** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	2022 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identi	fication number
	Addres					
	Name change	Doing business as			37-174278	0
	Initial return Final return/	Number and street (or P.O. box if mail is not del 535 MOUNTAIN AVENUE	ivered to street address)	Room/suite	E Telephone numb 908-219-670	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	54,058,238.
Г	Ameno		3 1		H(a) Is this a group	return
	Applic tion	F Name and address of principal officer: ARNIE	SPEERT		for subordinate	
	pendir	g SAME AS C ABOVE			H(b) Are all subordinates	
Τ.	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
J١	Websit	e: WWW.NATIONALSENIORCAMPUSES.ORG			H(c) Group exempt	ion number
K	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 2013	M State of legal domicile: MD
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SENIORS THA	T
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.				
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net a	ssets.
ove	3	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			
	1 -	Number of independent voting members of the gov				
es		Total number of individuals employed in calendar y				
Ę		Total number of volunteers (estimate if necessary)				
Activities &		Total unrelated business revenue from Part VIII, co				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year	Current Year
ne	8	. (5 1)(111 1: 6)			911,500	
Revenue	9				36,963,013 11,135,871	
Re	10	Investment income (Part VIII, column (A), lines 3, 4,			137,969	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			49,148,353	'
		Total revenue - add lines 8 through 11 (must equal			49,140,333	
	1	Grants and similar amounts paid (Part IX, column (0	·
	15	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			14,323,082	<u> </u>
Expenses	162	Professional fundraising fees (Part IX, column (A), li			0	
en Se	h	Total fundraising expenses (Part IX, column (D), line		179.	•	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,			39,893,437	. 43,370,413.
		Total expenses. Add lines 13-17 (must equal Part I)			54,216,519	
		Revenue less expenses. Subtract line 18 from line			-5,068,166	
or or	3			Ве	ginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)			464,665,892	. 474,235,915.
ASS	21	Total liabilities (Part X, line 26)			489,599,640	. 505,727,998.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		-24,933,748	-31,492,083.
Pa	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of r	ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	·e	EILEEN ERSTAD, TREASURER				
		Type or print name and title			Data Lu	DTIN
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		,	JULIA FLANNERY, CPA	1	0/31/23 self-emp	· · · · · · · · · · · · · · · · · · ·
	parer	Firm's name RSM US LLP	711TMD 1400		Firm's EIN	52-2003375
Use	Only	Firm's address 100 INTERNATIONAL DRIVE, S	SUITE 1400			0.246.0200
		BALTIMORE, MD 21202			Phone no.41	0-246-9300
May	y the IF	RS discuss this return with the preparer shown abor	ve? See instructions			X Yes No

Form	m 990 (2022) LANTERN HILL, INC.	37-1742780	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
_		siala uusus mak liiskaal asa klaa	
2	Did the organization undertake any significant program services during the year w		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	Yes _A No
3	Did the organization cease conducting, or make significant changes in how it conducting.	duote, any program conjugac?	Yes X No
3	If "Yes," describe these changes on Schedule O.	ducts, any program services?	res ino
4	-	largest program conjugation as magazined by ever	20000
4	Describe the organization's program service accomplishments for each of its three		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of		rises, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 53,357,779. including grants of \$	4 851 \ /- ·	<i>1</i> 1 251 9 <i>1</i> 6
4a	LANTERN HILL PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WI	(Revenue \$	41,231,340.
	IN 438 INDEPENDENT LIVING UNITS, 42 ASSISTED LIVING UNITS AND		
	SKILLED NURSING BEDS. THE SERVICES WE PROVIDE TO OUR RESIDENT		
	BUT ARE NOT LIMITED TO HOUSING, FOOD, MEDICAL, SECURITY AND I		
		MAINIENANCE	
	SERVICES, RECREATIONAL AND PASTORAL ACTIVITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$	
	Total program service expenses 53,357,779.	, Thevenue w	

37-1742780

Form 990 (2022) Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			17
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		Х
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	Х	
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
4 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°		
19	,	19		Х
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on that by columnity y, into it: II fes, complete ochequie I, Parts I and II			

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LANTERN HILL, INC.

Part IV Checklist of Required Schedules (continued) 37-1742780 Page 4

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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	200		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule 0	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		 I ₋ -	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W2G included on line 13. Enter -0, if not applicable	-		
b	Litter the number of Forms w-2d included of line 1a. Litter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	y	
	(gambling) winnings to prize winners?	1c	X	Ь

Form 990 (2022)

LANTERN HILL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 37-1742780

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	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 and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		_ A
d		7e		х
e f	Did the constitution desired the constitution of the district the state of the stat	7 6 7f		x
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.1.		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed to price during the tay year?	11-		х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		 '`
15	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	1 + D		
13		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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LANTERN HILL, INC.

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records IBI KHAN - (410) 242-2880 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228

Form 990 (2022) LANTERN HILL, INC. 37-1742780 Page **7**

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

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

X

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 the instructions for the order in which to list the persons above.

(A)	(B)	Juga		((C)	.,,,	-	(D)	(E)	(F)
Name and title	Average	(do			ition	l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	n bei		1099-NEC)		and related
	below	/idual	Institutional trustee	Ja Ja	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CRAIG KARCZMER	40.00									
EXECUTIVE DIRECTOR				Х				263,443.	0.	18,100.
(2) REV. DR. ZINA JACQUE	0.10									
DIRECTOR	11.00	Х						0.	187,500.	0.
(3) EILEEN G. ERSTAD	0.10									
VICE CHAIR & VP/TREASURER	21.70	Х		Х				0.	161,875.	0.
(4) LINDA BECHTOLD	40.00									
DIRECTOR, NURSING						Х		137,153.	0.	14,578.
(5) MARY D. COLINS	0.10									
SECRETARY	7.70	Х		Х				0.	150,000.	0.
(6) E. MICHELLE BOHREER	0.00									
FORMER PRESIDENT							Х	0.	135,625.	0.
(7) STEPHANIE L. REEL	0.10									
DIRECTOR	9.10	Х						0.	134,315.	0.
(8) JUSTUS OSANO	40.00									
REGISTERED NURSE CHARGE NURSE						Х		110,832.	0.	13,392.
(9) KATHARYN BANKS	40.00									
SALES COUNSELOR						Х		117,438.	0.	345.
(10) CARLOS AGUILERA	40.00									
SENIOR SALES ASSOCIATE						Х		110,028.	0.	3,298.
(11) BARBARA C. BISGAIER	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(12) PAULETTE ANDERSON	40.00									
REGISTERED NURSE						Х		107,716.	0.	87.
(13) ALLISON ECKHARDT	40.00									
DIRECTOR OF FINANCE (THRU 6/17/22)				Х				97,569.	0.	5,186.
(14) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	7.20	Х						0.	100,000.	0.
(15) ARNOLD SPEERT	0.70									
PRESIDENT	5.60	Х		Х				0.	90,000.	0.
(16) C. JACKSON BAIN	0.10									
DIRECTOR	6.60	Х						0.	87,500.	0.
(17) PATRICIA M. BROWN	0.10]								
DIRECTOR (BEG 4/1/22)	7.10	Х						0.	76,833.	0.
										Form 990 (2022)

Form **990** (2022)

Form 990 (2022) LANTERN HILL INC. 37-1742780 Page 8

Part VIII Section A Officers Directors True		_							37-174270	o Page o
Gection A. Officers, Directors, Trus		loy	ees,			ghes	t Co		,	(5)
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PAMELA D. PAULK	0.10									
DIRECTOR (BEG 4/1/22)	6.10	Х						0.	76,833.	0.
(19) MONTY C. LEONARD	0.10									
DIRECTOR (BEG 4/1/22)	10.20	Х						0.	76,833.	0.
(20) JAMES P. HAYES	0.10									
DIRECTOR (THRU 3/31/22)	8.40	Х						0.	38,125.	0.
(21) FREDICK W. HAAS	0.30									
DIRECTOR (THRU 3/31/22)	15.10	Х						0.	37,500.	0.
(22) NEAL GANTERT	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(23) JOHN HALL	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(24) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(25) MARK EMBLEY	0.50									
ASSISTANT TREASURER	7.50			Х				0.	0.	0.
(26) KULTAR SINGH	0.20									
RESIDENT DIRECTOR (THRU 3/31/22)		Х						0.	0.	0.
1b Subtotal								944,179.	1,462,939.	54,986.
c Total from continuation sheets to Part VI	0.	0.	0.							
d Total (add lines 1b and 1c)								944,179.	1,462,939.	54,986.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	5,168,495.
GREENVIEW MANAGEMENT, LLC		
17 LINCOLN PLACE, NORTH BRUSNWICK, NJ 08902	LANDSCAPING	550,426.
STAR STAFFING HOUSEKEEPING		
400 PARK AVE, FL 19, NEW YORK, NY 10022	HOUSEKEEPING	377,242.
HEALTHPRO HERITAGE REHAB & FITNESS, LLC,		
307 INTERNATIONAL CIRCLE, #100, HUNT	CONTRACTOR	309,174.
BROTHERS CARPET AND FLOORING, INC		
50 JOHNSON AVE, HACKENSACK, NJ 07601	FLOORING	290,395.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	14	
	_	000

Form 990 LANTERN HILL, INC. 37-1742780

Form 990 LANTERN HILL	, INC.								37-1742	780
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DAVID E. MARR	0.20									
RESIDENT DIRECTOR (BEG 4/1/22)		Х						0.	0.	0
		_								
				\vdash						
otal to Part VII, Section A, line 1c										

Form 990 (2022)

Part VIII

Statement of Revenue

		Check if Schedule O	contair	ns a resp	onse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts										
جَ ۾		Fundraising events								
fts, r A										
ig ig		Government grants (contr				330,500.				
Sin		All other contributions, gifts,				,				
ē Ħ	'					472,566.				
뜮	_	similar amounts not included			Φ.	7,627.				
o d	g		lines 1a-	1f 1g	Φ	7,027.	803,066.			
Oa	n	Total. Add lines 1a-1f				Business Code	003,000.			
	•	RESIDENT FEES				623000	36,153,677.	36,153,677.		
<u>i</u>	2 a	RESIDENT DEPOSITS				623000	, ,			
er v	b						4,344,518.	4,344,518.		
n S	С	ANCILLARY FEES				623000	742,801.	742,801.		
<u>ra</u>	d	PROCESSING FEES				623000	10,950.	10,950.		
Program Service Revenue	е									
Δ.	f	All other program service	revenu	ie			44 0-1 01-			
	g	Total. Add lines 2a-2f					41,251,946.			
	3	Investment income (include	ling div	vidends,	intere	est, and				
							11,816,843.			11,816,843.
	4	Income from investment of	of tax-e	exempt b	ond p	roceeds				
	5	Royalties				I				
			l ⊢	(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	186,						
	b	Less: rental expenses	6b		0.					
	С	Rental income or (loss)	6с	186,	383.					
	d	Net rental income or (loss)	$\overline{}$				186,383.			186,383.
	7 a	Gross amount from sales of	l L	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses			522.					
ther Revenue	С	Gain or (loss)	7с	-41,	522.					
Re	d	Net gain or (loss)			<u></u>		-41,522.			-41,522.
Jer	8 a	Gross income from fundraising	ng even	its (not						
₹		including \$		of						
		contributions reported on	line 1c	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fundra	ising eve	nt <u>s</u>					
	9 a	Gross income from gamin	g activ	/ities. Se	e					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gamin	g activiti	es					
	10 a	Gross sales of inventory, I	ess ret	turns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	<u></u> c	Net income or (loss) from	sales c	of invent	ory					
,,						Business Code				
ous •	11 a	l								
ane Dug	b									
Miscellaneous Revenue	С									
disc. B.	d	All other revenue								
2		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					54,016,716.	41,251,946.	0.	11,961,704.

37-1742780

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).

Total expanses Total expanses Program service Management and general expenses Program service Pr	00011	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons		-	•	
1. Grants and the assistance to domestic organizations and domestic governments. See Part IV, line 21 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851. 2,851	Do i			(B)	(C)	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Bannetits paid to or for membrars Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualitide persons (as defined under scalino 4985(r)(3)(8) Portion of the scale of the sca			rotal expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 2 2,000, 2,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3,000, 3	1	Grants and other assistance to domestic organizations				
Individuals, See Part IV, line 22 2,000, 2,000, 2,000, 3 2,000, 3 3 3 3 3 3 3 3 3 3		and domestic governments. See Part IV, line 21	2,851.	2,851.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign poverments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	2,000.	2,000.		
individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on tinduded above to disqualified persons (as defined under section 4958(1/4)) and persons described in section 4958(1/4) and 490(1) employee contributions; include section 41(1) and 400(1) employee contributions; and 400(1) e	3	Grants and other assistance to foreign				
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(3)(8) 7 Other satients and wages 13, 237, 315, 10, 759, 298, 2, 478, 017, Person plan accruals and combitutions (include section 401(f) and 402(f) employer contributions; (include section 401(f) and 402(f) employer contributions; 1, 614, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1 Person plan accruals and combitutions; (include section 401(f) and 402(f) employer contributions; 1, 624, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1 Person plan accruals and combitutions; (include section 401(f) and 402(f) employer contributions; 1, 644, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1 Person plan accruals and combitutions; 1, 644, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1 Person plan accruals and combitutions; 1, 644, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1 Person plan accruals and combitutions; 1, 644, 744, 1, 261, 379, 353, 365, 1, 260, 129, 129, 129, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1, 297, 1,		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees		individuals. See Part IV, lines 15 and 16				
### Compensation not included above to disqualified persons (as defined under section 4580(N)(1)) and persons described in section 4580(N)(1)) and persons described in section 4580(N)(8) ### Person plan accruels and contributions (include section 401(N) and 403(b) employer (include sect	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4580((1))) and persons described in section 4580((1))) and persons described in section 4580((1))) and persons described in section 4580((1)) and persons described in section 4580((1)) and persons described in section 4580((1)) and 459(0) employer contributions (include section 401((1)) and 459(0) employer contributions (1,614,744, 1,281,379, 353,365, 1). 9 Other employee benefits 1,300,2844, 1,040,155, 260,129, 115 Fees for services (nonemployees): a Management 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,378, 1,825,37	5	Compensation of current officers, directors,				
persons (as defined under section 4958(pt)(1) and persons described in section 4958(pt)(3)(8)		trustees, and key employees	384,298.		384,298.	
persons described in section 4988(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 40 (I(k) and 40(b) employer contributions) 9 Other employee benefits 1, 6,14, 744, 1, 261, 379, 333, 365, 365, 370, 386, 386, 386, 386, 386, 386, 386, 386	6	Compensation not included above to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 40 (1)(4) and 40(1)) employer contributions) 9 Other employee benefits 1, 614, 744, 1, 261, 379, 353, 365, 10 Payroll taxes 1, 300, 284, 1, 040, 155, 260, 129, 11 Fees for services (nonemployees): 1 Management 1, 825, 378, 1, 825, 378, 1, 825, 378, 1 Legal 1, 178, 193, 3, 216, 174, 977, 1 C Accounting 1 Lobbying 1 Professional fundraising services. See Part IV, line 17 1 Investment management fees 1 14, 131, 1, 14, 131, 14, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 174, 131, 131, 131, 131, 131, 131, 131, 13		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions) 240, 926, 186, 640, 54, 286, 10 20 20 20 20 20 20 20	7	Other salaries and wages	13,237,315.	10,759,298.	2,478,017.	
9 Other employee benefits	8	Pension plan accruals and contributions (include				
10		section 401(k) and 403(b) employer contributions)				
11 Fees for services (nonemployees): a Management	9	Other employee benefits		1,261,379.	353,365.	
a Management b Legal 178,193, 3,216, 174,977. c Accounting 52,701, 52,701, d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2,873,719, 417,162, 2,456,557, 24 Advertising and promotion 1,701,771, 1,701,771, 1,701,771, 3 Office expenses 3,997,605, 2,628,665, 468,761, 179. Information technology 16 Royalties 6 Occupancy 13,359,453, 13,359,374, 79, 17 Travel 58,262, 10,986, 47,276, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 19 Payments of travel or colcal public officials 20 Interest 19 Payments of the Colcal public officials 19 Conferences, conventions, and meetings 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,319, 10,495,31	10	Payroll taxes	1,300,284.	1,040,155.	260,129.	
b Legal 178,193, 3,216, 174,977, c Accounting 52,701, 52,701, d Lobbying	11	Fees for services (nonemployees):				
C Accounting 52,701. 52,701. 52,701. 61. Lobbying Professional fundraising services. See Part IV, line 17	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2, 873, 719, 417, 162, 2, 456, 557. 4. Advertising and promotion 1,701,771, 1,701,771. 3. Office expenses 1. Advertising and promotion 3,997, 605, 2, 628, 665, 468, 761, 179. 114 Information technology 15 Royalties 16 Occupancy 13,359,453, 13,359,374, 79. 17 Travel 58,262, 10,986, 47,276, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10,495,319, 10,495,319, 10 Payments to affiliates 10,495,319, 10,495,319. 21 Payments to affiliates 7,485,136, 7,485,136. 22 Depreciation, depletion, and amortization 7,485,136, 7,485,136. 23 Insurance 478,591, 478,591, 478,591. 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 478,591, 4	b	Legal		3,216.	,	
Professional fundraising services. See Part IV, line 17 Investment management fees 14,131. 14,131. 14,131. 3	С	Accounting	52,701.		52,701.	
1 Investment management fees 14,131. 14,131. 14,131.	d	Lobbying				
Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	е	Professional fundraising services. See Part IV, line 17				
Column (A), amount, list line 11g expenses on Sch 0, 2,873,719, 417,162, 2,456,557.	f	Investment management fees	14,131.		14,131.	
12 Advertising and promotion 1,701,771. 1,701,771. 1,701,771. 3,997,605. 2,628,665. 468,761. 179. 14 Information technology 15 Royalties 16 Occupancy 13,359,453. 13,359,374. 79. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10,495,319. 10,495,319. 20 Interest 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 26 B RESIDENT RELATIONS 27 Total functional expenses. Add lines 1 through 24e 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses 3,097,605. 2,628,665. 468,761. 179. 14 Information technology		column (A), amount, list line 11g expenses on Sch 0.)			2,456,557.	
14	12	Advertising and promotion		· · ·		
15	13		3,097,605.	2,628,665.	468,761.	179.
16 Occupancy 13,359,453. 13,359,374. 79. 17 Travel 58,262. 10,986. 47,276. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10,495,319. 10,495,319. 20 Interest 10,495,319. 10,495,319. 10,495,319. 21 Payments to affiliates 7,485,136. 7,485,136. 22 Depreciation, depletion, and amortization 7,485,136. 7,485,916. 23 Insurance 478,591. 478,591. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 1,609,559. 1,591,303. 18,256. a EQUIPMENT RENTAL 1,609,559. 1,591,303. 18,256. b RESIDENT RELATIONS 140,595. 108,555. 32,040. c 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14	Information technology				
17 Travel 58,262. 10,986. 47,276. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest	16	Occupancy				
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 10,495,319. 10,495,319. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 31 Insurance 478,591. 478,591. 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 0.) 25 EQUIPMENT RELATIONS 26 All other expenses 27 Total functional expenses. Add lines 1 through 24e 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17	Travel	58,262.	10,986.	47,276.	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a EQUIPMENT RELATIONS 21 1,609,559. 22 1,591,303. 23 1,591,303. 24 24 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses				
20 Interest 10,495,319. 10,495,319. 210,495,319. 211 Payments to affiliates 22 Depreciation, depletion, and amortization 7,485,136. 7,485,136. 22 Insurance 478,591. 478,591. 244 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 0.) a EQUIPMENT RENTAL 1,609,559. 1,591,303. 18,256. 2040. 25						
Payments to affiliates Depreciation, depletion, and amortization 7,485,136. 7,485,136. Insurance 478,591. 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 0.) EQUIPMENT RENTAL 1,609,559. 1,591,303. 18,256. ERESIDENT RELATIONS 140,595. 108,555. 32,040. All other expenses Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization 7,485,136. 7,485,136. Insurance 478,591. 478,591. 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 0.) EQUIPMENT RENTAL 1,609,559. 1,591,303. 18,256. RESIDENT RELATIONS 140,595. 108,555. 32,040. C d e All other expenses Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20		10,495,319.	10,495,319.		
Insurance 478,591. 478,591. 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 0.) EQUIPMENT RENTAL 1,609,559. 1,591,303. 18,256. RESIDENT RELATIONS 140,595. 108,555. 32,040. C d e All other expenses Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			F 405 404	- 40- 105		
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 0.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 140,595. 108,555. 22,040. c d e All other expenses Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
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 0.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 140,595. 1,591,303. 18,256. b RESIDENT RELATIONS 140,595. 108,555. 32,040. c All other expenses 25 Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			478,591.	478,591.		
amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 1,609,559. 1,591,303. 18,256. 140,595. 108,555. 32,040. c All other expenses 25 Total functional expenses. Add lines 1 through 24e All other costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses on line 24e. If				
a EQUIPMENT RENTAL b RESIDENT RELATIONS 140,595. 1,591,303. 18,256. 140,595. 108,555. 32,040. c All other expenses 25 Total functional expenses. Add lines 1 through 24e Aloint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		1,609,559.	1,591,303.	18,256.	
d	b	RESIDENT RELATIONS	140,595.	108,555.	32,040.	
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С					
Total functional expenses. Add lines 1 through 24e 60,152,831. 53,357,779. 6,794,873. 179. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	60,152,831.	53,357,779.	6,794,873.	179.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
F 900 (2000)		Check here if following SOP 98-2 (ASC 958-720)				

37-1742780

Form 990 (2022)
Part X Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,783,844.	2	9,963,348.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			612,140.	4	534,519.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ		6			
Ø	7	Notes and loans receivable, net		234,126,216.	7	239,806,245.	
Assets	8	Inventories for sale or use			63,554.	8	60,981.
As	9	Donat and a company of the state of the stat			71,545.	9	146,110.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		249,976,582.			
	b	Less: accumulated depreciation		33,957,362.	214,250,470.	10c	216,019,220.
	11	Investments - publicly traded securities	960,673.	11	813,504.		
	12	Investments - other securities. See Part IV, line	6,797,450.	12	6,891,988.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed		464,665,892.	16	474,235,915.	
	17	Accounts payable and accrued expenses			3,582,789.	17	4,153,538.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			741,837.	21	807,000.
10	22	Loans and other payables to any current or fo			·		·
Liabilities		trustee, key employee, creator or founder, sub					
iqu		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unre	-	· · · · · · · · · · · · · · · · · · ·	14,605,220.	23	13,394,270.
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	•		470,669,794.	25	487,373,190.
	26	-			489,599,640.	26	505,727,998.
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-26,135,107.	27	-32,749,159.
Bal	28	Net assets with donor restrictions			1,201,359.	28	1,257,076.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-24,933,748.	32	-31,492,083.	
~	33	Total liabilities and net assets/fund balances			464,665,892.	33	474,235,915.

Form **990** (2022)

Form	n 990 (2022) LANTERN HILL, INC.	37-1742780)	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54	,016,	716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60	,152,	831.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	,136,	,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-24	,933,	748.
5	Net unrealized gains (losses) on investments	5	-	-275,	,151.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-147,	069.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-31	,492,	083.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		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," explain on Schedule	o.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

LANTERN HILL INC 37-1742780 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or Х An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 on 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. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		*	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
Ioa	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
h	stop here. The organization qualifies as a publicly supported organization Light 13 or 16a, and line 15 is 33 1/304 or more check this box.						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
172		· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (
114	a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE ORGANIZ	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		ala not oncon a	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	000 1110010010110	

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

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

Se	ction A. Public Support	ciow, picade comp	ioto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	•	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	262,967.	375,796.	2,406,241.	911,500.	803,066.	4,759,570.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,994,599.	30,075,417.	33,984,463.	36,963,013.	41,251,946.	167,269,438.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	25,257,566.	30,451,213.	36,390,704.	37,874,513.	42,055,012.	172,029,008.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	150,000.	150,000.	150,000.	270,000.	210,314.	930,314.
k	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.
,	Add lines 7a and 7b	150,000.	150,000.	150,000.	270,000.	210,314.	930,314.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,	,	171,098,694.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	25,257,566.	30,451,213.	36,390,704.	37,874,513.	42,055,012.	172,029,008.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,242,426.	8,230,989.	9,220,343.	11,230,186.	12,003,226.	46,927,170.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	6,242,426.	8,230,989.	9,220,343.	11,230,186.	12,003,226.	46,927,170.
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.)	31,499,992.	38,682,202.	45,611,047.	49,104,699.	54,058,238.	218,956,178.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li		•	olumn (f))		15	78.14 %
	Public support percentage from 2021		•			16	77.90 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	21.43 %
	Investment income percentage from 2	•		or the state of All and all the state of		18	21.61 %
19a	1 33 1/3% support tests - 2022. If the						
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	-	•	•		nd
		•				•	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	Sa		
	Oh		
	3b		
	Зс		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

Par	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m		
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	ı

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m			
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lii	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collec	tion of gross income or for management, conservation, or			
	enance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(expla	in in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
$\overline{}$	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		*	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
<u>е</u>	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 LANTERN HILL, INC.	37-1742780	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Sectior t V, Section B, line 1e; Pa	n C,

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Employer identification number

37-1742780 LANTERN HILL, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number

137-1742780

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,627.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$11,808.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$162,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$186,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Name of organization

Employer identification number

LANTERN HILL, INC.

37-1742780

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

Name of organization

Employer identification number

137-1742780

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SIGNAGE	_	
2		_	
		\$	12/31/22
(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
		_	
		<u> </u>	
		_{\$}	

Name of o	rganization		Employer identification number
T.ANTERN	HILL, INC.		37-1742780
Part III		through (e) and the following line en haritable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a		(e) Transfer of g	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	aift
	Transferee's name, address, ar		Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

LANTERN HILL, INC.

Employer identification number

37 - 1742780

Pa		Organizations Maintaining Donor Adviser rganization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accou	nts. Complete if the
		ganization answered fes on Form 990, Fart IV, IIII	(a) Donor advis	ed funds	(b) Fu	nds and other accounts
1	Total nu	mber at end of year	(u) Borior david	od Idilao	(2) 1 (3)	The art out of accounts
2		te value of contributions to (during year)				
3		te value of grants from (during year)				
4		te value at end of year				
5		organization inform all donors and donor advisors in		eld in donor advis	sed funds	
Ū		rganization's property, subject to the organization's	-			Yes No
6		organization inform all grantees, donors, and donor a				
_		able purposes and not for the benefit of the donor o				
		ssible private benefit?	·		ū	Yes No
Pa		conservation Easements. Complete if the org				
1	Purpose	(s) of conservation easements held by the organization	on (check all that apply)	<u>. </u>		
	Pr	eservation of land for public use (for example, recrea	ition or education)	Preservation o	f a historically	/ important land area
	Pr	otection of natural habitat		Preservation o	f a certified h	istoric structure
	Pr	eservation of open space				
2	Complet	e lines 2a through 2d if the organization held a qualif	fied conservation contril	oution in the form	of a conserva	
	day of th	e tax year.				Held at the End of the Tax Year
а	Total nui	mber of conservation easements			2a	
b	Total acr	eage restricted by conservation easements			2b	
С	Number	of conservation easements on a certified historic stru	ucture included in (a)		2c	
d		of conservation easements included in (c) acquired a				
		tructure listed in the National Register				<u> </u>
3	Number	of conservation easements modified, transferred, rel	leased, extinguished, or	terminated by the	organization	during the tax
	year					
4		of states where property subject to conservation eas				
5		organization have a written policy regarding the per		ction, handling of		
		s, and enforcement of the conservation easements it				Yes No
6	Staff and	I volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing cons	servation eas	ements during the year
7	Amount	 of expenses incurred in monitoring, inspecting, hanc	dling of violations, and e	nforcing conserva	tion easemer	nts during the year
				-		
8	Does ea	ch conservation easement reported on line 2(d) abov	e satisfy the requiremer	nts of section 170	(h)(4)(B)(i)	
	and sect	ion 170(h)(4)(B)(ii)?				Yes No
9	In Part X	III, describe how the organization reports conservation	on easements in its reve	enue and expense	statement ar	nd
		sheet, and include, if applicable, the text of the footr	note to the organization	s financial statem	ents that des	cribes the
Pai	organiza rt III C	tion's accounting for conservation easements. Organizations Maintaining Collections of	f Art. Historical Tre	easures, or Ot	her Simila	ar Assets.
		omplete if the organization answered "Yes" on Form		, o. o.		,
		anization elected, as permitted under FASB ASC 95		venue statement a	and balance s	sheet works
	of art, his	storical treasures, or other similar assets held for pub	olic exhibition, education	n, or research in fu	urtherance of	public
	service.	orovide in Part XIII the text of the footnote to its finar	ncial statements that de	scribes these item	ns.	
b		anization elected, as permitted under FASB ASC 95				t works of
	-	rical treasures, or other similar assets held for public	•			
		he following amounts relating to these items:	, ,		•	,
	•	enue included on Form 990, Part VIII, line 1				\$
						\$
2		anization received or held works of art, historical tre			ıl gain, provid	e
	-	ving amounts required to be reported under FASB A			J /1	
а		included on Form 990, Part VIII, line 1	-			\$
b		ncluded in Form 990, Part X				\$

Sche	dule D (Form 990) 2022 LANTERN HII	L, INC.				37-17	42780	Page 2
	t III Organizations Maintaining C	ollections of Art, His	storical Tre	easures, or	Other S	imilar Asse	ts (contin	
3	Using the organization's acquisition, accession	on, and other records, che	ck any of the	following that r	make signi	ficant use of its	3	
	collection items (check all that apply):		_					
а	Public exhibition	d		hange prograr				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	they further th	ne organization	ı's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit o	r receive donations of art,	historical trea	sures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of the org	ganization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Complete if t	the organizatio	n answered "\	es" on Fo	rm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	or contribution	s or other asse	ets not incl	uded		
	on Form 990, Part X?					[Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	t
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo						X Yes	No
	If "Yes," explain the arrangement in Part XIII.				- 4 3/111			X
Par	t V Endowment Funds. Complete i	f the organization answere	ed "Yes" on Fo	orm 990, Part l				
) Prior year	(c) Two years		Three years bac	k (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
g g								
2	Provide the estimated percentage of the curr	ent year end halance (line	1a column (a)) held as:	I			
	Board designated or quasi-endowment		rg, column (a)) Held as.				
a								
·	The percentages on lines 2a, 2b, and 2c sho	<i>f</i> =						
22	Are there endowment funds not in the posses		hat are hold a	ad administoro	d for the			
Ja	organization by:	ssion of the organization t	nat are nelo a	id administere	d for the		ſ	Yes No
	· ·						3a(i)	100 110
	(i) Unrelated organizations							
L	(ii) Related organizations							
4							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		it iurias.					
· ui	Complete if the organization answered		· IV line 11a S	See Form 990	Part X line	10		
		T					(al) Da al	
	Description of property	(a) Cost or other basis (investment)		t or other (other)		imulated ciation	(d) Bool	k value
	Lond		Dasis	(Guilli)	depie	Ciation		
	Land		242	862 075	20	537 911	211	321 261
	Buildings		242	,862,075.		,537,811.	214,	324,264.
	Leasehold improvements		2	792 120	ე	077 501		704 547
	Equipment			,782,138. 332 369.		,077,591. 341 960.		704,547. 990 409.
6	Other	1	1 3	JJ4 JUJ.I	Z	シモエ グひひこし		JJU 4UJ

Schedule D (Form 990) 2022

216,019,220.

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

Part VII	Investments - Other Securities	,

Tart viii investments Strict Securities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

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 (Col (h) must equal Form 990 Part Y col (R) line 13)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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) CLAIMS RESERVE	371,376.
(3) RESIDENT DEPOSITS (NET)	245,749,881.
(4) DEFERRED MANAGEMENT FEES	91,269.
(5) CAPITAL LEASE OBLIGATION	229,187,950.
(6) DEFERRED INTEREST	59,414.
(7) RESIDENT REFUNDS PAYABLE	11,913,300.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	487,373,190.

^{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 X

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statem		evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
			1	53,424,365.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	075 454		
a Net unrealized gains (losses) on investments		-275,151.		
b Donated services and use of facilities				
c Recoveries of prior year grants		147.060		
d Other (Describe in Part XIII.)		-147,069.		422 220
e Add lines 2a through 2d			2e	-422,220.
3 Subtract line 2e from line 1			3	53,846,585.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	14 121		
a Investment expenses not included on Form 990, Part VIII, line 7b		14,131. 156,000.		
b Other (Describe in Part XIII.)				170 131
c Add lines 4a and 4b			4c	170,131.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Stater	mente With F	vnenses ner E	5 Return	54,016,716.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12		-xperises per i	ictuiii.	
			1	59,982,700.
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				33,302,700.
• • •	20			
a Donated services and use of facilities				
b Prior year adjustments c Other losses				
c Other losses d Other (Describe in Part XIII.)	l l	-156,000.		
,			2e	-156,000.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			3	60,138,700.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 				,,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,131.		
b Other (Describe in Part XIII.)		, -		
c Add lines 4a and 4b			4c	14,131.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	60,152,831.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional c	•		; Part X, li	ne 2; Part XI,
PART IV, LINE 2B:				
PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT F	PAYMENTS			
PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE	DEPOSITS			
ARE REPORTED ON FORM 990, PART X, LINE 21.				
PART X, LINE 2:				
LANTERN HILL ("LHN") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER S	SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE STATE	INCOME TAX			
REGULATIONS. MANAGEMENT HAS EVALUATED LHN'S TAX POSITIONS AND HA	AS			
CONCLUDED THAT LHN HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOU	JLD REQUIRE			

SCHEDULE J (Form 990)

Compensation Information

For 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LANTERN HILL, INC.

Employer identification number 37-1742780

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	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 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
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 LANTERN HILL, INC. 37-1742780 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CRAIG KARCZMER	(i)	217,170.	39,500.	6,773.	8,555.	9,545.	281,543.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	187,500.	0.	0.	0.	0.	187,500.	0.
(3) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VP/TREASURER	(ii)	161,875.	0.	0.	0.	0.	161,875.	0.
(4) LINDA BECHTOLD	(i)	123,646.	12,765.	742.	3,552.	11,026.	151,731.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER PRESIDENT	(ii)	0.	0.	135,625.	0.	0.	135,625.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 LANTERN HILL, INC. 37-1742780 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$135,625.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990. PART VII. SECTION A. LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J

CRAIG KARCZMER IS LISTED IN SCHEDULE J, PART II AND IS AN EMPLOYEE OF

ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED ORGANIZATION TO

LANTERN HILL, INC., IN ACCORDANCE WITH THE MANAGEMENT AGREEMENT BETWEEN

LANTERN HILL, INC. AND ESL. SEE SCHEDULE O EXPLANATION FOR FORM 990.

PART VI. SECTION A. LINE 3. THEREFORE, FOR IRS MATCHING PURPOSES, ESL

IS THE ISSUER OF THE FORMS W-2. UNDER THE MANAGEMENT AGREEMENT LANTERN

HILL, INC. REIMBURSES ESL FOR THE COST OF SERVICES PERFORMED FOR

LANTERN HILL, INC.

SCHEDULE O (Form 990)

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 Form 990-EZ.

Employer identification number

37-1742780

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LANTERN HILL, INC.

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND ACCEPTANCE. WELCOME HOME! VISION STATEMENT - LANTERN HILL, INC. CELEBRATES AGING! GROUNDED IN INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM. FORM 990, PART VI, SECTION A, LINE 1A: IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BOARD AUTHORITY TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O. UNDER THE BYLAWS OF THE ORGANIZATION. THE BOARD HAS DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF THE STATE OF MARYLAND. FORM 990, PART VI, SECTION A, LINE 1B: ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A. ABOVE, WHO ARE INDEPENDENT.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** LANTERN HILL, INC. 37-1742780 THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 3: DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR TRUSTEES. OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON? LANTERN HILL INC. ENTERED INTO AN AMENDMENT TO THE EXISTING AMENDED & RESTATED MANAGEMENT AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF JANUARY 1, 2021. THE EXISTING MANAGEMENT AND MARKETING AGREEMENT HAS BEEN AMENDED TO REFLECT A RESET OF THE BASE FEE AS OF JULY 1, 2020. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. LANTERN HILL, INC. ENTERED INTO AN AMENDMENT TO THE COMMUNITY LOAN AGREEMENT, COMMUNITY LOAN NOTE, AND COMMUNITY LOAN MORTGAGE. THE AMENDMENT TO THE AGREEMENT WAS DATED JANUARY 1, 2021. AS OF JANUARY 1, 2021 AND JUNE 15, 2021, THE ORGANIZATION ENTERED INTO AMENDMENTS TO THE MASTER LEASE AGREEMENT WITH THE LANDOWNER OF THE COMMUNITY, AN AFFILIATE OF ESL, WHICH, AMONG OTHER THINGS, PROVIDES FOR THE OPTION TO EXTEND THE LEASE TERM FOR FOUR ADDITIONAL TEN YEAR RENEWAL TERMS. CHRIS RATHMANN, JOHN HALL, NEAL GANTERT, AND MARK EMBLEY ARE LISTED IN PART

Name of the organization **Employer identification number** LANTERN HILL, INC. 37-1742780 VII, AS NON-COMPENSATED OFFICERS OF THE FILING ORGANIZATION. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. CRAIG KARCZMER, EXECUTIVE DIRECTOR, AND ALLISON ECKHARDT, DIRECTOR OF FINANCE (THRU 6/17/22), ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII, SECTION A. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? LANTERN HILL, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC. ("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING ORGANIZATION" WITH RESPECT TO LANTERN HILL, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO

Name of the organization LANTERN HILL, INC.	Employer identification number
APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING	
BODY?	
CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF	
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	_
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	
MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?	

Name of the organization LANTERN HILL, INC.	Employer identification number
THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE	1
REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS	
GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS	
FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE	
COMPLIANCE WITH THE POLICY?	
ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A	
POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER LANTERN HILL, INC.'S	
AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF	
PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT	
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS	
POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF	
INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT	
INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS	
AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO	
THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE	
BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE	
WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN	
ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE	
CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	

Name of the organization LANTERN HILL, INC.	Employer identification number
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
LANTERN HILL, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND	
NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	

232212 10-28-22 Schedule O (Form 990) 2022

Name of the organization LANTERN HILL, INC.	Employer identification number 37-1742780
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
ORGANIZATIONS.	
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED	
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.	
FORM 990, PART VII, SECTION B:	
INDEPENDENT CONTRACTORS COMPENSATION.	
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS	
ALLOCATED TO THE COMMUNITY, DIRECT AND SHARED COSTS INCLUDE SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS.	
FORM 990, PART X:	
WORKING CAPITAL LOAN.	
ON JANUARY 1, 2014 LANTERN HILL, INC. ("LH") AND REDWOOD-ERC NEW	
PROVIDENCE, LLC ("NPC")ENTERED INTO A WORKING CAPITAL LOAN AGREEMENT	
("WCLA"), WHICH ALLOWS LH TO BORROW FROM NPC. THE AGREEMENT HAS BEEN	
AMENDED ON VARIOUS DATES TO ADJUST THE CAPACITY UNDER THE LOAN. THE	

SCHEDULE R (Form 990)

Part I

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.

(c)

(d)

Department of the Treasury Internal Revenue Service

LANTERN HILL, INC.

(a)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(f)

37-1742780

(e)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	I	controlling ntity	g
	-						
	-						
	1						
	1						
	7						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)	(f)	\top (g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) trolled
of related organization		foreign country)	section	status (if section	entity	enf	tity?
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC	+	Х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC	+	X
AVERY POINT, INC - 92-2254866	_						
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X

Schedule R (Form 990) LANTERN HILL, INC. 37-1742780

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	
BROOKSBY VILLAGE, INC - 52-2126755				(// //		162	INO
100 BROOKSBY VILLAGE DRIVE	- CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
CEDAR CREST VILLAGE, INC - 52-2184915					,		
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
EAGLE'S TRACE, INC - 03-0498683					,		
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
FAIRFAX NSC RETIREMENT COMMUNITY, INC -							
92-2217836, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
FOX RUN VILLAGE, INC - 52-2291271							
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
GREENSPRING VILLAGE, INC 52-2095427							
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
HIGHLAND SPRINGS, INC - 51-0536892							
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
LINDEN PONDS, INC - 14-1849849							
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MARIS GROVE, INC - 55-0878964							
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -							
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		Х
OAK CREST VILLAGE, INC - 52-1874053							
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

Schedule R (Form 990) LANTERN HILL, INC. 37-1742780

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	I		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	rolled zation?
RIDERWOOD VILLAGE, INC - 52-2126753				(-)(-))		Yes	No
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
SEABROOK VILLAGE, INC - 52-2126751			301(3)(3)	21112 10	COLLIGNITIES, INC		
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
TALLGRASS CREEK, INC - 87-0765641							
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
WIND CREST, INC 51-0549976					, , , , , , , , , , , , , , , , , , ,		
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?				Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe	ercentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
NATIONAL CCRC BUSINESS TRUST														
I - 26-6455718, 701 MAIDEN														
CHOICE LANE, BALTIMORE, MD	CHARITABLE													
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		ζ	N/A		
NATIONAL CCRC STATUTORY TIER														
IV TRUST - 85-3943847, 701]													
MAIDEN CHOICE LANE,	CHARITABLE													
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		ζ	N/A		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		country)						Yes	No
THE TALON BAR COMPANY - 56-2520131	LIQUOR LICENSE HOLDER								
701 MAIDEN CHOICE LANE	FOR EAGLE'S TRACE,								
BALTIMORE, MD 21228	INC.	TX	N/A	C CORP	N/A	N/A	N/A		Х

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

1b

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

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

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

b Gift, grant, or capital contribution to related organization(s)

	• • • • • • • • • • • • • • • • • • • •									
c (Gift, grant, or capital contribution from related organization(s)				1c		Х			
d l	oans or loan guarantees to or for related organization(s)				1d		Х			
e l	oans or loan guarantees by related organization(s)				1e		Х			
f I	Dividends from related organization(s)				1f		Х			
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i I	exchange of assets with related organization(s)				1i		Х			
j Lease of facilities, equipment, or other assets to related organization(s)										
k l	ease of facilities, equipment, or other assets from related organization(s)				1k		х			
	Performance of services or membership or fundraising solicitations for related organizations				11		Х			
	Performance of services or membership or fundraising solicitations by related organiza				1m	Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(1n		Х			
					10		Х			
p l	Reimbursement paid to related organization(s) for expenses				1p	х				
a	Reimbursement paid by related organization(s) for expenses				1q		Х			
r (Other transfer of cash or property to related organization(s)				1r		х			
	Other transfer of cash or property from related organization(s)				1s		х			
	f the answer to any of the above is "Yes," see the instructions for information on who				1.0					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved					
	_	type (a-s)		ŭ						
1)										
-,										
2)										
_,										
3)										
-,										
1)										
.,										
5)										
•1										
3)										
2162)9-14-22			Schedule	R (Form	n 990	1 2022			
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership