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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	e 2023 calendar year, or tax year beginning	and	ending						
	Check if applicable	C Name of organization			D Employer ide	ntific	cation number			
	Addres]					
	Name change	Doing business as			37-17427	780				
	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 number 908-219-6702					
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$ 47,702,83					
	Ameno return	NEW PROVIDENCE, NO 0/9/4			H(a) Is this a grou	ıp re	turn			
	Applic tion	F Name and address of principal officer. TATK	CIA BROWN		for subordina	for subordinates? Yes X No				
	pendir	SAME AS C ABOVE			H(b) Are all subordina	ites in	cluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attac	ch a	list. See instructions			
	Websit				H(c) Group exem					
		organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 2013	N	State of legal domicile; MD			
4	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SENIORS TH	TAF				
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	t ass				
ove.	3	Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,			3	12			
		Number of independent voting members of the gov				4	8			
Activities &	5	Total number of individuals employed in calendar y				5	550			
Ĭ	6	Total number of volunteers (estimate if necessary)				6	101			
Act	7 a	Total unrelated business revenue from Part VIII, col				7a	0.			
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····		7b	O.			
		Ocatilla tions and sweets (Bost VIII line 11)			Prior Year 803,06	5.6	Current Year 1,055,882.			
ne	8	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			41,251,94	-	46,183,562.			
Revenue	9		and 7d)		11,775,32	-	198,547.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			186,38	-	201,248.			
	1				54,016,71	_	47,639,239.			
_		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (A			4,85	-	7,000.			
	1	Benefits paid to or for members (Part IX, column (A			-,-	0.	0.			
	15	Salaries, other compensation, employee benefits (F		16,777,56	- 1	18,612,088.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			, ,	0.	0.			
ben	b	Total fundraising expenses (Part IX, column (D), line		544.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,			43,370,41	13.	30,004,316.			
		Total expenses. Add lines 13-17 (must equal Part I)			60,152,83	31.	48,623,404.			
	1	Revenue less expenses. Subtract line 18 from line			-6,136,11	15.	-984,165.			
or sec	3	·		Ве	ginning of Current Ye	$\overline{}$	End of Year			
Net Assets or	20	Total assets (Part X, line 16)			474,235,91	15.	247,348,679.			
ASS	21	Total liabilities (Part X, line 26)			505,727,99	98.	277,015,791.			
-Sei	22	Net assets or fund balances. Subtract line 21 from	line 20		-31,492,08	33.	-29,667,112.			
	art II	Signature Block								
		Ities of perjury, I declare that I have examined this return,				of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	nich preparer	has any knowledge.					
		Signature of officer			Doto					
Sig					Date					
Her	e	EILEEN ERSTAD, TREASURER								
		Type or print name and title	Preparer's signature	Г	Date Check		PTIN			
D		Print/Type preparer's name		o con coa						
Paid		JULIA FLANNERY	μ		mploye					
	parer	Firm's name RSM US LLP		Firm's EIN 52-2003375						
use	Only	Firm's address 100 INTERNATIONAL DRIVE, S BALTIMORE, MD 21202	DOTIE T#00		Dhana ra	41 0-	-246-9300			
N 4 -	, the IF	•	vo? Coo inat viction -		j Pnone no.	4T 0-	-246-9300 X Yes No			
ivia	y tne IF	RS discuss this return with the preparer shown above	ve r see instructions				X Yes No			

Form		HILL, INC.		37-1742780	Page 2
	rt III Statement of Program S	Service Accomplishments			
	Check if Schedule O contains a	response or note to any line in this Part	: III		Х
1	Briefly describe the organization's missee schedule o				
2	prior Form 990 or 990-EZ?	gnificant program services during the ye		Ye	s X No
3		g, or make significant changes in how it	conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on S				
4		service accomplishments for each of its zations are required to report the amour rice reported.			
4a		41,626,139. including grants of \$	7,000.) (Revenu	ue \$ 46,1	83,562.
		CES NEEDED BY SENIOR RESIDENTS		,	
	IN 434 INDEPENDENT LIVING UN	NITS, 42 ASSISTED LIVING UNITS	AND 40		
	SKILLED NURSING BEDS. THE SI	ERVICES WE PROVIDE TO OUR RESI	DENTS INCLUDE,		
		ING, FOOD, MEDICAL, SECURITY A			
	SERVICES, RECREATIONAL AND I				
	· · · · · · · · · · · · · · · · · · ·	•			
4b	(Code:) (Expenses \$	including grants of \$) (Revenu	ie \$)
	-				
4c	(Onder) (European C	in all rations are set the	\ (p		
40	(Code:) (Expenses \$	including grants of \$) (Revenu	.е ъ	
4d	Other program services (Describe on	Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	41,626,139.	, , ,		

37-1742780

Form 990 (2023) 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)?			
	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			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?		Х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023)

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	<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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			l
	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%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	
35a	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 T	Ш
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 65	-		
b		-		
С			77	
	(gambling) winnings to prize winners?	1c	X	

LANTERN HILL, INC. 37-1742780 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? Х 6a 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). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 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.

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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent 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 (2023) 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

Х

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)	(C)						(D)	(E)	(F)
Name and title	Average hours per		not c	Pos heck	ition _{more}	than c s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi				r/trust		from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	stee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	nstitutional trustee		yee	mper		1099-NEC)	1000 (420)	and related
	below	idual	tution	ia.	Key employee	est co loyee	Je.	,		organizations
	line)	lndi	Insti	Officer	Key	High emp	Former			
(1) CRAIG KARCZMER	40.00									
EXECUTIVE DIRECTOR				Х				277,846.	0.	15,771.
(2) REV. DR. ZINA JACQUE	0.10	ļ								
DIRECTOR	9.30	Х						0.	215,000.	0.
(3) EILEEN G. ERSTAD	0.10								168 500	
TREASURER	14.50	Х	_	Х				0.	167,500.	0.
(4) LINDA BECHTOLD	40.00	1				x		140 047	0.	14 007
DIRECTOR, NURSING (5) MARY D. COLINS	0.10		\vdash			Α_		148,847.	٠.	14,997.
SECRETARY	10.30	X		Х				0.	150,000.	0.
(6) STEPHANIE L. REEL	0.10	Α.	\vdash	Λ				0.	130,000.	<u>.</u>
DIRECTOR	9.90	х						0.	150,000.	0.
(7) KAREN CAMPBELL	40.00							•	200,000.	
INFECTION PREVENTIONIST		1				x		115,361.	0.	10,433.
(8) TERRI CAMPBELL	40.00									
HEALTH CARE COUNSELOR		1				х		114,087.	0.	8,496.
(9) KATHARYN BANKS	40.00							,		•
SALES COUNSELOR						х		119,210.	0.	417.
(10) MARISSA DELATORRE	40.00									
COORDINATOR, MDS PATIENT						х		113,572.	0.	3,607.
(11) BARBARA C. BISGAIER	0.30									
VICE CHAIR & VICE PRESIDENT	7.70	Х		Х				0.	110,000.	0.
(12) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(13) MONTY C. LEONARD	0.10									
DIRECTOR	8.40	Х						0.	87,500.	0.
(14) PAMELA D. PAULK	0.10	1								
DIRECTOR	8.20	Х						0.	87,500.	0.
(15) PATRICIA M. BROWN	1.00	_								
CHAIR & PRESIDENT	6.70	Х		Х				0.	87,500.	0.
(16) IAN BROWN	0.10	ł							65 000	_
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(17) RUSSELL SHARP	0.10								65 000	•
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.

Form **990** (2023)

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Part VII Section A Officers Directors True	,	.las:			ı Li:	wb a -	10	managed Emplement	37-174270	o Page o
Part VII Section A. Officers, Directors, Trus (A)	(B)	JIOY	ees,		1 HIG C)	ynes	it Co	(D)	s (continued) (E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations			
(18) ARNOLD SPEERT	1.10									
DIRECTOR (THRU 3/31/23)	7.10	Х						0.	22,500.	0.
(19) C. JACKSON BAIN	0.10									
DIRECTOR (THRU 3/31/23)	6.60	Х						0.	22,500.	0.
(20) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(21) DAVE MARR	0.20									
RESIDENT DIRECTOR (THRU 3/31/23)		Х						0.	0.	0.
(22) JOHN HALL	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(23) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0.
(24) NEAL GANTERT	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(25) TERRY COX	0.20									
RESIDENT DIRECTOR (BEG 4/1/23)		Х						0.	0.	0.
1b Subtotal	I.	l		I	L			888,923.	1,340,000.	53,721.
c Total from continuation sheets to Part VI	0.	0.	0.							
d Total (add lines 1b and 1c)								888,923.	1,340,000.	53,721.

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) Name and business address	(B) Description of services	(C) Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	5,453,164.
R.B. PAINTING INC		
366 SPARTA AVE, SPARTA, NJ 07871	PAINTING SERVICES	633,860.
BROTHERS CARPET AND FLOORING, INC		
50 JOHNSON AVE, HACKENSACK, NJ 07601	CARPET & FLOORING SERVICES	401,047.
MCC, INC.		
1A FAY DR, EAST HANOVER, NJ 07936	CONTRACTOR	280,565.
HEALTHPRO HERITAGE REHAB & FITNESS, LLC		
PO BOX 69268, BALTIMORE, MD 21264	CONTRACTOR	268,738.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 16	- 000	

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Form 990 (2023)

Part VIII

Statement of Revenue

		Check if Schedule O	ontair	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	b									
جَ ۾		Fundraising events								
fts, r A										
ig ig		Government grants (contr				407,870.				
Sin		All other contributions, gifts,				207,070.				
ē Ħ	'					648,012.				
뜮	_	similar amounts not included			Φ	7,627.				
o d	9		ines 1a-	1f 1g	Φ	7,027.	1,055,882.			
Oa	n	Total. Add lines 1a-1f				Business Code	1,033,002.			
	•	RESIDENT FEES				623000	41,047,460.	41 047 460		
<u>i</u>	2 a	RESIDENT DEPOSITS				623000	4,352,068.	41,047,460.		
er v	b	<u> </u>				623000		4,352,068.		
n S	C	ANCILLARY FEES					777,584.	777,584.		
<u>ra</u>	d	PROCESSING FEES				623000	6,450.	6,450.		
Program Service Revenue	е									
Δ.	f	All other program service	revenu	ie			46 400 - 6-			
	g	Total. Add lines 2a-2f					46,183,562.			
	3	Investment income (include	ling div	vidends,	intere	st, and				
		other similar amounts)					262,121.			262,121.
	4	Income from investment of	f tax-e	exempt b	ond p	roceeds				_
	5	Royalties								
			l ⊢	(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	201,						
	b	Less: rental expenses	6b		0.					
	c	Rental income or (loss)	6с	201,	248.					
	d	Net rental income or (loss)	$\overline{}$				201,248.			201,248.
	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	7b		574.					
ther Revenue	c	Gain or (loss)	7с	-63,	574.					
Re	d	Net gain or (loss)			<u></u>		-63,574.			-63,574.
Jer	8 a	Gross income from fundraising	ng even	its (not						
₹		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	c	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					
	c	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					
		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					47,639,239.	46,183,562.	0.	399,795.

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 operation Total oper	00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
A Grant Gr	Do i	· I		(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 3 4 4 4 4 4 4 4 4 4			ı otal expenses			
2 Grants and other assistance to domestic inclividuous. See Part IV, line 17 (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1	Grants and other assistance to domestic organizations		·		
Individuals See Pear IV, line 22 7,000,		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current of license, directors, trustees, and key employees 6 Compensation or current of license, directors, trustees, and key employees 6 Compensation or current of license, directors, trustees, and key employees 7 Other salation and included above to disqualified persons described in section 4958(n)(1)) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1)) and persons described in section 4958(n)(1) and persons 495	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	7,000.	7,000.		
individuals. See Part IV, lines 15 and 16	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((r))) and persons described in section 4958((r)) and 4958((r)) and persons described in section 4958((r)) and persons described in section 4958((r)) and 4958((r)) and persons described in section 4958((r)) and 4958((r)) and persons described in section 4958((r)) and 4958((r)		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 293,617. 6 Compensation not included above to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and 493(9) employer contributions (include section 401(8) employer (includ		individuals. See Part IV, lines 15 and 16				
trustees, and keye employees	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(c)(3)(8)	5	Compensation of current officers, directors,				
persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accrusia and contributions (include section 401(k)) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,960,616. 1,564,780. 395,836. 10 Payroll taxes 11,867,509. 1,867,509. 181,010. 1811,010. 1811,010. 1811,010. 1812,010. 1811,010. 1811,010. 1813,010. 1811,010. 1811,010. 1814,010. 1814,010. 1811,010. 1811,010. 1816,010. 1811,010. 1811,010. 1811,010. 1816,010. 1811,		trustees, and key employees	293,617.		293,617.	
persons described in section 4968(c)(3)(B) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 40(t)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,433,266, 1,1564,780, 1395,836, 10 Payroll taxes 11,433,266, 1,200,487, 232,779, 11 Fees for services (nonemployees): 1	6	Compensation not included above to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 280_041. 219_500. 60_541.						
Section 401(k) and 403(b) employer contributions 280, 041, 219, 500, 60, 541,			14,644,548.	12,061,411.	2,583,137.	
9 Other employee benefits 1,960,616. 1,564,780. 395,836. 10 Payroll taxes 1,433,266. 1,200,487. 232,779. 11 Fees for services (nonemployees): a Management 1,867,509. 1,867,509. 1,867,509. 1 b Legal 181,010. 18	8		600 011			
10						
11 Fees for services (nonemployees): a Management						
a Management			1,433,266.	1,200,487.	232,779.	
Description		. , ,	1 007 500	1 005 500		
C Accounting 60,602, 60,602, 60,602, 60,602, 61,000, 60,602, 61,000, 60,602, 61,000, 6	а	-		1,867,509.	101 010	
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.) 2,666,567. 2,666,567. 2,666,567. 2,666,567. 2,666,567. 2,666,567. 3,276,295. 2,886,317. 388,931. 1,047. Information technology Royalties Cocupancy 9,576,412. 9,573,214. 3,198. 10 Coupancy 9,576,412. 9,573,214. 3,198. 11,047. Payments of travel or entertainment expenses for any federal, state, or local public officials Corrected, state, or local public officials Conferences, conventions, and meetings Interest 733,740. 733,740. 273,740. 273,740. 273,740. 273,740. 273,740. 273,740. 274 284 Chier expenses. Itemize expenses not covered above. (List miscellane)use 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 192,767. 123,664. 68,606. 497. c CHARITY CARE d All other expenses Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.	b					
Professional fundraising services. See Part IV, line 17 Investment management fees			60,602.		60,602.	
The system of						
Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2,666,567. 2,666,567.	_		14 510		14 510	
Column (A), amount, list line 11g expenses on Sch 0.) 2,666,567. 2,666,567. 2,666,567. 1,828,645. 1,828,645. 1,828,645. 3,276,295. 2,886,317. 388,931. 1,047. 1			14,516.		14,516.	
12 Advertising and promotion	g		2 666 567		2 666 567	
13 Office expenses 3,276,295. 2,886,317. 388,931. 1,047. 14 Information technology	40	· · · · · · · · · · · · · · · · · · ·		1 828 645	2,000,307.	
Information technology					388 931	1 047
15 Royalties 9,576,412. 9,573,214. 3,198. 17 Travel 54,365. 22,763. 31,602. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 733,740. 733,740. 19 Conferences, conventions, and meetings. 733,740. 733,740. 20 Interest 733,740. 733,740. 21 Payments to affiliates Depreciation, depletion, and amortization 6,874,900. 6,874,900. 23 Insurance 616,365. 616,365. 616,365. 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.) 1,933,400. 1,918,623. 14,777. a EQUIPMENT RELATIONS 192,767. 123,664. 68,606. 497. c CHARITY CARE 127,221. 127,221. 127,221. d 48,623,404. 41,626,139. 6,995,721. 1,544. 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721.			3,270,233.	2,000,317.	300,331.	1,047.
16 Occupancy 9,576,412. 9,573,214. 3,198. 17 Travel 54,365. 22,763. 31,602. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. 20 19 Conferences, conventions, and meetings. 733,740. 733,740. 20 Interest. 733,740. 733,740. 21 Payments to affiliates. 9,574,900. 6,874,900. 22 Depreciation, depletion, and amortization. 6,874,900. 6,874,900. 23 Insurance. 616,365. 616,365. 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.) 1,933,400. 1,918,623. 14,777. b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. c CHARITY CARE 127,221. 127,221. 127,221. d All other expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.						
17 Travel 54,365. 22,763. 31,602. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4 31,602. 19 Conferences, conventions, and meetings 733,740. 733,740. 20 Interest 733,740. 733,740. 21 Payments to affiliates 6,874,900. 6,874,900. 22 Depreciation, depletion, and amortization 6,874,900. 6,874,900. 23 Insurance 616,365. 616,365. 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.) 1,933,400. 1,918,623. 14,777. B RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. C CHARITY CARE 127,221. 127,221. 127,221. d e All other expenses 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 48,623,404. 41,626,139. 6,995,721. 1,544.			9 576 412.	9 573 214.	3 198.	
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) RESIDENT RELATIONS CHARITY CARE All other expenses All other expenses. All other expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined						
for any federal, state, or local public officials 19		_	7			
Interest 733,740. 733,740. 20 Interest 733,740. 733,740. 21 Payments to affiliates 6,874,900. 6,874,900. 22 Depreciation, depletion, and amortization 6,874,900. 6,874,900. 23 Insurance 616,365. 616,365. 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 RENTAL 1,933,400. 1,918,623. 14,777. b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. c CHARITY CARE 127,221. 127,221. d All other expenses 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.	10					
20 Interest	19	Operformers and analysis of				
Payments to affiliates Depreciation, depletion, and amortization 6,874,900. 6,874,900.		· · · · · · · · · · · · · · · · · · ·	733,740.	733,740.		
22 Depreciation, depletion, and amortization 6,874,900. 6,874,900. 23 Insurance 616,365. 616,365. 24 Other expenses. Itemize expenses on to 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.) 1,933,400. 1,918,623. 14,777. a EQUIPMENT RENTAL 1,933,400. 1,918,623. 14,777. b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. c CHARITY CARE 127,221. 127,221. 127,221. d 48,623,404. 41,626,139. 6,995,721. 1,544. 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 48,623,404. 41,626,139. 6,995,721. 1,544.			,	,		
23 Insurance			6,874,900.	6,874,900.		
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 192,767. 192,767. 123,664. 68,606. 497. C CHARITY CARE 127,221. 127,221. d e All other expenses Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.		Inquirence				
line 24è amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. C CHARITY CARE 127,221. 127,221. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.	24					
amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. C CHARITY CARE 127,221. 127,221. 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544.						
b RESIDENT RELATIONS 192,767. 123,664. 68,606. 497. c CHARITY CARE 127,221. 127,221. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
C CHARITY CARE d	а		1,933,400.	1,918,623.	14,777.	
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	b	RESIDENT RELATIONS	192,767.	123,664.	68,606.	497.
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	С	CHARITY CARE	127,221.	127,221.		
Total functional expenses. Add lines 1 through 24e 48,623,404. 41,626,139. 6,995,721. 1,544. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses				
reported in column (B) joint costs from a combined	25		48,623,404.	41,626,139.	6,995,721.	1,544.
	26	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation.		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

37-1742780

Form 990 (2023)
Part X Balance Sheet

Pai	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			9,963,348.	2	3,382,369.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			534,519.	4	851,479.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			239,806,245.	7	4,880,850.
Assets	8	Inventories for sale or use		60,981.	8	45,770.	
As	9	Duran sid some server and defermed also some			146,110.	9	124,438.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D		9,454,478.			
	b	Less: accumulated depreciation		5,735,827.	216,019,220.	10c	3,718,651.
	11	Investments - publicly traded securities	813,504.	11	1,492,979.		
	12	Investments - other securities. See Part IV, lin		6,891,988.	12	7,291,025.	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	225,561,118.	
	16	Total assets. Add lines 1 through 15 (must e			474,235,915.	16	247,348,679.
	17	Accounts payable and accrued expenses			4,153,538.	17	2,744,160.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple		807,000.	21	635,200.	
S	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
abil		controlled entity or family member of any of the	hese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unr	elated th		13,394,270.	23	5,824,269.
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			487,373,190.	25	267,812,162.
	26	Total liabilities. Add lines 17 through 25			505,727,998.	26	277,015,791.
		Organizations that follow FASB ASC 958, o	heck he	e X			
ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			-32,749,159.	27	-31,316,403.
Ва	28	Net assets with donor restrictions	1,257,076.	28	1,649,291.		
п		Organizations that do not follow FASB ASC					
Ţ		and complete lines 29 through 33.					
o S	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or			30		
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-31,492,083.	32	-29,667,112.
_	33	Total liabilities and net assets/fund balances			474,235,915.	33	247,348,679.

Form **990** (2023)

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Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					Х			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47	639,	239.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		48	623,	404.			
3	Revenue less expenses. Subtract line 2 from line 1	3			984,	165.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4								
5	5 Net unrealized gains (losses) on investments5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		2	450,	592.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			129,	474.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10		-29	667,	112.			
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
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	Х				
	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 Scho								
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?			За		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Publ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LANTERN HILL, INC. Employer identification number 37-1742780

Pa	rt I	Reason for Public C	Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.					
he	organi	zation is not a private found										
1		A church, convention of chu)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)							
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	i).					
4	Ħ	A medical research organiza						the hospital's name				
•		city, and state:	anon operated in eer	,ja.,,o.,,o.,,		000110		ine neophane manne,				
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe	ad in				
3		section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit describe	5 4 III				
_						70/L\/4\/A\	(. A					
6	H	A federal, state, or local gov						and the state of the state of				
7	Ш	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.)										
8	Щ	A community trust describe			•							
9		An agricultural research org				-	-	-				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
10	Х	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem	pt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section s	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connec	ion with its	s supporte	d organization(s), by hav	ving				
		control or management of						•				
		organization(s). You mus					3					
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.				
		its supported organization					• •	,				
d		Type III non-functionally						zation(s)				
-		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *				
		requirement (see instructi	-		-		='	7011000				
е		Check this box if the orga	•	-								
·		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
f	Ente	r the number of supported o	• •	iany intogratou oupport	ng organiz	ation.						
		ide the following information		d organization(s).								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions)	1.00							
ota												

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	Т	T		Г	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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		,			10	
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the			•	•	. , . ,	
S_	organization, check this box and stop ction C. Computation of Publi						
	-			column (fl)		14	
	Public support percentage for 2023 (I Public support percentage from 2022					15	<u>%</u> %
				n line 13 and line			
100	6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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 qual						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-	•	g.	
b	10% -facts-and-circumstances test	-	-	*	-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
<u>18</u>	Private foundation. If the organization		-				<u></u>
							/Farm 000\ 0002

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	slow, picase comp	icto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	375,796.	2,406,241.	911,500.	803,066.	1,055,882.	5,552,485.
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	30,075,417.	33,984,463.	36,963,013.	41,251,946.	46,183,562.	188,458,401.
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	30,451,213.	36,390,704.	37,874,513.	42,055,012.	47,239,444.	194,010,886.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	150,000.	150,000.	270,000.	210,314.	260,394.	1,040,708.
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.	270,000.	210,314.	260,394.	
	Public support. (Subtract line 7c from line 6.)	·	·	·	·	·	192,970,178.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	30,451,213.	36,390,704.	37,874,513.	42,055,012.	47,239,444.	194,010,886.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,230,989.	9,220,343.	11,230,186.	12,003,226.	463,369.	41,148,113.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	8,230,989.	9,220,343.	11,230,186.	12,003,226.	463,369.	41,148,113.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					·	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	38,682,202.	45,611,047.	49,104,699.	54,058,238.	47,702,813.	235,158,999.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
	check this box and stop here						
Se	Section C. Computation of Public Support Percentage						
15	15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))					15	82.06 %
	Public support percentage from 2022					16	78.14 %
	ction D. Computation of Inves						15.50
	Investment income percentage for 20					17	17.50 %
	Investment income percentage from 2					18	21.43 %
19a	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	=	-		•		
	line 18 is not more than 33 1/3%, chec	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990) 2023 LANTERN HILL, INC. 37-1742780 Page 4

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.)

1		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authority of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a babve? b A family member of a person described on line 11a babve? c A 35% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a or 11b above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described on line 11a above? b A 25% controlled entity of a person described entity of a person described organization of a person described engine 2 person described to such of 11a organizations and line 11a or 11b above? b A 25% controlled engine 2 person described engine 2 person described organizations and line 11a or 11a above? b A 25% controlled engine 2 person described engine 2 person described engine 2 person descri	Pai	T IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization? b A Amily member of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? 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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization of the common organization organizati				Yes	No
11a blow, the governing body of a supported organization? b A family member of a person described on line 11a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 1b blot 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 require yaporit or elect at least a majority of the organizations for one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations of effectively operated, supervised, or controlled the organization as activities. If the organization had more than one supported supported organization of the transfer organization of the transfer organization of the transfer organization organization and the supported organization organi	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision		11c below, the governing body of a supported organization?	11a		i
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<u>Schedule A (Form 990) 2023</u> LANTERN HILL, INC. 37-1742780 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	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 exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	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.					
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	•	Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
<u>e</u>	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
<u>_i</u>	Carryover from 2018 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
<u>e</u>	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 LANTERN HILL, INC.	37-1742780	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	l and 2; Part IV, Section (/, Section B, line 1e; Part	C, t V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

LA	NTERN HILL, INC.	37-1742780				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private 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					
Note: Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le. See instructions.				
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•				
Special Rules						
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a general that the section solutions of more than \$1,000 exclusively for religious, charitable, solutional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (elb) instead of the contributor name and address), II, and III.	cientific,				
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •				
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

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 Noncash (Complete Part II for noncash contributions.)
(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		\$373,796.	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		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$34,074.	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.)

Name of organization

Employer identification number

137-1742780

Part II	NOTICASTI Property (see instructions). Use duplicate copies of Part II it a	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			
		\$7,627.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization		Employer identification number			
	HILL, INC.		37-1742780			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional sp	through (e) and the following line entideritable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift	<u> </u>			
	Transferee's name, address, an	d 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			
-	(e) Transfer of gift					
	Transferee's name, address, and 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			
		(e) Transfer of gif	<u> </u>			
	Transferee's name, address, and 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, an	(e) Transfer of giff d ZIP + 4	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

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	dule D (Form 990) 2023 LANTERN HI							-1742		Pa	age 2
Pai	t III Organizations Maintaining C	collections of Ar	t, Histor	ical Tre	asures, or Ot	ther Si	milar As	sets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check a	ny of the f	ollowing that mal	ke signif	icant use o	f its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🗌 Lo	an or exc	hange program						
b	Scholarly research	e	• 🔲 O1	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organization's	exempt	purpose in	Part X	all.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treas	sures, or other sir	nilar ass	ets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's co	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the or	ganizatior	answered "Yes"	on Forr	n 990, Part	IV, lin	e 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for co	ntribution	s or other assets	not incl	uded				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
						ĺ			Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		·· 		X]
Par	t V Endowment Funds Complete it	f the organization ans	swered "Ye	es" on For	m 990, Part IV, lii	ne 10.					
		(a) Current year	(b) Prid	or year	(c) Two years ba	ck (d)	Three years	back	(e) Four	years l	oack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end halance	e (line 1a. (column (a)) held as.						
a	Board designated or quasi-endowment	•	%	oolalliii (a)) Hold do.						
b	Permanent endowment	%	— ′°								
c											
·	The percentages on lines 2a, 2b, and 2c sho	- 1 -									
32	Are there endowment funds not in the posse	•	ation that a	re held ar	nd administered f	or the					
ou	organization by:	osolori or tire organiza	ation that c	ire riela ai	ia aariii iistoroa i	01 1110			Γ	Yes	No
	(i) Unrelated organizations?								3a(i)	-	
	(m) D								3a(ii)	\dashv	
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir							3b	\dashv	
4	Describe in Part XIII the intended uses of the								_ JD _		
	t VI Land, Buildings, and Equipm		willelit lui	ius.							
	Complete if the organization answere) Part IV I	ine 11a S	ee Form 990 Pai	rt X line	10				
	Description of property	(a) Cost or o	· ·		<u> </u>		mulated	Т	(d) Book		
	Description of property	basis (investr		` '	or other (other)	depred			(a) Book	value	,
	Land	`		Dasis	(53101)	acpiec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
	Land			2	,895,860.		895,000.		າ	000,8	860
	Buildings				,093,000.		093,000.	+	۷,	,,,,	,00.
	Leasehold improvements			2	801 402	<u> </u>	050 604	+		750 '	700
	Equipment				,801,402.		050,694.	_		750,7	
	Other				,757,216.		790,133.	+		967,0	
ıota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X line 10c	column	(R))			1	٥,	718,6	ıı⊥.

Schedule D (Form 990) 2023

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

Part VII	Investments -	Other	Securities
----------	---------------	-------	------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(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)								
								

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

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 X, line 13, col. (R))		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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) OTHER CURRENT ASSETS	471,664.
(2) FINANCE LEASE RIGHT OF USE ASSETS, NET	225,089,454.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	225,561,118.

Other Liabilities Part X

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	398,178.
(3)	RESIDENT DEPOSITS (NET)	255,135,483.
(4)	DEFERRED MANAGEMENT FEES	93,375.
(5)	DEFERRED INTEREST	28,785.
(6)	RESIDENT REFUNDS PAYABLE	12,156,341.
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	267,812,162.

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

Page 4

Part XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 1.		evenue per me	tuiii	
			1	47,949,680.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
a Net unrealized gains (losses) on investments	2a	229,070.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	1	129,963.		
e Add lines 2a through 2d			2e	359,033.
3 Subtract line 2e from line 1			3	47,590,647.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,518.		
b Other (Describe in Part XIII.)	4b	34,074.		
c Add lines 4a and 4b			4c	48,592.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	47,639,239.
Part XII Reconciliation of Expenses per Audited Financial State		xpenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1.	2a.			
Total expenses and losses per audited financial statements			1	48,575,301.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a			
b Prior year adjustments	1 1			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	-33,585.		
e Add lines 2a through 2d			2e	-33,585.
3 Subtract line 2e from line 1			3	48,608,886.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	14 510		
a Investment expenses not included on Form 990, Part VIII, line 7b		14,518.	-	
b Other (Describe in Part XIII.)	4b			14 510
c Add lines 4a and 4b			4c 5	14,518.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information			5	40,023,404.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a PART IV, LINE 2B:			; Part X, lii	ne 2; Part XI,
PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT	PAYMENTS			
PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE				
ARE REPORTED ON FORM 990, PART X, LINE 21.				
PART X, LINE 2:				
LANTERN HILL ("LHN") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	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 WO	ULD REQUIRE			
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2023 LANTERN HILL INC.		37-1742780	Page 5
Schedule D (Form 990) 2023 LANTERN HILL, INC. Part XIII Supplemental Information (continued)			r age c
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN RESTRICTED NET INVESTMENT RETURN	129,474.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	489.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	129,963.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	34,074.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	-34,074.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	489.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-33,585.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LANTERN HILL,	INC.						37-1742780
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	n
criteria used to award the grants or assist							X Yes No
2 Describe in Part IV the organization's prod	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part l	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.11.1.6		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations			e line 1 table				

Schedule I (Form 990) 2023 LANTERN HILL, INC. 37-1742780 Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	7	7,000.	0.						
		,							
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
SCHEDULE I, PART I, LINE 2									
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR	-ROUND AT LAN	ITERN							
HILL. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE	DURING THE T	!WO							
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL I	BE REVIEWED A	AND							
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST I	HAVE BEEN EMF	PLOYED BY							
LANTERN HILL ON OR BEFORE SEPTEMBER 30, OF THE STAI	RT OF THEIR J	UNIOR							
YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEV	VE 700 HOURS	OF WORK							
DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNI	E 1, OF THEIF	R JUNIOR							
	BAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE END OF								

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

Part IV | Supplemental Information

THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY).

ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO

NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE

THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM

EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM

THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN

"GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL

EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE

TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES

MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE

RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF

FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION

FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO

WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF

THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO

COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL, SCHOLAR CANDIDATES MUST

ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH

SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE

FALL OF 2023 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN

EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP

TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST

MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO

SEMESTERS WILL COUNT AS THE TWO ALLOCABLE SEMESTER LAPSES.) SCHOLARS

WHO LAPSE FROM THE PROGRAM FOR MORE THAN A TOTAL OF TWO SEMESTERS AFTER

BEING INDUCTED INTO THE PROGRAM ARE NO LONGER ELIGIBLE TO RECEIVE THE

AWARD.

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

LANTERN HILL, INC.

Part I Questions Regarding Compensation

Employer identification number 37-1742780

			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			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	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
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	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)2	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	e reportable	compensation			
(1) CRAIG KARCZMER	(i)	230,947.	41,000.	5,899.	9,150.	6,621.	293,617.	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)	215,000.	0.	0.	0.	0.	215,000.	0.
(3) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
(4) LINDA BECHTOLD	(i)	132,042.	15,770.	1,035.	4,183.	10,814.	163,844.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

LANTERN HILL, INC. 37-1742780 Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 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 the	nis part for any additional information.	
PART I, LINE 7:		
FART 1, DINE 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		
EDICACON GENTOD LIVING ILG ("EGL") AN UNDELAMED ODGANIZAMION MO		
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,		
DADE UT CECETON A LINE 2 HUEDEFORE FOR THE MARCUING DURDOCEC FO		
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		
IANTEDN UTII INC		
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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 37-1742780 LANTERN HILL, INC. 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.

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 A NEW MANAGEMENT AND MARKETING AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF JANUARY 1, 2023. THE NEW MANAGEMENT AND MARKETING AGREEMENT MADE SEVERAL CHANGES, INCLUDING THE MODIFICATION OF THE MANAGEMENT FEE TO 4.5% THROUGH "STABILIZATION" AS DEFINED IN THE NEW AGREEMENT (TO OCCUR NO LATER THAN DECEMBER 31, 2030), AND TO CHANGE THE EXPIRATION DATE OF THE AGREEMENT TO THE EARLIER OF DECEMBER 31, 2050 OR ACQUISITION. 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, 2023, THE ORGANIZATION ENTERED INTO AMENDMENTS TO THE MASTER LEASE AND USE AGREEMENT WITH THE LANDOWNER OF THE COMMUNITY, AN AFFILIATE OF ESL, WHICH, AMONG OTHER THINGS, PROVIDES FOR THE OPTION TO

Name of the organization	Employer identification number
LANTERN HILL, INC.	37-1742780
EXTEND THE LEASE TERM FOR SEVEN ADDITIONAL TEN YEAR RENEWAL TERMS.	
CUDIC DAMINARY TOUR WALL NEAR CANMED AND MADE DEPOSITE AND ADDRESS OF THE PARTY.	
CHRIS RATHMANN, JOHN HALL, NEAL GANTERT, AND MARK EMBLEY ARE LISTED IN PART	
VII, AS NON-COMPENSATED OFFICERS OF THE FILING ORGANIZATION. THEIR DUTIES	
ARE CONSIDERED PERFORMED PRO BONO. CRAIG KARCZMER, EXECUTIVE DIRECTORIS A	
LEASED EMPLOYEE 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.	

Employer identification number Name of the organization LANTERN HILL, INC. 37-1742780 FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO 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

Name of the organization **Employer identification number** LANTERN HILL, INC. 37-1742780 MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM? THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE 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,

Employer identification number Name of the organization LANTERN HILL, INC. 37-1742780 EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS 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 2023 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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** LANTERN HILL, INC. 37-1742780 TO THE PUBLIC DURING THE TAX YEAR. 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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization LANTERN HILL, INC.	Employer identification number 37-1742780
("WCLA"), WHICH ALLOWS LH TO BORROW FROM NPC. THE AGREEMENT HAS BEEN	
AMENDED ON VARIOUS DATES TO ADJUST THE CAPACITY UNDER THE LOAN. THE	
LATEST AMENDEDMENT ON APRIL 25, 2018, SET THE BORROWING CAPACITY TO	
\$23,000,000. AS OF DECEMBER 31, 2023 AND 2022 THE BALANCE ON THE WCLA	
WAS \$5,824,269 AND \$13,394,270, RESPECTIVELY.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN RESTRICTED NET INVESTMENT RETURN 129,474.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

LANTERN HILL, INC.					37-1742780		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct c	(f) ontrolling ntity)
	-						
	-						
	-						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exer	npt	
(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	(f) Direct controlling entity	Section 5 contr	olled
ANN'S CHOICE, INC - 52-2095427				501(c)(3))		Yes	No
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

MARYLAND

MARYLAND

MARYLAND

501(C)(3)

501(C)(3)

501(C)(3)

LINE 10

LINE 10

LINE 10

CONTINUING CARE RETIREMENT

CONTINUING CARE RETIREMENT

COMMUNITY

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

92-2205771. 816 CONNECTICUT AVE. NW. 7TH FL. CONTINUING CARE RETIREMENT

Schedule R (Form 990) 2023

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NATIONAL SENIOR

COMMUNITIES, INC

NATIONAL SENIOR

NATIONAL SENIOR

COMMUNITIES, INC

COMMUNITIES, INC

ASHBURN, VA

ASHBY PONDS, INC - 20-5609803 21170 ASHBY PONDS BLVD.

20147

BETHESDA NSC RETIREMENT COMMUNITY, INC

AVERY POINT, INC - 92-2254866

1000 AVERY POINT WAY

RICHMOND, VA 23233

WASHINGTON DC 20006

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	Name, address, and EIN Primary activity		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	
BROOKSBY VILLAGE, INC - 52-2126755				(7(7)		Yes	NO
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		
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
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		İ
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		l
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		İ
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		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
RIDERWOOD VILLAGE, INC - 52-2126753							
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
SILVER SPRING, MD 20904	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	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
•		, , ,		501(c)(3))		Yes	No
SEABROOK VILLAGE, INC - 52-2126751							
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
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		
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
WOODLEIGH CHASE, 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
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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)	(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	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	mana partn	ow er?	ercentage wnership
		country)		sections 512-514)		assets	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		:	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		:	N/A

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

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

Page 3

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Yes No

1a

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)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
	Divided to force white decrees in the set				40		Х
T	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		
n	Purchase of assets from related organization(s)				1h		X
١.	Exchange of assets with related organization(s)				1i		
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u> </u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organizations				11		X
m	Performance of services or membership or fundraising solicitations by related organiz	zation(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		Х
					10		X
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)							
(2)							
<u>,-,</u>							
(3)							
(4)							
(5)							
(6)							
32163	09-28-23			Schedule	R (For	n 990)	2023

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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) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									