Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Inspection

| A F | or th | e 201 | 9 calendar year, or tax year begii | nning | , 2019 | , and er | nding | | | , 20 |) | |
|-----------------------------|---------------------|----------------------|---|--|--------------------------------|--------------------------|-------------------------------|-----------------------------------|-----------------|-----------|--------------|--------------|
| В с | heck if ap | nlicable: | C Name of organization | | | | | D Employer ide | entificatio | n num | ber | |
| | _ | | LAUREL LAKE RETIREMEN' | T COMMUNITY | | | | | | | | |
| | Addre chang | e e | Doing Business As | | | Room/su | | 34-1481 | | | | |
| | Name | change | Number and street (or P.O. box if mail is | E Telephone n | | | | | | | | |
| | Initial | return | 200 LAUREL LAKE DRIVE | | | | | (330) 65 | <u>0-068</u> | 1 | | |
| | Termi | | City or town, state or province, country, a | and ZIP or foreign postal code | ! | | | | | | | |
| | Amen return | | HUDSON, OH 44236 | | | | | G Gross receip | | | 803 | <u>,959.</u> |
| | Applio pendi | | F Name and address of principal officer: | DAVID A. OSTE | | | | H(a) Is this a grown subordinates | | r 🖳 | Yes | X No |
| | | | 200 LAUREL LAKE DRIVE | , HUDSON, OH 44 | 236 | | | H(b) Are all subord | inates included | d? | Yes | No |
| | | empt st | 1 |) (insert no.) | 4947(a)(1) | or | 527 | If "No," attac | th a list. (see | e instruc | tions) | |
| | | | WWW.LAURELLAKE.ORG | | | | | H(c) Group exem | | | | |
| | | of organ | ization: X Corporation Trust | Association Other | • | L Ye | ear of format | tion: 1989 M | State of le | egal dor | micile: | OH |
| Pa | art I | | mmary | | | | | | | | | |
| | 1 | Briefly | describe the organization's mission o | r most significant activities | : A RET | IREMEN | T COMM | UNITY OF | CHOIC! | E FO | R | |
| çe | | ADU: | LTS WHO ASPIRE TO LEAD I | LIVES FILLED WIT | TH MEAN | ING, E | PURPOSE | ., AND | | | | |
| nan | | LIF | ELONG OPPORTUNITIES FOR | GROWTH AND SERV | /ICE. | | | | | | | |
| Governance | | | this box 🕨 🔛 if the organization d | • | • | | | | S. | | | |
| ő | 3 | Numb | er of voting members of the governing | body (Part VI, line 1a) | | | | | 3 | | | 12. |
| οδ (γ | | | er of independent voting members of t | | | | | | 4 | | | 12. |
| ıitie. | | | number of individuals employed in cale | | | | | | 5 | | | 457. |
| Activities & | 6 | Total | number of volunteers (estimate if neces | sary) | | | | | 6 | | | 245. |
| ⋖ | | | unrelated business revenue from Part V | | | | | | 7a | | | ,195 |
| | b | Net ur | nrelated business taxable income from | Form 990-T, line 34 | | | | | 7b | | | ,165 |
| | | | | | | | | Prior Year | | Curr | ent Ye | |
| <u>e</u> | 8 | Contri | butions and grants (Part VIII, line 1h) | | COR | Y FOR | $\neg dash$ | 462,64 | | | | ,654 |
| enr | 9 | | am service revenue (Part VIII, line 2g) | | PUBLIC IN | | ON | 25,103,70 | | 24 | | ,721 |
| Revenue | | | ment income (Part VIII, column (A), line | | | | | 778,79 | | | 438 | ,588 |
| _ | 11 | | revenue (Part VIII, column (A), lines 5, | | | | | | 0. | | | 0 |
| | 12 | | revenue - add lines 8 through 11 (must | | | | | 26,345,14 | | 24 | , 879 | ,963 |
| | | | s and similar amounts paid (Part IX, col | | | | | | 0. | | | 0 |
| | | | its paid to or for members (Part IX, colu | | | | | | 0. | | | 0 |
| es | | | es, other compensation, employee ben- | | | | | 9,920,81 | | 10 | , 189 | ,138 |
| Expenses | | | ssional fundraising fees (Part IX, column | | | | | | 0. | | | 0 |
| Ϋ́ | | | fundraising expenses (Part IX, column (| | |). | | 10 556 60 | | - 10 | | |
| _ | | | expenses (Part IX, column (A), lines 11 | | | | | 13,576,68 | | | | ,729 |
| | | | expenses. Add lines 13-17 (must equal | | | | | 23,497,50 | | | | ,867 |
| _ v | 19 | Rever | nue less expenses. Subtract line 18 fron | n line 12 | <u> </u> | | | 2,847,64 | | | | ,096 |
| ts o | | | | | | | Begin | ning of Current | | | of Yea | |
| Net Assets or Fund Balances | 20 | | | | | | | 85,678,01 | | | - | ,260 |
| nd E | 21 | | liabilities (Part X, line 26) | | | | | 71,096,65 | | | | ,840 |
| <u> 같</u> | 22 | | ssets or fund balances. Subtract line 21 | I from line 20 | | | | 14,581,36 | . / . | Τ6 | , 115 | ,420 |
| | rt II | | gnature Block | | | | | | | | | P. 6. 24. 1 |
| true | der per e, corre | iaities c ct, and | of perjury, I declare that I have examined th complete. Declaration of preparer (other than | ils return, including accompa n officer) is based on all infori | anying schedi mation of whi | ules and s ich prepar | tatements, a er has any ki | and to the best of nowledge. | my know | vieage | and be | lief, it is |
| | | | | | | | | | | | | |
| Sig | n | | Signature of officer | | | | | Date | | | | |
| Hei | | | Orginature of officer | | | | | Date | | | | |
| | | | Type or print name and title | | | | | | | | | |
| | | | Type preparer's name | Preparer's signature | | Date | | | ; PTIN | 1 | | |
| Paic | ı | | CY L BENDER, CPA | 1 Toparor 3 Signature | | Date | | Check self-employ | J " | 1048 | 1111 | |
| Pre | oarer | | | | | | | | | | | |
| Use | Only | | s name | | 440.65 | | | | 34-16 216-8 | | | |
| N/a: | the !! | | saddress > 23240 CHAGRIN BLVD., SU | | | | | | | | | |
| | | | cuss this return with the preparer show | | <i></i> | | | | <u> L</u> | X Ye | | No |
| ror | rape | work | Reduction Act Notice, see the separat | te mstructions. | | | | | | ⊢orn | コララし | (2019) |

| Pa | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|----------|--|
| 1 | Briefly describe the organization's mission: |
| | ATTACHMENT 1 |
| | |
| | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b |
| | 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. |
| | (Code:) (Expenses \$8,726,413. including grants of \$) (Revenue \$12,831,522) |
| | |
| | |
| | EDUCATIONAL AND ENTERTAINMENT ACTIVITIES. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 9,430.947, including grants of \$) (Revenue \$ 7,724.635,) |
| | PROVIDE SKILLED NURSING LONG-TERM CARE FOR RESIDENTS TO INCLUDE |
| | HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Code:) (Expenses \$3,556,110. including grants of \$) (Revenue \$3,508,369.) |
| | |
| | HOUSING, MEALS, ENVIROMENTIAL SERVICES, AND ACTIVITIES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Expenses 4 including digits on 4) (Vesening 4) |
| 4b 4c | LIFE PLAN COMMUNITY THAT PROVIDES AN ACTIVE RETIREMENT LIFESTYLE. THE COMMUNITY PROVIDES HOUSEKEEPING, ENVIRONMENTAL SERVICES, EDUCATIONAL AND ENTERTAINMENT ACTIVITIES. (Code:)(Expenses 9,430,947. including grants of)(Revenue 7,724,635.) PROVIDE SKILLED NURSING LONG-TERM CARE FOR RESIDENTS TO INCLUDE HOUSING, MEALS, ENVIRONMENTAL SERVICES, AND ACTIVITIES. |

4e Total program service expenses ► 21,713,470.

JSA
9E1020 2.000
7085HV K369

| Part | V Checklist of Required Schedules | | | |
|------|---|----------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | X | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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 | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | v |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | v |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 4.0 | | Х |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Λ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 4-7 | | Х |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Λ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | | Х |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Λ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 40 | | Х |
| 20 - | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 24 | | Х |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | |

| Form 9 | 90 (2019) | | F | Page 4 |
|--------|---|-----|-----|--------|
| 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 | | Х | |
| 24.0 | employees? If "Yes," complete Schedule J. | 23 | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | Х | |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| · | to defease any tax-exempt bonds? | 24c | | Х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| | 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | Х |
| L | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 21 |
| C | "Yes," complete Schedule L, Part IV | 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 | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | ან | | |
| ı aıı | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Chook is conclude a contained a response of note to any line in this fact v | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| - | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 457 Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 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 on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?.............................. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

Form 990 (2019) Page **6**

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

| Sect | ion A. Governing Body and Management | | | |
|-------|--|-------|--------|--------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | 37 |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 37 |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | 3.7 |
| | 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: | | 3.5 | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | , | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | _ | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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 | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ ○H, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | 「(Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | inter | est p | olicy, |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record DAVID A. OSTER 200 LAUREL LAKE DRIVE HUDSON, OH 44236 | ls ▶ | | |

JSA Form **990** (2019)

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos neck ss pe | rson | e than construction is both confusion employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|---|------|-------|----------------------|------|--|----|--|--|--|
| (1)DAVID OSTER | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | .50 | | | Х | | | | 300,034. | 0. | 28,734. |
| (2)LORETTA STEVENS | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 0. | | | Х | | | | 134,281. | 0. | 5,800. |
| (3)JANA STROCK | 40.00 | | | | | | | | | |
| NURSING HOME ADMINISTRATOR | 0. | | | | | Х | | 101,630. | 0. | 4,065. |
| (4) STEPHANIE FALLCREEK | 4.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (5) MICHAEL DENK | .50 | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0. |
| (6)LIZ MURPHY | 2.00 | | | | | | | | | |
| VICE CHAIR | .50 | Х | | Х | | | | 0. | 0. | 0. |
| (7) KATHLEEN HOOVER | 4.00 | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (8) WILLIAM YOUNG | .50 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0. |
| (9) DAVID WILLIAMS | .50 | | | | | | | | | |
| RESIDENT TRUSTEE | 0. | X | | | | | | 0. | 0. | 0. |
| (10) JOHN MULLIGAN | 8.00 | | | | | | | | | |
| CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (11) CLINTON SIMMONS | .50 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0. |
| (12) JOHN JANOCH | 2.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0. |
| (13) JANE WAGER | .50 | | | | | | | | | |
| RESIDENT TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0. |
| (14) LYNN MILD | .50 | | | | | | | | | |
| RESIDENT TRUSTEE | 0. | X | | | | | | 0. | 0. | 0. |

Form **990** (2019)

7085HV K369

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plc | ye | es, | and I | lig | hest Compensat | ed Employees (d | continue | d) | |
|--|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-------------|--------------------------------------|--|-----------------|--|-----|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles | Pos heck ss pe | erson | e than o | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | Est amo o | (F) imated ount of other ensatio | on |
| | 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) | orga and | m the nizatior related nization | |
| 15) PETER GOHEEN | .50 | - 37 | | | | | | 0 | 0 | | | |
| RESIDENT TRUSTEE | 0. | X | | | | | | 0 | 0. | | | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 535,945. | 0. | | 38,5 | 99. |
| c Total from continuation sheets to Part VII, S | - | | | | | | > | 535,945. | 0. | | 20 E | 0. |
| d Total (add lines 1b and 1c) | | | | | | | o re | · | | | 38,5 | 99. |
| reportable compensation from the organizatio | | | 3 | uui | DOV | <i>5)</i> Wiid | 5 10 | beeved more than | φ100,000 01 | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the organization and related organizations graindividual | eater than | \$15 | 0,0 | 00? | . If | "Yes | s," | complete Schedu | le J for such | 4 | Х | |
| 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 |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest com- compensation 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 ▶ 8

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Part VIII Statement of Revenue

| | | Check if Schedule O contains a respor | se or note to ar | ny line in this Part V | / | | |
|--|---------------|---|------------------|------------------------|--|--------------------------------------|---|
| | | · | | (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 | Federated campaigns 1a Membership dues 1b | | | | | |
| S, (| С | Fundraising events 1c | | | | | |
| la git | d | Related organizations 1d | 327,116. | | | | |
| im. | e | Government grants (contributions) 1e | | | | | |
| ti S | Ť | All other contributions, gifts, grants, and similar amounts not included above . 1f | 22,538. | | | | |
| ibu | ~ | Noncash contributions included in | 22,330. | | | | |
| dot | g | lines 1a-1f 1g | \$ | | | | |
| a C | h | Total. Add lines 1a-1f | | 349,654. | | | |
| | | | Business Code | | | | |
| <u>:</u> | 2a | ANCILLARY SERVICES REVENUE | 900099 | 1,959,951. | 1,959,951. | | |
| Program Service Revenue | b | RESIDENT SERVICES | 623000 | 20,565,214. | 20,565,214. | | |
| n en | С | INCOME FROM ACTIVITIES | 900099 | 1,566,556. | 1,539,361. | 27,195. | |
| rar Sev | d | | | | | | |
| Š_ | е | | | | | | |
| • | f | All other program service revenue | | | | | |
| | <u>g</u> | Total. Add lines 2a-2f | | 24,091,721. | | | |
| | 3 | Investment income (including dividends, | | 271,166. | | | 271,166. |
| | 4 | other similar amounts) | | 0. | | | 27171001 |
| | 5 | Royalties | • | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 8,091,418. | | | | | |
| nu | b | Less: cost or other basis and sales expenses 7,923,996. | | | | | |
| Revenue | С | and sales expenses 7b 7,923,996. Gain or (loss) 7c 167,422. | | | | | |
| | d | Net gain or (loss) | | 167,422. | | | 167,422. |
| Other | 8a | Gross income from fundraising | | | | | |
| ō | ou | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 0. | | | | |
| | b | Less: direct expenses | 0. | | | | |
| | С | Net income or (loss) from fundraising events. | <u></u> | 0. | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | 0. | | | | |
| | b | Less: direct expenses 9b | 0. | | | | |
| | С | Net income or (loss) from gaming activities. | <u></u> | 0. | | | |
| | 10a | Gross sales of inventory, less | 0. | | | | |
| | J- | returns and allowances | 0. | | | | |
| | b c | Less: cost of goods sold Net income or (loss) from sales of inventory | | 0. | | | |
| တ | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | |
| lan | b | | | | | | |
| Se l | С | | | | | | |
| Mis Figure | d | All other revenue | | | | | |
| | | Total Add lines 11a-11d | | 0. | 24 064 526 | 27 105 | 439 500 |
| JSA | 12 | Total revenue. See instructions | | 24,879,963. | 24,064,526. | 27,195. | 438,588. Form 990 (2019) |
| 9E105 | 1 2.000 70 | 85HV K369 | | | 074502 | | . 5 566 (2010) |

Part IX Statement of Functional Expenses

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

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|---|--|-----------------------|---------------------|------------------|-------------|--|--|--|--|
| <u></u> | | | | | | | | | |
| | 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | Management and | Fundraising | | | | |
| | | | expenses | general expenses | 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 | 300,034. | 272,131. | 27,903. | | | | | |
| 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 | 7,755,832. | 7,034,539. | 721,293. | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 85,390. | 77,449. | 7,941. | | | | | |
| 9 | Other employee benefits | 1,387,743. | 1,258,683. | 129,060. | | | | | |
| 10 | Payroll taxes | 660,139. | 598,746. | 61,393. | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | |
| а | Management | 0. | | | | | | | |
| | Legal | 20,822. | 18,886. | 1,936. | | | | | |
| c | Accounting | 0. | | | | | | | |
| | Lobbying | 0. | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17. | 0. | | | | | | | |
| 1 | Investment management fees | 0. | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 1,927,851. | 1,748,560. | 179,291. | | | | | |
| 12 | Advertising and promotion | 175,791. | 159,442. | 16,349. | | | | | |
| 13 | Office expenses | 415,265. | 376,646. | 38,619. | | | | | |
| 14 | Information technology | 288,037. | 261,250. | 26,787. | | | | | |
| 15 | Royalties | 0. | | | | | | | |
| 16 | Occupancy | 3,261,640. | 2,958,308. | 303,332. | | | | | |
| 17 | Travel | 64,013. | 58,060. | 5,953. | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | 0. | | | | | | | |
| 19 | Conferences, conventions, and meetings | 37,716. | 34,209. | 3,507. | | | | | |
| 20 | Interest | 1,478,393. | 1,340,902. | 137,491. | | | | | |
| 21 | Payments to affiliates | 0. | 2 2/5 525 | 242 227 | | | | | |
| 22 | Depreciation, depletion, and amortization | 3,688,569. | 3,345,532. | 343,037. | | | | | |
| 23 | Insurance | 368,357. | 334,099. | 34,258. | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 1 040 065 | 1 122 522 | 116 045 | | | | | |
| | DIETARY COSTS | 1,249,967. | 1,133,720. | 116,247. | | | | | |
| - | FRANCHISE FEE | 354,961. | 354,961. | | | | | | |
| - | MEDICAL SUPPLIES | 302,259. | 302,259. | | | | | | |
| _ | BAD DEBT EXPENSE | 45,088. | 45,088. | | | | | | |
| | All other expenses | 22 067 067 | 21 712 470 | 2 154 207 | | | | | |
| | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 23,867,867. | 21,713,470. | 2,154,397. | | | | | |
| 20 | organization reported in column (B) joint costs | | | | | | | | |
| | from a combined educational campaign and | | | | | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0. | | | | | | | |
| _ | Tollowing 501 30-2 (A50 350-720) | 0. | | | | | | | |

Form 990 (2019)
Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
|---------------|----|--|--------------------------|------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 3,505,799. | 1 | 2,569,782. |
| | 2 | Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 1,381,163. | 4 | 1,087,784. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| Ś | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| As | 9 | Prepaid expenses and deferred charges ATCH . 3 | 700,403. | 9 | 569,751. |
| | _ | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 84,943,535. | | | |
| | b | Less: accumulated depreciation | 66,469,222. | 10c | 65,126,070. |
| | 11 | Investments - publicly traded securities | 11,689,112. | 11 | 18,043,878. |
| | 12 | Investments - other securities. See Part IV, line 11 | 94,308. | 12 | 364,808. |
| | 13 | Investments - program-related. See Part IV, line 11. | 0. | 13 | 0. |
| | 14 | Intangible assets | 1,500,000. | 14 | 1,500,000. |
| | 15 | Other assets. See Part IV, line 11 | 338,011. | 15 | 348,187. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 85,678,018. | 16 | 89,610,260. |
| _ | 17 | Accounts payable and accrued expenses | 2,002,019. | 17 | 3,152,914. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 29,665,661. | 19 | 31,993,124. |
| | 20 | Tax-exempt bond liabilities. | 8,385,000. | 20 | 8,105,000. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | 0. |
| (0 | 22 | Loans and other payables to any current or former officer, director, | <u> </u> | 21 | J. |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iii | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | 25,921,667. | 23 | 25,049,167. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | <u> </u> | 24 | · · |
| | 23 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 5,122,304. | 25 | 5,194,635. |
| | 26 | Total liabilities. Add lines 17 through 25 | 71,096,651. | 26 | 73,494,840. |
| | 25 | Organizations that follow FASB ASC 958, check here ► X | . = , , | 20 | 12,252,3201 |
| Fund Balances | | and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | 14,581,367. | 27 | 16,115,420. |
| Ba | 28 | Net assets with donor restrictions. | 0. | 28 | 0. |
| pu | | Organizations that do not follow FASB ASC 958, check here ▶ | | | |
| Ŀ | | and complete lines 29 through 33. | | | |
| Assets or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ¥. | 32 | Total net assets or fund balances | 14,581,367. | 32 | 16,115,420. |
| Net | 33 | Total liabilities and net assets/fund balances | 85,678,018. | 33 | 89,610,260. |
| _ | | | ,,, | _ 55 | Form 990 (2019) |

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| Part | XI Reconciliation of Net Assets | | | | | _ |
|------|--|--------|------|------|------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 24,8 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 23,8 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 12,0 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 14,5 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 5 | 21,9 | 957. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 16,1 | 15,4 | 20. |
| Part | XII Financial Statements and Reporting | | | | | |
| | 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," ex | xplair | 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 com- | piled | lor | | | |
| | reviewed on a separate basis, consolidated basis, or both: | • | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Χ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | rsiah | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | _ | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in | the | | | |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | erao | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au | _ | | 3b | | |
| | | | | Form | 990 | (2019) |

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------|---|---------------------|-----------------|----------|----------|-----------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | (-) 2015 | (b) 2016 | (a) 2017 | (4) 2040 | (=) 2010 | (f) Total |
| _ | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | <u> </u> | | | | | |
| Sec | tion C. Computation of Public Sup | | • | | | T T | |
| 14 | Public support percentage for 2019 (li | | | | | | <u>%</u> |
| 15 | Public support percentage from 2018 | | | | | 15 | <u>%</u> |
| 16a | 331/3% support test - 2019. If the or | = | | | | | |
| | box and stop here. The organization q | | | | | | |
| D | 331/3% support test - 2018. If the organization | | | | | | |
| 172 | this box and stop here . The organization 10%-facts-and-circumstances test - 2 | | | _ | | | |
| 114 | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets t | | | | | - | - |
| | organization | | | = | = | - | ▶ □ |
| h | 10%-facts-and-circumstances test - 2 | | | | | | and line |
| | 15 is 10% or more, and if the organism of the | | • | | | | |
| | Explain in Part VI how the organizati | | | | | | - |
| | supported organization | | | | _ | = - | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|-------|--|-----------------|-----------------|----------------|-----------------|------------------|--------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 596,508. | 265,349. | 1,890,616. | 462,648. | 349,654. | 3,564,775. |
| 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 | 23,970,453. | 24,269,566. | 24,430,524. | 25,103,701. | 24,064,526. | 121,838,770. |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | 0. |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 24,566,961. | 24,534,915. | 26,321,140. | 25,566,349. | 24,414,180. | 125,403,545. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| С | Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 125,403,545. |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 24,566,961. | 24,534,915. | 26,321,140. | 25,566,349. | 24,414,180. | 125,403,545. |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,382. | 124,595. | 237,227. | 265,242. | 271,166. | 899,612. |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | 27,195. | 27,195. |
| С | Add lines 10a and 10b | 1,382. | 124,595. | 237,227. | 265,242. | 298,361. | 926,807. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | 0. |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 24,568,343. | 24,659,510. | 26,558,367. | 25,831,591. | 24,712,541. | 126,330,352. |
| 14 | First five years. If the Form 990 is f | • | • | | • | | ` ` ` ` _ |
| | organization, check this box and stop here | | | | | | ▶ 🔼 |
| | tion C. Computation of Public Sup | | | | | T | |
| 15 | Public support percentage for 2019 (line 8 | | | | | 15 | 99.27% |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | 99.50% |
| Sec | tion D. Computation of Investmen | t Income Perc | entage | | | T | |
| 17 | Investment income percentage for 2019 (lin | | | | | 17 | .73% |
| 18 | Investment income percentage from 2018 | | | | | 18 | .50% |
| 19 a | 331/3% support tests - 2019. If the or | - | | | | | |
| | 17 is not more than 331/3%, check th | - | - | • | | | |
| b | 331/3% support tests - 2018. If the orga | | | | | | |
| | line 18 is not more than $331/3\%$, check | | | • | . , | | |
| 20 | Private foundation. If the organization of | did not check a | box on line 14 | , 19a, or 19b, | check this box | and see instruct | tions 🕨 |

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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.)

Se

| Secti | on A. All Supporting Organizations | | | |
|-------|--|-----|-----|----|
| | | | Yes | No |
| 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 | | |
| 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. | 3c | | |
| 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 | | |
| 5а | | 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</i> "Yes," <i>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? <i>If "Yes," provide detail in Part VI.</i> | 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 | | |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If</i> "Yes," <i>answer 10b below.</i> | 10a | | |

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

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10b

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

determine whether the organization had excess business holdings.)

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| 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 | | | |
| 4 | Did the experimetion provide to each of its supported experimetions, by the local day of the fifth month of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | |
| | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | structi | ons). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| 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 | 2- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 26 | | |
| _ | | 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? <i>Provide details in Part VI.</i> | 30 | | |
| L | • | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard. | 3b | | |

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

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| Secti | ion D - Distributions | | , | Current Year |
|---------------|--|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | | Current rear | |
| | Amounts paid to perform activity that directly furthers exer | | | |
| _ | organizations, in excess of income from activity | inpr parpoded or support | ou | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | rations | |
| 4 | Amounts paid to acquire exempt-use assets | ood of dapported organiz | | |
| <u>.</u> | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| _3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| <u>i</u> | Carryover from 2014 not applied (see instructions) | | | |
| J_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from | | | |
| 4 | | | | |
| a | Section D, line 7: \$ Applied to underdistributions of prior years | | | |
| <u>a</u> b | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| _ | Remaining underdistributions for years prior to 2019, if | | | |
| Ū | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| <u>e</u> | Excess from 2019 | | | |

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

Schedule A (Form 990 or 990-EZ) 2019

9E1232 1.000 7085HV K369 074502

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2019

Employer identification number

| LAUREL LAKE RETIREMENT | COMMUNITY | 34-1481142 | | | |
|--|---|--|--|--|--|
| Organization type (check one): | | | | | |
| 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 fou | ndation | | | |
| | 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundat | ion | | | |
| | 501(c)(3) taxable private foundation | | | | |
| · - | vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S | Special Rule. See | | | |
| General Rule | | | | | |
| | ng Form 990, 990-EZ, or 990-PF that received, during the year, contribuoroperty) from any one contributor. Complete Parts I and II. See instruction tributions. | | | | |
| Special Rules | | | | | |
| regulations under sect 13, 16a, or 16b, and tl | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 on the received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. C | 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, II, and III. | | | | | |
| contributor, during the contributions totaled m during the year for an General Rule applies t | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but nore than \$1,000. If this box is checked, enter here the total contributions <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the pothis organization because it received <i>nonexclusively</i> religious, charitable reduring the year | at no such s that were received coarts unless the s, etc., contributions | | | |
| Caution: An organization that isr | n't covered by the General Rule and/or the Special Rules doesn't file Sche | edule B (Form 990, | | | |

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

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

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

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

Name of organization LAUREL LAKE RETIREMENT COMMUNITY

Employer identification number 34-1481142

| (a) | (b) | (c) Total contributions | (d) |
|-----|----------------------------|-------------------------|--|
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ \$ 327,116. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization 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 o | rganization LAUREL LAKE RETIREMENT | COMMUNITY | | Employer identification number | | | |
|---------------------------|--|---|--|--|--|--|--|
| Dorf III | Evaluai valuai augus abayitahla ata | aantributiana ta arga | sinations describ | 34-1481142 | | | |
| 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 th Use duplicate copies of Part III if addit | the year from any one ons completing Part III, e year. (Enter this inforr | e contributor. Con enter the total of e | nplete columns (a) through (e) and exclusively religious, charitable, etc. | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held | | | |
| Part I | | (0,000) | | (e) 2 conputer of the gardeness | | | |
| | | (e) Transfer of | gift | | | | |
| | Transferee's name, address, at | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (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 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u>,</u> | | | | |
| (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, a | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of | gift | | | | |
| | Transferee's name, address, at | 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. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

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

Schedule D (Form 990) 2019

3,762,828.

4,110,734.

1,010,745. 65,126,070.

56,241,763.

depreciation

15,284,177

3,774,300

758,988

(other) 3,762,828

71,525,940.

7,885,034.

1,769,733.

d Equipment........

b Buildingsc Leasehold improvements

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

(investment)

| Schedule D (F | Form 990) 2019 | Page 3 |
|---------------|---|------------|
| Part VII | Investments - Other Securities. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 | <u>)</u> . |

| Complete if the organization answered | res on Form 990 | r, Part IV, line 11b. See Form 990, Part A, line 12. |
|--|-----------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |

| Part VIII | Investments - | Program | Related. |
|-----------|---------------|----------------|----------|
| | | | |

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

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

Other Assets. Part IX

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

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

Part X Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value |
|------|--|----------------|
| (1) | Federal income taxes | |
| (2) | ACCRUED REAL ESTATE TAX | 1,108,420. |
| (3) | REFUNDABLE ENTRANCE FEES | 1,892,710. |
| (4) | SECURITY DEPOSITS | 2,193,505. |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Tota | I. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 5,194,635. |

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

Page 4

| Part 1 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|---------|--|----------|----------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn. | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | - | |
| b | Prior year adjustments | - | |
| С | Other losses | - | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | - | |
| b | Other (Describe in Part XIII.) | | |
| 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 | |
| | Supplemental Information. |)ort \/ | line 4: Dort V line |
| 2. Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | ran v, | line 4; Part X, line |
| | | 14110111 | |
| SCHE. | DULE D, PART II, LINE 9 | | |
| 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. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE J (Form 990)

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

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

Inspection Employer identification number

34-1481142

| Part | Questions Regarding Compensation | | | |
|------|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | Manus Calus Institute Annual Institute A | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | 1b | | |
| 2 | explain | 10 | | |
| 2 | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | | |
| _ | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee X Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| 3 | compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | |
| • | payments not described on lines 5 and 6? If "Yes," describe in Part III. | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

Schedule J (Form 990) 2019

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

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

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

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------|-------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| DAVID OSTER | (i) | 291,544. | 8,490. | 0. | | 17,077. | 328,768. | 0. |
| 1PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| _ 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| 16 | (II) | | | | | | | |

SCHEDULE K (Form 990)

Department of the Treasury

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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization LAUREL LAKE RETIREMENT COMMUNITY 34-1481142 Part I **Bond Issues**

| (a) Issuer name | | (b) Issuer EIN (c) CUSIP # (d) Date iss | | | ed (e) I | ssue price | (f) Description of purpose | | | | efeased | (h) beha issi | alf of | (i) Pool financi | |
|-----------------|---|---|-------------|------------|-----------------|---------------------|----------------------------|-------------|-------|-----|---------|---------------------|---------|---------------------|---|
| | | | | | | | | | | Yes | No | Yes | No | Yes | N |
| A cc | OUNTY OF SUMMIT OHIO | 34-6002767 | 86605HBA7 | 12/30/20 | 13 1 | 4,280,000. | TO FINANCE | PROJECTS OF | FLLRC | | Х | | Х | | Х |
| | | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | | | | <u> </u> | L |
| _ | | | | | | | | | | | | | | | |
| D | Duranda da | | | | | | | | | | | ш | | | L |
| Par | t Proceeds | | | | | Α | | D | | | | | | | _ |
| 4 | Amount of handa ratinad | | | - | 6 | A 175,000 | | В | | С | | | D | | _ |
| | Amount of bonds retired | | | | 0, | 173,000 | • | | | | | | | | _ |
| 3 | | | | | 1 4 | 280,000 | | | | | | | | | _ |
| 4 | | | | | | 461,813 | | | | | | | | | _ |
| 5 | Capitalized interest from proceeds | | | | | 308,388 | | | | | | | | | _ |
| 6 | Proceeds in refunding escrows | | | | | 300,300 | • | | | | | | | | _ |
| 7 | Issuance costs from proceeds | | | | | 285,600 | 1 | | | | | | | | _ |
| 8 | Credit enhancement from proceeds | | | | | 203,000 | • | | | | | | | | _ |
| 9 | Working capital expenditures from proceeds | | | | 13. | 224,199 | | | | | | | | | _ |
| 10 | Capital expenditures from proceeds | | | | | | • | | | | | | | | _ |
| 11 | Other spent proceeds | | | | | | | | | | | | | | _ |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | _ |
| 13 | Year of substantial completion | | | | 20 | 13 | | | | | | | | | _ |
| | , | | | | Yes | No | Yes | No | Yes | No | | Yes | | No | _ |
| 14 | Were the bonds issued as part of a refundi | ng issue of tax | x-exempt b | onds (or, | | | | | | | | | | | _ |
| | if issued prior to 2018, a current refunding issue) | ? | | | | Х | | | | | | | | | |
| 15 | Were the bonds issued as part of a refund | ing issue of ta | axable bond | ds (or, if | | | | | | | | | | | |
| | issued prior to 2018, an advance refunding issue) | | | | | X | | | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | | | X | | | | | | | | | | |
| 17 | Does the organization maintain adequate bo | ooks and reco | rds to sup | port the | | | | | | | | | | | |
| | final allocation of proceeds? | | | | X | | | | | | | | | | |
| For P | aperwork Reduction Act Notice, see the Instructions for | Form 990 | | | | | | - | • | | Sah | ا ماييام | V /Earr | ~ 000) | ~ |

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

Schedule K (Form 990) 2019

7085HV K369 074502

<u>Schedule K</u> (Form 990) 2019 Page **2**

| Par | t III Private Business Use SU | JMMIT CO | OUNTY, OH | IO | | | | | |
|-----|---|----------|-----------|-----|----|-----|----|-----|----|
| | | Α | | | В | | C | |) |
| 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? | | X | | | | | | |
| 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 | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | |
| | | | Α | | В | (| C | |) |
| 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? | | | | | | | | |
| а | Rebate not due yet? | X | | | | | | | |
| b | Exception to rebate? | | X | | | | | | |
| | 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? | X | | | | | | | |

Schedule K (Form 990) 2019

7085HV K369 074502

Schedule K (Form 990) 2019 Page 3

| Part IV Arbitrage (continued) | | | | | | | | |
|---|----------|-------------|-------------|--------------|-------|----|-----|----|
| | Α | | E | 3 | | С | | D |
| 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? | | X | | | | | | |
| 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? | | Х | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | X | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | ı | | | | | |
| | | A | | 3 | | 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? | Х | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to | guestion | ns on Sche | edule K. Se | ee instruc | tions | | | |
| Tark or | quodiioi | 10 011 0011 | <u> </u> | 30 III0II GO | | | | |
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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 **Open to Public** Inspection

34-1481142

Department of the Treasury Internal Revenue Service

LAUREL LAKE RETIREMENT COMMUNITY

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

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

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

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

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

THREE-YEAR CONTRACT.

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

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MAILED TO REQUESTORS. AUDITED FINANCIAL STATEMENTS ARE 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 THERAPY SERVICES 881,487. P.O. BOX 71985 CHICAGO, IL 60694-1985 TED KNIGHT AND SONS CONSTRUCTION CONSTRUCTION 371,699. 620 TEREX RD

HUDSON, OH 44236

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION AMERICAN MEDICAL PERSONNEL NURSING STAFF 469,783. 1428 EDISON STREET NW HARTVILLE, OH 44632 SENIOR PHARMACY SERVICES LTD PHARMACY PROVIDER 285,127. 34099 MELINZ PARKWAY EASTLAKE, OH 44095 INTELYCARE INC STAFFING PROVIDER 255,160. 1515 HANCOCK STREET, SUITE 203

ATTACHMENT 3

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE PREPAID EXPENSES 569,751.

569,751. TOTALS

FORM 990, PART X - DEFERRED REVENUE

QUINCY, MA 02169

ENDING DESCRIPTION BOOK VALUE

DEFERRED ENTRANCE FEES 31,993,124.

> TOTALS 31,993,124.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

LAUREL LAKE RETIREMENT COMMUNITY

34-1481142

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|----------------------------|---|---------------------|---------------------------|-------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| Part II Identification of Related Tax-Exempt Organizations. Comple one or more related tax-exempt organizations during the tax years. | te if the organization and | swered "Yes" on Fo | rm 990, Part I\ | /, line 34, becaus | e it had |

(a) (b) (d) **(g)** Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No LAUREL LAKE RETIREMENT COMMUNITY FNDN 34-1779303 HUDSON, OH 44236 200 LAUREL LAKE DRIVE 501(C)(3) LAUREL LAKE Χ RECEIVE CHARI 12-TYPE I (2) (3) (4) (5) (6) (7)

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 2

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. Part III

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

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. Part IV

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Section 512(b) control entity | on (13) lled /? |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|-------------------------------|--------------------------|
| (1) | | | | | | | | Yes N | |
| (2) | | | | | | | | | _ |
| (3) | | | | | | | | | _ |
| (4) (5) | | | | | | | | \vdash | _ |
| (6) | | | | | | | | \vdash | _ |
| <u>(7)</u> | | | | | | | | | _ |

Schedule R (Form 990) 2019

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | , | | Yes | No | |
|--|--|---------------------------|------------------------|-------------|----------------|--------|------|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more rela | ated organizations listed | in Parts II-IV? | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X | |
| | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х | |
| | Sale of assets to related organization(s) | | | | 1g | | X | |
| | Purchase of assets from related organization(s). | | | | 1h | | X | |
| ; | Exchange of assets with related organization(s). | | | | 1i | | X | |
| | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | | X | |
| J | Lease of facilities, equipment, of other assets to related organization(s) | | | | -, | | | |
| ı. | Lagge of facilities, equipment, or other access from related arganization(a) | | | | 1k | | Х | |
| | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | |
| | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | |
| | | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X | |
| | | | | | 1р | | Х | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | X | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | | |
| | | | | | | | 3.7 | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | _ | X | |
| <u>s</u> | Other transfer of cash or property from related organization(s). | | | | 1s | | X | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this | _ | | ction thres | | S | — | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | Method o | (d) of dete | rminin | q | |
| | | type (a-s) | | | nt invo | | , | |
| | | | | | | | | |
| 41 | I ALIDEL I AVE DESTREMENTS COMMUNITANY EQUADASTON | С | 327,116. | EMT 7 | | | | |
| 1) | LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION | C | 327,110. | FMV | | | — | |
| · 0` | | | | | | | | |
| 2) | | | | | | | | |
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| 3) | | | | | | | | |
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| 4) | | | | | | | | |
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| 5) | | | | | | | | |
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| 6) | | | | | | | | |
| | | | Cala | adula B /E | arm (| 1001 1 | 2040 | |

Schedule R (Form 990) 2019

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

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

| (a) Name, address, and EIN of entity | (a) (b) (c) Address, and EIN of entity Primary activity Legal (c) state of course. | | country) unrelated, excluded 501(| | | (e) (f) Are all partners section 501(c)(3) organizations? | | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|---|--|--|-----------------------------------|-----|----|---|--|-----------------------------------|----|---|---|----|--------------------------------|--|
| | | | sections 512-514) | Yes | No | | | Yes | No | , | Yes | No | | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
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| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (40) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |

Schedule R (Form 990) 2019 Page 5

Part VII

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