TO FORM 2220,		12/31/2020 DLUMN C	107	3	13. 13.
QUARTER 3, RAT	E PERIOD 2 (12	/31/2020 -	05/15/2021)	_		
TOTAL	1,531. TO FORM 2220,		05/15/2021 DLUMN C	135	3	17. 17.
QUARTER 4, RAT	E PERIOD 1 (12	/15/2020 -	12/31/2020)	=		
TOTAL	1,532. TO FORM 2220,		12/31/2020 DLUMN D	16	3	<u>2.</u> <u>2.</u>
QUARTER 4, RAT	E PERIOD 2 (12	/31/2020 -	05/15/2021)	_		
TOTAL	1,532. TO FORM 2220,		05/15/2021 DLUMN D	= 135	3	17. 17.
TOTAL UNDERPA	YMENT PENALTY					125.

7085HV K369 ATTACHMENT 1 074502

For	_n 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	L	OMB No. 1545-0047
		For calendar year 2020 or other tax year beginning , 2020, and ending , 20		2020
_		► Go to www.irs.gov/Form990T for instructions and the latest information.	-	<u> </u>
	artment of the Treasury nal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if			yer identification number
	address changed.	LAUREL LAKE RETIREMENT COMMUNITY	34-1	.481142
В E:	xempt under section			exemption number
	501(C)(3)	or 200 LATERET, LAKE DRIVE	(see ins	tructions)
	408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)	HUDSON, OH 44236		Check box if
	529(a) 529A	C Book value of all assets at end of year ▶ 95,397,769.		an amended return.
G	Check organization t		А	oplicable reinsurance entity
	Check if filing only to			,
1 (Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
		attached Schedules A (Form 990-T)		
		was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
	-	ame and identifying number of the parent corporation		
L	The books are in care	e of ▶ DAVID A. OSTER Telephone number ▶ 330-	650-	0681
		200 LAUREL LAKE DRIVE		
		HUDSON OH 44236		
Pa	rt I Total Unre	lated Business Taxable Income		
1	Total of unrelat	ed business taxable income computed from all unrelated trades or businesses (see		
	instructions)		1	52,926.
2	Reserved		2	
3	Add lines 1 and 2		3	52,926.
4	Charitable contrib	outions (see instructions for limitation rules) ATCH 1	4	417.
5	Total unrelated b	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	52,509.
6	Deduction for net	operating loss. See instructions	6	
7	Total of unrelat	ed business taxable income before specific deduction and section 199A deduction.		
		m line 5		52,509.
8		n (generally \$1,000, but see instructions for exceptions)		1,000.
9		99A deduction. See instructions		1 000
10		Add lines 8 and 9	10	1,000.
11	Unrelated busin	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		F1 F00
			11	51,509.
Pa	rt II Tax Com		1	10 015
1		xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	10,817.
2		at trust rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		2	
3		structions	3	
4		s. See instructions	4	
5	Alternative minim	um tax (trusts only)	. 5	l .

6

10,817.

Form **990-T** (2020)

JSA 0X2740 1.000

7085HV K369 074502

Tax on noncompliant facility income. See instructions

Form 990-T (2020) Page 2

Par	t III	Tax and Payments							
		n tax credit (corporations attach Form 1118; trus	ts attach Form 1116).	1a					
	_	credits (see instructions)		1b					
		Il business credit. Attach Form 3800 (see instruc							
		for prior year minimum tax (attach Form 8801 or	,						
		redits. Add lines 1a through 1d		`		1e			
2		ct line 1e from Part II, line 7						10,	817.
3			Form 8697 Form 88						
						. 3			
4	Total ta	_ `	neck if includes tax previously						
		1294. Enter tax amount here	·			. 4		10,8	817.
5		et 965 tax liability paid from Form 965-A or Fori		e 4 .		5			
6 a		nts: A 2019 overpayment credited to 2020	, ,	6a					
	•	stimated tax payments. Check if section 643(g)		6b					
		posited with Form 8868		6c					
		n organizations: Tax paid or withheld at source (s		6d					
	_	withholding (see instructions)		6e					
		for small employer health insurance premiums (a							
			39						
ŭ		orm 4136 Other _	Total ▶	6q					
7		ayments. Add lines 6a through 6g				7			
8		ted tax penalty (see instructions). Check if Form				8			125.
9	Tax du	e. If line 7 is smaller than the total of lines 4, 5,	and 8, enter amount owed			9		10,	942.
10	Overpa	yment. If line 7 is larger than the total of lines	1, 5, and 8, enter amount overpa	aid.		▶ 10			
11	Enter th	e amount of line 10 you want: Credited to 2021 estim	ated tax		Refunded	11			
Par	t IV	Statements Regarding Certain A	ctivities and Other Inf	orma	ntion (see instructio	ns)			
1	At any	time during the 2020 calendar year, did	the organization have an in	nterest	in or a signature of	or other	authority	Yes	No
	over a	financial account (bank, securities, or oth	er) in a foreign country? I	f "Yes	," the organization r	nay ha	e to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes	s," ent	er the name of the	foreig	n country		
	here 🕨	•							X
2	During	the tax year, did the organization receiv	e a distribution from, or v	was it	the grantor of, or	transfe	ror to, a		
	foreign	trust?							X
	If "Yes	" see instructions for other forms the organization	n may have to file.						
3	Enter t	he amount of tax-exempt interest received or ac	crued during the tax year		▶ \$				
4 a	Did the	organization change its method of accounting?	(see instructions)						
b	If 4a	is "Yes," has the organization described to	he change on Form 990,	990-E	Z, 990-PF, or Form	1128?	If "No,"		
	explain	in Part V							$oxed{oxed}$
Par	: V	Supplemental Information							
Provid	de the e	xplanation required by Part IV, line 4b. Also, prov	ide any other additional inform	ation.	See instructions.				
	1	nder penalties of perjury, I declare that I have examined to	his return, including accompanying so	chedules	and statements and to the	best of r	nv knowledge	and hel	ief. it is
Sigr	1 +	ue, correct, and complete. Declaration of preparer (other than ta				2001 01 1	.,omougo	uu 20.	
Her			11/15/2021			•	IRS discuss		
HICH	- 1	ignature of officer	Date Title			see instruct	preparer shons)? X Y_{ϵ}		No
		Print/Type preparer's name	Preparer's signature		ate		PTIN		1
Paid		DAVID M REAPE, CPA	•		Che	eck Li -employed	T D000	6811	.7
Prep		Firm's name HW&CO							
Use Only Firm's name HW&CO Firm's EIN 34-1663157 Firm's address 23240 CHAGRIN BLVD., SUITE 700, CLEVELAND, OH 44122-5450 Phone no. 216-831-1200									
JSA	1 4 000		•	-	11110		Form 9		
UX2/4	1 1.000								/

7085HV K369 074502

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

34-1481142

C Unrelated business activity code (see instructions) ▶ D Sequence: 1					equence: 1		of 1
E De	scribe the unrelated trade or business > SENIOR PHARMACY	SERV	ICES, LTD.				
Par	Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form	40					
h	1120)) (see instructions)	4a 4b					
C	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach	70					
3	statement) ATCH 2	5	52,92	26.			52,926.
6	Rent income (Part IV)	6					<u> </u>
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section $501(c)(7)$, (9) , or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	52,92	26.			52,926.
Par	•	for l	imitations on d	leduc	tions) Dedu	ctions	must be directly
	connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14					15	
16	Unrelated business income before net operating loss deduction.						F0 001
	column (C)						52,926.
17	Deduction for net operating loss (see instructions)						
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 1	16					52,926.
For Pa	aperwork Reduction Act Notice, see instructions.				Sch	nedule	A (Form 990-T) 2020

Schedule A (Form 990-T) 2020	Page 2

	ule A (Form 990-1) 2020				Page Z				
■Par	_	Enter method of inven							
1	Inventory at beginning of year			1					
2	Purchases			2					
3	Cost of labor								
4	Additional section 263A costs (attach statement)								
5	Other costs (attach statement)			5					
6	Total. Add lines 1 through 5			6					
7	Inventory at end of year								
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, lin	e2	8					
9	Do the rules of section 263A (with respect to pro	operty produced or acquir	ed for resale) apply to the	organization?	Yes No				
Par	Rent Income (From Real Property	and Personal Prop	erty Leased with Re	eal Property)					
1	Description of property (property street address,	city, state, ZIP code). Che	ck if a dual-use (see instru	ictions)					
	A								
	В								
	С								
	D								
		Α	В	С	D				
2	Rent received or accrued								
a	From personal property (if the percentage of								
ű	rent for personal property is more than 10%								
	but not more than 50%)								
h	From real and personal property (if the								
b	percentage of rent for personal property								
	exceeds 50% or if the rent is based on profit or								
	•								
	income)								
С	Total rents received or accrued by property.								
_	Add lines 2a and 2b, columns A through D								
3	Total rents received or accrued. Add line 2c colu	imns A through D. Enter h	ere and on Part I, line 6, 0	column (A)					
4	Deductions directly connected with the income								
	in lines 2(a) and 2(b) (attach statement)								
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I, line 6, column (B)	▶_					
	WE Unvolated Daht Financed Income	/ ' ()							
Par			<u> </u>						
1	Description of debt-financed property (street add	ress, city, state, ZIP code)	. Check if a dual-use (see	instructions)					
	A								
	В								
	с —								
	D 🔲			_					
	-	A	В	С	D				
2	Gross income from or allocable to debt-financed								
	property								
3	Deductions directly connected with or allocable								
	to debt-financed property								
а	Straight line depreciation (attach statement)								
b	Other deductions (attach statement)								
С	Total deductions (add lines 3a and 3b,								
	columns A through D)								
4	Amount of average acquisition debt on or allocable								
	to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-								
	financed property (attach statement)								
6	Divide line 4 by line 5	%	%	%	%				
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70				
8	Total gross income (add line 7, columns A throu	ıah D) Enter here and on	Part L line 7 column (A)						
J	. J.a. g. J. J. moome (add mile 1, coldinis A tillot	ign b). Enter here and Off	r are i, iiilo 7, coluiliii (A)	· · · · · · · · · · · · · · · · · · ·					
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part Lline 7 colum	nn (R)					
11	Total dividends-received deductions included in	-							
• •	i otai aiviueilus-receiveu ueuucilolis ilioluded Ili			· · · · · · · · · • –					

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Schedule A (Form 990-T) 2020

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Schedule A (Form 990-1) 2020					Page 3		
Part VI Interest, Ann	uities, Royali	ies, and Rent	s from Controlled Organ				
	Exempt Controlled Organizations						
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
		Nonexe	empt Controlled Organizatio	ons			
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	ation (see instructions)			
1. Description of income	2. Am	ount of income	Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)							
(2)							
(3)							
(4)							
Totals	Enter h	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
Part VIII Exploited Ex	empt Activity	/ Income, Oth	er Than Advertising Inco	ome (see instructions)			
1 Description of exploited a				,			
2 Gross unrelated busines	s income from	trade or busin	ess. Enter here and on Pa	Part I, line 10, column (A)	2		
3 Expenses directly conn	ected with pro	duction of unr	elated business income. Er	nter here and on Part I,			
line 10, column (B)	3						
4 Net income (loss) from	n unrelated tra	ide or business	. Subtract line 3 from lin	ne 2. If a gain, complete			
lines 5 through 7					4		
5 Gross income from activity			ome		5		
6 Expenses attributable to i	•				6		
•			6, but do not enter more	than the amount on line			
4. Enter here and on Part I	II, line 12		<u> </u>		7		

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page **4**

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if	f reporting two or more periodicals on a	consolidated basis.		
	Α				
	В				
	c				
	D				
nter	amounts for each periodical listed above				
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here	and on Part I, line 11, column (A)			>
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here	•			<u> </u>
u	Add coldmile A timodgir B. Enter here	and on rait i, into 11, dolarini (b).			
	A L				
4	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any c				
	line 4 showing a loss or zero, do not				
	lines 5 through 7, and enter zero on lin	e 8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is	less than			
	line 5, subtract line 6 from line 5. If				
	less than line 6, enter zero				
8	Excess readership costs allowed				
0	•				
	deduction. For each column showing a	-			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D				
	Part II, line 13				>
Par	t X Compensation of Officers	s, Directors, and Trustees (see	instructions)		
Par	t X Compensation of Officers	s, Directors, and Trustees (see	· I	Porcontago	4 Componentian
Par			3. F	Percentage	4. Compensation
Par	t X Compensation of Officers 1. Name	s, Directors, and Trustees (see	3. F	me devoted	attributable to
Par			3. F	-	
			3. F	me devoted	attributable to
1)			3. F	me devoted business %	attributable to
1) 2)			3. F	me devoted business %	attributable to
1) 2) 3)			3. F	me devoted business % % %	attributable to
1) 2) 3)			3. F	me devoted business %	attributable to
1) 2) 3) 4)	1. Name	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
1) 2) 3) 4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
(1) (2) (3) (4)	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to
	1. Name I. Enter here and on Part II, line 1.	2. Title	3. F of til	me devoted business % % % % %	attributable to

ATTACHMENT	1
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FORM 990T - PART I LINE 4 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	52,926.
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	52,926.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	5,293.
GUADITEADI E. GOMEDIDITETON	415
CHARITABLE CONTRIBUTION	417.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	417.

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SCHEDULE A: SENIOR PHARMACY SERVICES, LTD.

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
SENIOR PHARMACY SERVICES, LTD.	55,165.	2,239.	52,926.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		52,926.

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