All Copy

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

Form **990** (2018)

A F	or th	e 201	8 cale	nda	r year, o	r tax	x vea	ar bea	innina			. 20	18. a	nd en	dina -				, 2	20	
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_					JRELLAI				1	_				T		1 ' '	<u> </u>		umber		
					Corporation	on	Tr	ust	Association		Other	<u> </u>		L Yea	ar of forma	tion: 19	89 M	State	of legal d	omicile:	OH
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ون س	4	Numb	er of ir	ndep	endent vo	ting	mem	bers of	the govern	ing bo	ody (Par	VI, line 1	o)					4			12.
ij	5	Total	numbe	r of	individuals	s em	ploye	d in ca	lendar year	2018	(Part V,	line 2a)						5			459.
Activities &	6				volunteers													6			247.
ĕ	7a	Total	unrelat	ed b	usiness re	evenu	ie fro	m Part	VIII, column	(C), I	ine 12							7a			0
									n Form 990-									7b			0
																Prior	Year		Cu	rrent Y	ear
a)	8	Contr	ibutions	and	grants (P	art V	ΊΙΙ, lir	ne 1h)							$\neg \Box$	1,8	90,61	L6.		462	2,648
ů	9											0	OPY F			24,4	30,52	24.	2.	5,103	3,701
Revenue	10								nes 3, 4, and				C INSF	PECTIC	DN	3	90,59	94.		778	3,798
œ	11								5, 6d, 8c, 9c,						_			0.			C
	12								st equal Part							26,7	11,73	34.	20	5,345	5,147
	13								olumn (A), lin									0.			0
	14																	0.			0
w	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								10,328,653.				9,920	0,817						
Expenses									nn (A), line 1							0.					0
be									(D), line 25)				0.		•						
ñ	l			_					1a-11d, 11f-	_					-	12,099,898.				3,576	5,689
									al Part IX, co						•	22,4				7,506	
	19								om line 12 .						•		83,18				7,641
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Net Assets or Fund Balances	20	Total	accate	(Parl	X line 16	١										89,4					3,018
4ss Bal	21														•	76,8					5,651
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						I hav	/e exa	mined t	this return, in	cludin	u accom	nanving sch	nedules	and st	atements	and to the	e hest o	f my k	cnowledg	e and h	elief it is
true	e, corre	ct, and	comple	te. De	eclaration of	fprep	arer (other th	an officer) is b	ased	on all info	ormation of	which p	prepare	r has any k	nowledge). 				
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Pre	oarer	TRACY L BENDER, CPA								self-employed P01048121											
Use	Only	Firm's name								Firm's EIN ► 34-1663157 Phone no. 216-831-1200											
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For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1
	ATTACHMENT
_	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,111,950. including grants of \$) (Revenue \$ 13,385,623.)
	PROVIDE HOUSING, ENVIRONMENTIAL SERVICES, AND EDUCATIONAL AND
	ENTERTAINMENT ACTIVITIES FOR INDEPENDENT RESIDENTS.
	(Code:) (Expenses \$8,766,875. including grants of \$) (Revenue \$8,058,207)
	PROVIDE SKILLED NURSING LONG-TERM CARE FOR RESIDENTS TO INCLUDE
	HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES.
4c	(Code:) (Expenses \$ 3,305,709. including grants of \$) (Revenue \$ 3,659,871.)
	PROVIDE ASSISTED LIVING LONG-TERM CARE FOR RESIDENTS TO INCLUDE
	HOUSING, MEALS, ENVIROMENTIAL SERVICES, AND ACTIVITIES.
<i>A</i> ~1	Other program convices (Describe in Schedule O.)
4 a	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 20,184,534.

4e Total program service expenses ► 20,184,534 JSA 8E1020 1.000 7085HV K369 Form 990 (2018) Page 3

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ 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 Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II JSA 8E1021 1.000

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
~	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		34	Х	
35.2	or IV, and Part V, line 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20		31		21
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	ĺ
Part		აგ		
rant				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Fermi V 20 metaded in the fat Enter of infortage in the capping as in the capping			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form **990** (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 459 Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)..... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 1	3		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	r.)	
			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	Х	
	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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	torost	nalia	, and
נו		ıcıest	holic	, and
20	financial statements available to the public during the tax year.	do F		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	us 🟲		

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

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

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

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

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

Check this box if neither the organization nor		l	mza			проп	oute		or, an ootor, or true	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					C)					
(A)	(B)	(-1	Position (do not check more t					(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for						· ·	the	organizations	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
(1)STEPHANIE FALLCREEK	4.00									
CHAIR	0.	X		Х				0.	0.	0
(2)MICHAEL DENK	2.00									
SECRETARY	0.	X		Х				0.	0.	0
(3)LIZ MURPHY	2.00									
VICE CHAIR	2.00	X		Х				0.	0.	0
(4)KATHLEEN HOOVER	2.00									
TREASURER	0.	X		Х				0.	0.	0
(5)WILLIAM YOUNG	1.00									
TRUSTEE	0.	X						0.	0.	0
(6)PAUL CAMPBELL	1.00									
TRUSTEE	0.	X						0.	0.	0
(7)DAVID WILLIAMS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)JOHN MULLIGAN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)CLINTON SIMMONS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10)JOHN JANOCH	1.00									
TRUSTEE	0.	Х						0.	0.	0
(11)HARRY BARTELS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)JANE WAGER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)DAVID OSTER	45.00									
PRESIDENT & EXECUTIVE DIRECTOR	2.00			Х				299,763.	0.	26,999
(14)										

JSA

_	rt VII Section A. Officers, Directors, Tro	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	ago C
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensati	f
_		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)	fr org an	om the anizatio d related	on d
		 											
		<u> </u>											
		 	-										
		 											
		 											
1b	Sub-total								299,763.	0.		26,9	99.
	Total from continuation sheets to Part VII, S	ection A						•	0.	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	299,763.	0.		26,9	199.
<u> </u>	Total number of individuals (including but not reportable compensation from the organizatio			liste L	d al	bove	e) who	o re	ceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i>										3		Х
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	3,"	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 "Y	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		Х
Se	ction B. Independent Contractors	-5, 55mp10	.0 001			01	34011	1001					
1	Complete this table for your five highest comcompensation from the organization. Report of year.												

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6

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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 V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	221,496.				
a di	_	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	241,152.				
	g h	Total. Add lines 1a-1f		462,648.			
ne			Business Code				
Program Service Revenue	2a	ANCILLARY SERVICES REVENUE	900099	2,219,170.	2,219,170.		
æ	b	RESIDENT SERVICES	623000	21,382,612.	21,382,612.		
vice	c	INCOME FROM ACTIVITIES	900099	1,501,919.	1,501,919.		
Ser	d						
Ē	e						
gre	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		25,103,701.			
	3	Investment income (including dividen and other similar amounts).	ds, interest,	265,242.			265,242.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
	6a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of	() Gare				
		,					
	b	Less: cost or other basis					
		and sales expenses 16,033,136.					
	C	Gain or (loss)		510.556			540 556
	d	Net gain or (loss)		513,556.			513,556.
Other Revenue	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
	b	See Part IV, line 19 a Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a	0.				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	▶	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.	05		
	12	Total revenue. See instructions		26,345,147.	25,103,701.		778,798.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	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 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	299,763.		299,763.	
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	7,658,042.	7,103,955.	554,087.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	98,442.	98,442.		
9	Other employee benefits	1,403,629.	1,389,862.	13,767.	
10	Payroll taxes	460,941.	460,941.		
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	26,835.	19,164.	7,671.	
С	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 411 405	1 005 055	100 640	
	(A) amount, list line 11g expenses on Schedule O.)	1,411,497.	1,287,857.	123,640.	
	Advertising and promotion	279,205.	114,641.	164,564.	
13	Office expenses	306,371.	274,795.	31,576.	
14	Information technology	290,310.	49,344.	240,966.	
15	Royalties	0.	2 210 005	1 507 115	
	Occupancy	3,725,120.	2,218,005.	1,507,115.	
	Travel	42,550.	38,374.	4,176.	
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	39,696.	26,125.	13,571.	
	Conferences, conventions, and meetings	1,801,064.	1,775,484.	25,580.	
	Interest	0.	1,773,404.	25,500.	
	Payments to affiliates	3,537,667.	3,537,667.		
	Depreciation, depletion, and amortization	326,496.	3,337,007.	326,496.	
	Insurance	320,130.		320,130.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
9	DIETARY COSTS	1,185,029.	1,185,029.		
u h	FRANCHISE FEE	349,307.	349,307.		
	MEDICAL SUPPLIES	205,729.	205,729.		
•	BAD DEBT EXPENSE	49,813.	49,813.		
_	All other expenses	-	•		
	Total functional expenses. Add lines 1 through 24e	23,497,506.	20,184,534.	3,312,972.	
	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				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet Page **11**

	ILA				
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,443,164.	1	3,505,799.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	1,381,163.
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sectio 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	0.		0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Inventories for sale or use Prepaid expenses and deferred charges	945,081.	9	700,403.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 82,627,063	L.		
	b	16 155 024	64,747,680.	10c	66,469,222.
	11	Investments - publicly traded securities	14,620,201.	11	11,689,112.
	12	Investments - other securities. See Part IV, line 11		12	94,308.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	1,500,000.
	15	Other assets. See Part IV, line 11	4,686,751.	15	338,011.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	85,678,018.
	17	Accounts payable and accrued expenses		17	2,002,019.
	18	Grants payable		18	0.
	19	Deferred revenue ATCH 4	29,567,546.	19	29,665,661.
	20	Tax-exempt bond liabilities		20	8,385,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors	,		
Liabilities		trustees, key employees, highest compensated employees, and	k		
abi		disqualified persons. Complete Part II of Schedule L		22	0.
=	23	Secured mortgages and notes payable to unrelated third parties		23	25,921,667.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	t l		
		parties, and other liabilities not included on lines 17-24). Complete Part 2	(
		of Schedule D	4,664,788.	25	5,122,304.
_	26	Total liabilities. Add lines 17 through 25	76,847,044.	26	71,096,651.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X an complete lines 27 through 29, and lines 33 and 34.	d		
Fund Balances	27	Unrestricted net assets	12,585,277.	27	14,581,367.
Bal	28	Temporarily restricted net assets	0.	28	0.
þ	29	Permanently restricted net assets	. 0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	1		
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	10 505 055	33	14,581,367.
_	34	Total liabilities and net assets/fund balances	89,432,321.	34	85,678,018.
			•		Form 990 (2018)

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Part								
	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		26,3				
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,4				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,847,641.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,5				
5	Net unrealized gains (losses) on investments	5		-851,551.				
6	Donated services and use of facilities	6		0.				
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		14,5	81,3	67.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
	· · · · · · · · · · · · · · · · · · ·				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n 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							
	reviewed on a separate basis, consolidated basis, or both:	'						
	Separate basis Consolidated basis Both consolidated and separate basis							
h	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 aud							
	separate basis, consolidated basis, or both:		u					
	Separate basis X Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	nvers	iaht					
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	Apiai						
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in					
Ja	the Single Audit Act and OMB Circular A-133?	. 1011		3a		Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	erao	the					
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

8E1054 1.000 7085HV K369 074502

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
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number LAUREL LAKE RETIREMENT COMMUNITY 34-1481142 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	() 0044	41.0045	() 0040	(1) 0047	() 0040	(O.T.)
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (lin						<u>%</u>
15	Public support percentage from 2017					15	<u>%</u>
16a	331/3% support test - 2018. If the organization of						
h	box and stop here . The organization quality 331/3% support test - 2017. If the org						
Б	this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			_			
1 <i>1</i> a	10% or more, and if the organization						
	Part VI how the organization meets the					•	•
	organization			_	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organization						-
	supported organization				-	-	
18	Private foundation. If the organization						
. •	instructions						
		-	_	-	_	-	

Schedule A (Form 990 or 990-EZ) 2018 Page 3

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

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

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	230,795.	596,508.	265,349.	1,890,616.	462,648.	3,445,91
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	23,906,357.	23,970,453.	24,269,566.	24,430,524.	25,103,701.	121,680,60
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	24,137,152.	24,566,961.	24,534,915.	26,321,140.	25,566,349.	125,126,51
	Amounts included on lines 1, 2, and 3	21,137,132.	21,300,301.	21,331,313.	20,321,110.	23,300,313.	123,120,31
ı a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						105 106 51
200	tion B. Total Support						125,126,51
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		24,137,152.	24,566,961.	24,534,915.	26,321,140.	25,566,349.	125,126,51
	Amounts from line 6. Gross income from interest, dividends,	24,137,132.	24,300,301.	24,554,515.	20,321,140.	23,300,343.	123,120,31
	payments received on securities loans,						
	rents, royalties, and income from similar	0.025	1 200	104 505	025 005	0.65, 0.40	621 20
	Sources	2,937.	1,382.	124,595.	237,227.	265,242.	631,38
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2,937.	1,382.	124,595.	237,227.	265,242.	631,38
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	24,140,089.	24,568,343.	24,659,510.	26,558,367.	25,831,591.	125,757,90
14	First five years. If the Form 990 is for	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Supp	ort Percentag	ge				
15	Public support percentage for 2018 (line 8,	column (f), divide	ed by line 13, colur	nn (f))		15	99.50%
16	Public support percentage from 2017 Sche	dule A, Part III, lin	e 15		[16	98.53%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2018 (lir			3, column (f))		17	.50%
18	Investment income percentage from 2017				Г	18	1.47%
	331/3% support tests - 2018. If the org						
. 	17 is not more than 331/3%, check thi						
	331/3% support tests - 2017. If the orga	-	-	•			
h							
b	ling 18 is not more than 221/20/ check	thic hav and at	ON HOTO THE CT				
b 20	line 18 is not more than 331/3%, check Private foundation. If the organization of						_

Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations		Yes	Nic
1	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.	1	163	INC
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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.	9b		
С	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.	9с		

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018 Page 5

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Secti	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		
Secti	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	_		
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truoti	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ill acti	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
•	o organization cuppertou u goronimontal onthy. Dosonio in tale trinon you cuppertou u goronimon onthy		Yes	
2	Activities Test. Answer (a) and (b) 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		
h				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? 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.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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Sect	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to underdistributions of prior years Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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

Schedule A (Form 990 or 990-EZ) 2018

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

Employer identification number

LAUREL LAKE RETIREMENT COMMUNITY 34-1481142						
Organization type (check o	ne):	31 1101112				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
Check if your organization	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributed or property) from any one contributor. Complete Parts I and II. See instruction contributions.					
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.0	or 990-EZ), Part II, line s of the greater of (1)				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
=	at isn't covered by the General Rule and/or the Special Rules doesn't file Schoolst answer "No" on Part IV, line 2, of its Form 990; or check the box on line	*				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number 34-1481142

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$221,496.	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

Employer identification number 34-1481142

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

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

Name of or	ganization LAUREL LAKE RETIREMENT	COMMUNITY		Employer identification number			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any one co ons completing Part III, ent e year. (Enter this informat	entributor. Cor er the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
<u> Parti</u>							
	Transferee's name, address, ar	(e) Transfer of gift		nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gift		nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number LAUREL LAKE RETIREMENT COMMUNITY 34-1481142 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 1. 2a а 45.00 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1.

▶ \$

Schedule D (Form 990) 2018 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 are a significant use of its collection items (check all that apply): а Public exhibition Loan or exchange programs Scholarly research Other b 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c e 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 **b** Contributions 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 ▶ **b** Permanent endowment ▶ Temporarily restricted 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) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.						
Part VI Land, Buildings, and Equipment Complete if the organization and	·					
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation						
1a Land		3,598,580.		3,598,580		
b Buildings		70,607,477.	12,565,539.	58,041,938		
c Leasehold improvements.						
d Equipment		4,596,043.	821,347.	3,774,696		
e Other 3,824,961. 2,770,953. 1,054,008.						
otal. 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 IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:

Schedule D (Form 990) 2018

Part VII		l "Yes" on Form 990	0, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
I are viii	Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(4)	()	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	umn (b) must equal Form 990, Part X, col. (B) l	ino 15)	L
Part X	Other Liabilities.		00, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	lue
	ral income taxes	(4, 44	
	UED REAL ESTATE TAX	1,038,	,063.
(3) REFU	NDABLE ENTRANCE FEES	2,059,	
(4) SECU	RITY DEPOSITS	2,024,	,859.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,122,	,304.

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

JSA 8E1270 1.000 7085HV K369 074502 Page 3

Schedule D (Form 990) 2018 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	T age -
		1	
1 2	Total revenue, gains, and other support per audited financial statements		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	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.)		
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>5</u>	
rait.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	111.	
	· · · · · · · · · · · · · · · · · · ·	1	
1	Total expenses and losses per audited financial statements	•	
2	Donated services and use of facilities		
a b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt \/	ing 1: Part V line
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn		
	DULE D, PART II, LINE 9		
DCIII.	DODE D, TAKI II, DINE D		
CONS	ERVATION EASEMENTS FINANCIAL REPORTING: LAUREL LAKE DOES NOT REPORT		
ANY .	AMOUNTS IN THE FINANCIAL STATEMENTS SINCE THE EASEMENT IS ONLY A		
COMM	ITMENT NOT TO BUILD ON WETLAND AREAS.		

JSA 8E1271 1.000 Schedule D (Form 990) 2018

7085HV K369 074502

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

LAUREL LAKE RETIREMENT COMMUNITY Part I Questions Regarding Compensation Employer identification number 34-1481142

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
·u	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 réimbursement 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	1.0		
-	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 filing 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
C	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.			
	The second and the second and process are approximated and approximated an			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID OSTER	(i)	274,763.	25,000.	0.	8,490.	18,509.	326,762.	0.
1 PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

SCHEDULE K (Form 990)

Department of the Treasury

Part I Bond Issues

Internal Revenue Service

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.

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

Name of the organization

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number LAUREL LAKE RETIREMENT COMMUNITY 34-1481142

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e) Is	sue price	price (f) Description of purpose			rpose (g) Defease			On alf of uer	(i) Po finan	
									Yes	No	Yes	No	Yes	No
A COUNTY OF SUMMIT OHIO	34-6002767	86605HBA7	12/30/20	13 14	1,280,000.	TO FINANCE	PROJECTS OF	LLRC		х		Х		Х
В														
С														
D														
Part II Proceeds														_
					Α		В		C			D		
1 Amount of bonds retired				5,8	395,000									
2 Amount of bonds legally defeased														
3 Total proceeds of issue				14,2	280,000									
	4 Gross proceeds in reserve funds													
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 .				13,2	224,199									
10 Capital expenditures from proceeds														
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion				201	. 3									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refu														
if issued prior to 2018, a current refunding issued	ue)?				X									
15 Were the bonds issued as part of a ref	unding issue of ta	xable bond	ds (or, if											
issued prior to 2018, an advance refunding iss	ue)?				X									
16 Has the final allocation of proceeds been made				Х										
17 Does the organization maintain adequate	books and recor	ds to sup	port the	Х										
final allocation of proceeds?				Λ										

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

Schedule K (Form 990) 2018

7085HV K369 074502

Schedule K (Form 990) 2018

Pa	rt III Private Business Use SU	MMIT CC	UNTY, OH	IO					
			Α		В	(Г	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
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 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		%		%		%		%
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?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	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?	X							
Pa	rt IV Arbitrage								
			Α	1	В	(D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?	Х							
b	Exception to rebate?		X						
С	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Page 3

Arbitrage (Continued)

Pallet Arbitrage (Continued)		A	ı	В		C	ı)	
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									
		A		В		C	D		
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 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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 34-1481142

LAUREL LAKE RETIREMENT COMMUNITY

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 FINANCE AND AUDIT COMMITTEES 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 BOARD OF DIRECTORS WHEN

DETERMINING MR. OSTER'S COMPENSATION. THIS ANALYSIS WAS PERFORMED IN

2014 AT THE EFFECTIVE DATE OF THE CURRENT THREE-YEAR CONTRACT.

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

FORM 990, PART VI, SECTION B, LINE 15B A COMPENSATION ANALYSIS WAS PERFORMED FOR THE CHIEF FINANCIAL OFFICER IN JANUARY 2014.

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 ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

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

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	760,212.
TED KNIGHT AND SONS CONSTRUCTION 620 TEREX RD HUDSON, OH 44236	CONSTRUCTION	497,090.
AUGERE CONSTRUCTION COMPANY 115 EXECUTIVE PKWY, #2 HUDSON, OH 44236	CONSTRUCTION	440,508.

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

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

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION

AMERICAN MEDICAL PERSONNEL NURSING STAFF 235,004.

1428 EDISON STREET NW HARTVILLE, OH 44632

GEOPFERT COMPANY CONSTRUCTION 213,232.

1024 HOME AVENUE AKRON, OH 44310

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID EXPENSES 700,403.

TOTALS 700,403.

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

ENDING DESCRIPTION BOOK VALUE

DEFERRED ENTRANCE FEES 29,665,661.

TOTALS 29,665,661.

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

OMB No. 1545-0047 Open to Public Inspection

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
					Yes	No
RECEIVE CHARI	ОН	501(C)(3)	12-TYPE I	LAUREL LAKE	X	
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) entity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
<u>(7)</u>														

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

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

Schedule R (Form 990) 2018

Yes No

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

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				та		
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	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
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
,	25000 of facilities, equipment, of earlier according to facilities of game at only (7).						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ï	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				1р		X
-	Reimbursement paid by related organization(s) for expenses				1q		X
•							
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	his line, including cove	red relationships and trans	action thre	shold	s.	
	(a)	_ (b)	(c)	(d) Method of determining			
	Name of related organization	Transaction type (a-s)	Amount involved		of dete Int invo		g
		ιγρο (α ο)					
(1)	LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION	С	221,496.	FMV			
(2)							
(3)							
(4)							
(5)							
(5)							—
(6)							
			Scl	hedule R (I	Form	990) 2	2018
SA			001		J	-00, 2	

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

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Part VII

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

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