(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 2949318401211 OMB No. 1545-0047

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

2019

▶ Do not enter social security numbers on this form as it may be made public. 🧻 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2019 calend	dar year, or tax year beginning	Jul	1,20	19, and end	ling	Ju	n 30	, 20 20		
В	Check if a	pplicable	C Name of organization LIVING	STON MANOR	SENIOR A	APARTME	NTS,	INC	D Employ	er identification number		
	Address o	hange	Doing business as						51-04	43232		
	Name cha	inge	Number and street (or P O. box if	mail is not delivered	to street addre	ess)	Room	/suite	E Telepho	ne number		
	Initial retu	m	532 W. WALNUT ST						(610)	439-7007		
	Final retur	n/terminated	City or town, state or province, co	ountry, and ZIP or for	eign postal co	de			1			
	Amended	return	ALLENTOWN, PA 1810	01					G Gross receipts \$ 264,083.			
	Application	n pending	F Name and address of principal off	icer				H(a) Is this a gro	oup return for subordinates? Yes No			
			BRAD FATZINGER, 532 W.	. WALNUT ST,	ALLENTOW	N , PA 1	8101	H(b) Are all su	ubordinate:	s included? 🗌 Yes 🔲 No		
	Tax-exem	npt status:	▼ 501(c)(3)) ◀ (insert no.)	4947(a)(1) or 🗌 527	\mathcal{O}	\mathcal{J} If "No," a	ttach a list	(see instructions)		
J	Website:	► N/A						H(c) Group ex	cemption n	umber 🕨		
K	Form of o	rganization 🗵	Corporation Trust Associa	tion ☐ Other ►		L Year of for	mation	2004	M State o	f legal domicile PA		
P	art I	Summa	ry									
	1	Briefly des	cribe the organization's miss	ion or most sign	ificant activ	ities: REN	TAL	OF RENT	AL UNI	TS FOR		
ခ်	١.	LOW-INC	OME ELDERLY									
Governance	l .											
Ver	2	Check this	box ► ☐ If the organization	discontinued its	operations	or dispos	ed of	more than :	25% of 1	ts net assets.		
ဗိ			voting members of the gove						- 3	6		
که در			independent voting member				OEI	VED .	4	6		
Activities			per of individuals employed in	-		/, I Ino-2a) -		• • • • • •) 5 	0		
ŧ			per of volunteers (estimate if			6	3 0 5		d 6	6		
ĕ	1		ated business revenue from			紹 : 나	, 00		7a	0.		
	b	Net unrelat	ted business taxable income	from Form 990-	T, line 39	<u></u>			역 7b	0.		
	_					OG	UE	N Phor Year		Current Year		
e	1		ons and grants (Part VIII, line		'				466.	150,459.		
ē.			ervice revenue (Part VIII, line					112,	447.	113,586.		
Revenue	1		t income (Part VIII, column (A						74.	38.		
, –	1		nue (Part VIII, column (A), line									
`		Total reven	987.	264,083.								
. J	4		d similar amounts paid (Part I									
.) Li	14	•	aid to or for members (Part I)									
es-	15	-	ther compensation, employee					 -				
SCANNEXPENSES	16a		al fundraising fees (Part IX, c		· · · · · ·	_		المراقع	ا المستقدة			
ΠŠ	ь		raising expenses (Part IX, col			0.		401		427 641		
Z	17	•	enses (Part IX, column (A), lin				-		484.	427,641.		
Z	18	•	nses. Add lines 13-17 (must						484.	427,641.		
$\frac{\mathcal{C}}{\mathcal{C}}$	19	Hevenue ie	ess expenses. Subtract line 1	8 from line 12	· · · · · · · · · · · · · · · · · · · 	· · · ·	\neg	–135, inning of Curr		-163,558. End of Year		
ts oi	00	T-4-1	+- (Dark V. line 16)				beg			2,745,082.		
Sse Bala	20		ts (Part X, line 16)				-	2,895, 4,446,		4,459,466.		
Net Assets of Fund Balance	21 22		ities (Part X, line 26) or fund balances. Subtract I	ine 21 from line	 20			-1,550,		-1,714,384.		
	art II		re Block	IIIC 21 II OIII IIIIC	20	· · · · · · ·		1,330,	020.1	2772173011		
			, I declare that I have examined this	return uncluding acc	ompanying sch	edules and s	tateme	nts, and to the	best of m	v knowledge and belief, it is		
tru	e, correct	, and complet	e. Declaration of preparer (other than	officer) is based on	all information	of which prep	oarer ha	s any knowled	ige	, ,		
			RIT					1	119/3	11		
Sig	gn	Signat	ure of officer					Date	1 * * ·			
	ere	BRA	D FATZINGER, EXECUT	IVE DIRECTO	R							
	- · -		or print name and title					-				
_	• •		e preparer's name	Preparer's signatui	et 0	01	Date		Check 2	T If PTIN		
	aid	Dennis	s L. Natali	1- U / V - X	Natali	C F F)	01/	07/2021	self-emp			
	epare	Euro's por		COMPANY					EIN ► 2	3-1436393		
US	se Only	v ———	dress ► 1617 JOHN F. KENNED		720, PHI	LADELPHIA	, PA			5)563-6141		
Ma	v the IR		this return with the preparer							. ⊠Yes □No		
	.,	l. Dadeed	tion Act Nation and the compre				DEV 14	0/27/20 PRO		Form QQ () (2019)		

	RENTAL OF RENTAL UNITS FOR			
	TOTE THOOLOG OF DEDITY			
	District and the second second			
2	Did the organization undertake any significant pro prior Form 990 or 990-EZ?	gram services during the year whi	Yes	⊠ No
	If "Yes," describe these new services on Schedule	e O.		
3	Did the organization cease conducting, or mak services?	te significant changes in how it		⊠ No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service according expenses. Section 501(c)(3) and 501(c)(4) organization total expenses, and revenue, if any, for each program are according to the total expenses.	ations are required to report the a		
4a	(Code:) (Expenses \$ 397,035. in	ncluding grants of \$	0.)(Revenue \$ 113,586	<u>.</u>)
	LEASE AND OPERATE 42 ONE-BEDROOM F			·
4b	,			
				· ···

4c	(Code:) (Expenses \$ir	ncluding grants of \$) (Revenue \$)
				.
				·
				·
				
				. .
A -4	Other program services (Describe on Schedule O.)	1		
40	(Expenses \$ including grants of \$)	
4e	Total program service expenses ► 397	7,035.		

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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		×
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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		×
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		×
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		×
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		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	00		
24a	employees? If "Yes," complete Schedule J	23		×
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
ь	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		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	H		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		×

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	語詞	持盟	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		4	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		×
- b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
ь	If "Yes," enter the name of the foreign country ▶	建醇锅		CENT
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1.N. 45255	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
а	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_		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Trace of the Co.	×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Military Maria	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	APPENDED.	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	CHAR	X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		74 F.
12a		120	1900E-2	
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		THE STATE OF THE S
а	Note: See the instructions for additional information the organization must report on Schedule O.	Tarix.	高级摄 表	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			變變
C		14-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15	p demand and a	E B
46	If "Yes," see instructions and file Form 4720, Schedule N.	5,650,71,761-0	Harris .	745.731.50
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	建建设工	X
	If "Yes," complete Form 4720, Schedule O.	19. 班提	188	海影子 完

Part VI

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	_	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	/ - \	×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	×	×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	Secretarios L
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	<u> </u>
b	Other officers or key employees of the organization	15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	<u>, , , , , , , , , , , , , , , , , , , </u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest r	olicy
19 20	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 re-			, , ,
	MANAGEMENT, 532 W. WALNUT ST, ALLENTOWN, PA 18101 (610)439-7007			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)	(do n	ot ch		rtion more	e than c	ne	(D)	(E)	(F)
Name and title	Average hours	box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH MEDL	2.00									_
VICE PRESIDENT		×		ļ				0.	0.	0.
(2) ALTAGRACIA MERCADO SECRETARY	2.00	×						0.	_0.	_ 0.
(3) JIM ROTHERHAM TREASURER	2.00	×						0.	0.	0.
(4) HEIDI BAER BOARD MEMBER	2.00	×						0.	0.	0.
(5) JAIME CHAPPELL BOARD MEMBER	2.00	×						0.	0.	0.
(6) BRAD FATZINGER PRESIDENT	3.00	×						0.	98,344.	29,967.
(7)										
(8)										
(9)								,		
(10)										
(11)	<u> </u>									
(12)						-				
(13)	<u> </u>	-								
(14)	<u> </u>			_						

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em		_	s, an	d F	lighest Compe	nsated I	Emplo	yees (c	ontinued)
	N.				•	C)							
	(A) (B)			ot ch		ition more	e than	one	(D)	(E)			(F)
	Name and title	Average hours	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Report compen			ed amount other
		per week		1			or/trus	-	from the	from re		l .	ensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуев	a de de	Former	organization	organiza		ı	m the zation and
		hours for related	Tect de	utio	e e	l em	est o	व्	(W-2/1099-MISC)	(W-2/1099	7-IVII3C)		rganizations
		organizations	무플	na	}	ğ	l g						
		dotted line)	ste	rus		6	Dens						
		·	"	8		ļ	Highest compensated employee						
(15)					-	\vdash	<u> </u>	-					
(13)		 	1		ĺ								
(16)			 		┢	+	\vdash	 					
(10)		 	1			ļ		1					
(17)			1	<u> </u>		┢		1					
3:::2		†	1		İ							1	
(18)		<u> </u>	i i	T				1			-		
3			1										
(19)					\vdash			†					_
3/		†	1										
(20)			<u> </u>					<u> </u>					
32		†	1			1							
(21)								1					
		1	1					ļ					
(22)													
		1	1			l							
(23)													
				<u> </u>									
(24)		<u> </u>		1								İ	
		<u> </u>		<u> </u>	_	_		ļ				<u> </u>	
(25)		<u> </u>											
		<u> </u>	l		丄	<u>L</u>		<u>.</u>	ļ . <u> </u>				
1b	Subtotal							•	0.	98	,344.	ļ <u>-</u>	29,967.
С	Total from continuation sheets to Parl	-									244		00 067
d	Total (add lines 1b and 1c)							<u> </u>	0.		, 344.	 	29,967.
2	Total number of individuals (including bu		d to th	nose	e lis	ted	abov	e) w	vho received mor	e than \$1	00,000	ot	
	reportable compensation from the organ	ization >									_ _		Yes No
_													Tes No
3	Did the organization list any former							emp	oloyee, or highe	st compe	ensated	3	ويسون إواليك
	employee on line 1a? If "Yes," complete							•					X
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater tr	ап ф	150	,000	J ?	11 76	ب ائج,	complete Sche	dule J I	JI SUCI	4	×
_	Did any person listed on line 1a receive					·	 	•	· · · · · · ·	tion or in	 dwidwa		
5	for services rendered to the organization											5	×
Secti	on B. Independent Contractors	1. 11 103,	2011115	1010		1100	<u> </u>	701	sacri persori .	<u> </u>	<u> </u>		1
1	Complete this table for your five high	hest comp	ensat	ed.	ind	ene	nden	t co	ontractors that	received	more	than \$1	100.000 of
•	compensation from the organization. Rep												
								 , ,	(B)		1	(C)	
	(A) (B) (C) Name and business address Description of services Compensation												
							•	 	···				
		··· · · · ·					-	\dagger					
								\top					
								\top					
							-	T					
2	Total number of independent contract	ors (includi	ng bi	ut r	not	lımi	ted t	o ti	hose listed abov	ve) who			100
_	received more than \$100,000 of compens							-		,		e e	7

Part	VIII	Statement of Rev					ovilina in Abia Da			
		Check if Schedule	O COI	ntains a re	spon	se or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	C =	Fundraising events			_1c _					
Gifts, illar An	d	Related organization	ns .		1d					
<u>a</u> =	е	Government grants	(cont	rıbutions)	1e	150,459.				
Sin	f	All other contribution								
iğ iği		and similar amounts no	t inclu	ided above	1f					
흔히	g	Noncash contribution								
o u	_	lines 1a–1f <u>1g</u>								
0 8	h	Total. Add lines 1a-	-11 .	<u> </u>	•	Business Code	150,459.			
ø l	0-	DWELLING RENT				531110	113,586.	113,586.	0.	0.
ķ	2a b	DWEDDING KENI				331110	113,380.	113,300.	<u> </u>	
gram Ser Revenue	C							-		
E P	d									
gra	e						-			
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-					113,586.			法推销的证明
	3	Investment income	(incl	uding divid	dends	s, interest, and				
		other similar amoun					38.	0.	0.	38.
	4	Income from investr	nent d	of tax-exem	ipt bo	ond proceeds	<u> </u>			
	5	Royalties	<u></u>	· · · ·				Company and a second		
	_			(i) Real		(ii) Personal				
	6a	Gross rents	6a 6b			-				
	b c	Less: rental expenses Rental income or (loss)	-			 				
	d	Net rental income o		<u> </u>		>	STORY PROPERTY.			No. of the last of
	_	Gross amount from	1 7.00.	(i) Securit		(ii) Other				
	7a	sales of assets								
		other than inventory	7a							
ē	ь	Less cost or other basis								
enne		and sales expenses .	7b	<u> </u>						
>	С	Gain or (loss)	7c			<u></u>				
Other Re	d	Net gain or (loss)			<u> </u>	<u> ▶</u>				
the	8a	Gross income fro		ndraising						
0		events (not including		d on line						
		of contributions rep 1c). See Part IV, line			8a					
	, L	Less: direct expens			8b					
	b C	Net income or (loss)				ents •	With It desired to the services			L. M. Mil. United Strates and Control inc.
	9a	Gross income			j					
		activities. See Part			9a					
	ь	Less: direct expens			9b					
	С	Net income or (loss			ctiviti	es >				
	10a	Gross sales of II	rvent	ory, less						
		returns and allowan			10a	 				
	ь	Less: cost of goods			10b	 				
	С	Net income or (loss) from	n sales of ir	vent	T		Property CHO ATCHOR		
S I						Business Code				
Miscellaneous Revenue	11a					-	 			
scellaneo Revenue	b		-				 		 	
sce Re	A	All other revenue	-		. 	-				
Ξ	e e	Total. Add lines 11a	 a–11c	1			1			
	12	Total revenue See				<u> </u>	264,083.	113.586.	0.	38.

	IX Statement of Functional Expenses	·			
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 .				
2-	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	19,803.	0.	19,803.	0.
ь	Legal	923.	0.	923.	0.
С	Accounting	5,975.	0.	5,975.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				2
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3,905.	0.	3,905.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	173,461.	173,461.	0.	0.
23	Insurance	16,189.	16,189.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	打造高头或此		海色型 盖尔里克	
а	REPAIRS & MAINTENANCE	64,581.	64,581.	0.	0.
b	UTILITIES	19,951.	19,951.	0.	0.
С	TELEPHONE	1,863.	1,863.	0.	0.
d	SHARED EMPLOYEE REIMBUREMENT	120,990.	120,990.	0.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	427,641.	397,035.	30,606.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		<u></u> <u></u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	902.	1_	1,541.
	2	Savings and temporary cash investments		2	
- }	3	Pledges and grants receivable, net		3	
i	4	Accounts receivable, net	324.	4	2,614.
- 1	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
1		controlled entity or family member of any of these persons		5	
l	6	Loans and other receivables from other disqualified persons (as defined			
l	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	6,189.	9	6,515.
l	10a	Land, buildings, and equipment: cost or other			
	ь	basis. Complete Part VI of Schedule D 10a 4,677,077. Less: accumulated depreciation 10b 2,055,716.		10c	2,621,361.
ļ	11	Investments—publicly traded securities		111	2,021,301.
ł	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
ľ	15	Other assets. See Part IV, line 11		15	113,051.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,745,082.
	17	Accounts payable and accrued expenses	11,312.	17	20,427.
	18	Grants payable		18	
	19	Deferred revenue		19	
J	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	4,408,600.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	26,747.	25	30,439.
	26	Total liabilities. Add lines 17 through 25	4,446,659.	26	
S		Organizations that follow FASB ASC 958, check here ▶ ☒			
ce		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	-1,550,826.	27	-1,714,384.
Ba	28	Net assets with donor restrictions		28	
pur	}	Organizations that do not follow FASB ASC 958, check here ▶ □			
딘		and complete lines 29 through 33.			
o s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	-1,714,384.
Z	33	Total liabilities and net assets/fund balances	2,895,833.	33	2,745,082.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\boxtimes
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	64,0	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	27,6	<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	63,5	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>-1,5</u>	50,8	<u> 26.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	-1,7	14,3	84.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • •			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	爱量	
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	In See		
_	Schedule O.				E E
2a	·		2a	THE SECTION	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
L	Were the organization's financial statements audited by an independent accountant?		2b	×	
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	· · ·	The street later		
	separate basis, consolidated basis, or both:	itea on	d		
	Separate basis, consolidated basis, or both. 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 ov	ersiaht	of	1-1-1-1-1	
C	the audit, review, or compilation of its financial statements and selection of an independent account		° 2c	$ \times $	
	If the organization changed either its oversight process or selection process during the tax year, e		on 🗐		
	Schedule O.	, , , , , , , , , , , , , , , , , , ,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he	- Colombia	
-	Single Audit Act and OMB Circular A-133?		3a		×
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not un-	dergo ti	he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 10/27/20 PRO		For	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 51_0//3232

	INGSTON MANOR SENIOR APA					51-0443232		
Par							ns.	
The c 1 2 3 4	organization is not a private founda A church, convention of church A school described in section A hospital or a cooperative hos A medical research organization hospital's name, city, and state	nes, or association 170(b)(1)(A)(ii). (spital service orgonomorated in co	on of churches descri Attach Schedule E (Fo anization described in	bed in second orm 990 on section	ction 17 or 990-E2 170(b)(1	0(b)(1)(A)(i). Z).))(A)(iii).	(iii). Enter the	
5	An organization operated for a section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in	
6 7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 							
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II)				
9	An agricultural research organi or university or a non-land-grauniversity:	nt college of agri	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more thar ection 511 tax) from	n 33¹/₃% of its	
11	An organization organized and							
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organization ough 12d that des	ns described in secti scribes the type of sup	on 509(a porting o)(1) or se rganization	ection 509(a)(2). See on and complete line	e section 509(a)(3). es 12e, 12f, and 12g.	
а	Type I. A supporting organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	control or management of organization(s). You must	the supporting o complete Part I	rganızatıon vested in V, Sections A and C.	the same	persons	that control or mana	age the supported	
С	Type III functionally integ its supported organization(rated. A supports) (see instruction	ting organization oper ns). You must comp l	ated in c lete Part	onnection IV, Secti	n with, and functions ons A, D, and E.	ally integrated with,	
d	☐ Type III non-functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
е	functionally integrated, or	Гуре III non-func	tionally integrated sur				e II, Type III	
f	Enter the number of supported of							
<u> </u>	Provide the following information (i) Name of supported organization	n about the supp	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota					والمتالية			

Part	(Complete only if you checked the						
	Part III. If the organization fails to						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	-include any "unusual grants.")						
2	Tax revenues levied for the	}				/	ľ
	organization's benefit and either paid to or expended on its behalf						
•	·				 	/	
3	The value of services or facilities furnished by a governmental unit to the					/	
	organization without charge						
4	Total. Add lines 1 through 3					/	
	-						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly				3.7		
	supported organization) included on						
•	line 1 that exceeds 2% of the amount						-
	shown on line 11, column (f)			President Services	Zacata	47.72.7.75	-
6	Public support. Subtract line 5 from line 4						<u> </u>
-	ion B. Total Support	1	1 "1 2212	1 1 2 2 2 2	1 (0.0040	1 (10010	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from		/	1			
	similar sources						
9	Net income from unrelated business		1				
	activities, whether or not the business					-	
	is regularly carried on				ļ		
10	Other income. Do not include gain or	/	1				
	loss from the sale of capital assets						
	(Explain in Part VI.)		THE STATE OF THE S			less out the same	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	1475年35年36日100日10日日本人出了公司	A CAMPAGE AND ASSESSMENT OF THE PERSON AND ASSESSMENT OF THE PERSON ASS		TERM NOW AND A SECOND	12	<u> </u>
13	First five years. If the Form 990 is for the			nd. third. fourth	h. or fifth tax v		on 501(c)(3)
	organization, check this box and stop he	, -					
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2019 (line	6, column (f) d	ivided by line 1			14	%
15	Public support percentage from 2018 Sc					15	%
16a	331/3% support test-2019. If the organ						. —
	box and stop here. The organization qua						
b							
	this box and stop here. The organization			•			_
17a							
	10% or more, and if the organization meats the	eets the "tacts" "facts-and-cir	s-and-circumsi	iances" test, c	neck this box	and stop nere	supported
	organization				iization quaime	as a publicly	>
1					ov on line 12	16a 16h or 1	
b	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization						🗲 🗖
18	Private foundation. If the organization d						l see
	instructions						
			,				90 or 990-F7) 2019

REV 10/27/20 PRO

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		. <u></u>				·
	received. (Do not include any "unusual grants")	156,478.	153,882.	156,944.	153,466.	150,459.	771,229.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	107,612.	106,947.	105,819.	112,447.	113,586.	546,411.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	264,090.	260,829.	262,763.	265,913.	264,045.	1,317,640.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	4504					
Conti	on B. Total Support		美華和華 名為第	A STATE OF THE STA	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,317,640.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	264,090.	260,829.	262,763.	265,913.	264,045.	1,317,640.
10a	Gross income from interest, dividends,	204,030.	200,025.	202,703.	200,010.	204,043.	1,317,040.
	payments received on securities loans, rents, royalties, and income from similar sources.	70.	68.	85.	74.	38.	335.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	70.	68.	85.	74.	38.	335.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	264 160	260 897	262 848	265 987	264 083	1,317,975.
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization		d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line			13, column (fl)		15	99.97 %
16	Public support percentage from 2018 Sc		-			16	99.97 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019			by line 13, colu	mn (f))	17	0.03 %
18	Investment income percentage from 201	8 Schedule A, I	Part III, line 17			18	0.03 %
19a	331/3% support tests - 2019. If the organ				nd line 15 is m	ore than 331/3	
	17 is not more than 331/3%, check this box						
b	33 ¹ / ₃ % support tests—2018. If the organization 18 is not more than 33 ¹ / ₃ %, check this						331/3%, and
20	Private foundation. If the organization d		=		•	-	=

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

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				<u> </u>
Part	V Supporting Organizations (continued)	- 1	_ 1	
		(Liputation of the	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	!	
Secti	on B. Type I Supporting Organizations	J;	V	NI.
4	Dut the divisions twinters as wear handling of one or many alignment of organizations boyer the native to	Note Care	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	相對		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	36.38	A COLUMN
2	Did the organization operate for the benefit of any supported organization other than the supported			* 20
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		77.550250	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		3-27-33
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			常装
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		re will age
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tion	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.	POSSESSACE	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		源落	7
	that these activities constituted substantially all of its activities	2a	- 143 S.	Track.
L		20	SEX	33.77
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		PRINT 1983
3	Parent of Supported Organizations Answer (a) and (b) below.			255
з a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-05 VS-04	ra.com
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	100		
D.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		الاستحدد

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	THE PROPERTY OF THE PARTY OF TH	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	iy ın	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	, , ,	empt purposes of suppo	orted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions.		- , ,,					
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
C	From 2016							
<u>d</u>	From 2017		ALTERNATION OF THE PROPERTY OF					
ė	From 2018							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2019 distributable amount							
<u>i</u>	Carryover from 2014 not applied (see instructions)							
<u>J</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from							
4	Section D, line 7:							
	Applied to underdistributions of prior years		SAME SAME SAME SAME AND SAME SAME SAME SAME SAME SAME SAME SAME					
b	Applied to 2019 distributable amount			Trace Company (Manage Company Company				
c	Remainder. Subtract lines 4a and 4b from 4.	TOTAL MARKET SELF & SCHOOL SCHOOL SELF						
5	Remaining underdistributions for years prior to 2019, if		the statement with a state by a special consideration of the state of the state of					
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c							
8	Breakdown of line 7:							
a	Excess from 2015							
b	Excess from 2016							
c	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019 .							

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)
•	

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

2019

Open to Public Inspection

vanie u	The organization			Employer Identification number
LIV	INGSTON MANOR SENIOR APARTMENTS, IN			51-0443232
Par	Organizations Maintaining Donor Adv	sed Funds or Othe	r Similar Funds	or Accounts.
	Complete if the organization answered "			
		(a) Donor advise		(b) Funds and other accounts
1	Total number at end of year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Aggregate value of contributions to (during year) .			
	· · · · · · · · · · · · · · · · ·			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	-	_	
6	Did the organization inform all grantees, donors, ai			
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?	<u></u>	<u></u>	· · · · · · 🗌 Yes 🔲 No
Parl	Conservation Easements.			
	Complete if the organization answered "	Yes" on Form 990. F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (for example, recre	•		a historically important land area
	Protection of natural habitat	Lation of Education)		a certified historic structure
		L_	i Freservation of	a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conserva	tion contribution	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			. 2a
ь	Total acreage restricted by conservation easements	8		. 2b
С	Number of conservation easements on a certified h	istoric structure include	ed in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not or	ı a
		· · · · · · · · ·		. 2d
3	Number of conservation easements modified, trans	sferred, released, extin	auished, or termi	nated by the organization during the
_	tax year ►		<i>3=:</i> -::, 0: :0:::::	, gaa aag
4	Number of states where property subject to conser	vation easement is loc	ated ▶	
5	Does the organization have a written policy reg			ction bandling of
J	violations, and enforcement of the conservation eas			
e	Staff and volunteer hours devoted to monitoring, inspec			
6	Stan and volunteer hours devoted to morntoning, inspec	ang, nanding or violatio	no, and emorcing	conservation easements during the year
_	Amount of amount in a second to a second	- b		
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations	s, and enforcing co	onservation easements during the year
	▶ \$			
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			Yes . No
9	In Part XIII, describe how the organization reports of	onservation easement:	s in its revenue a	
	balance sheet, and include, if applicable, the text of		ganızatıon's fınar	cial statements that describes the
	organization's accounting for conservation easeme	nts.		
Part	III Organizations Maintaining Collections	of Art, Historical T	reasures, or O	ther Similar Assets.
	Complete if the organization answered "			
12	If the organization elected, as permitted under FAS			statement and halance shoot works
ıa	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote			
	• •			
b	If the organization elected, as permitted under FAS			
	art, historical treasures, or other similar assets held		education, or rese	arch in furtherance of public service,
	provide the following amounts relating to these item	is:		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art,			
	following amounts required to be reported under FA			
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			▶ \$
	Assets included in Form 990, Part X			> \$

Page 2

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	iccession, and of	ther reco	rds, chec	k any of the	e follow	ving that make si	gnificant use of its
а	☐ Public exhibition		d		or exchange			
b	Scholarly research		е	☐ Other				
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections	and expla	ain how t	hey further	the org	janization's exem	ipt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	9, or	reported an am	ount on Form
1a	included on Form 990, Part X?							t 🗌 Yes 🗌 No
Ь	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	llowing ta	able:		_	
						-		nount
C,	Beginning balance					10	 -	
d	Additions during the year					1d		
e	Distributions during the year					1e	-	
f 2a	Ending balance						<u></u>	2 Ves No
	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.		<u> </u>			P . 3 1 1 1	<u> </u>	<u> </u>
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							<u></u>
2	Provide the estimated percentage of the			e (line 1g	i, column (a)) held a	as:	
а	Board designated or quasi-endowmen	t ▶	%					
D	Permanent endowment	%						
С	Term endowment ► % The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ne organi	zation the	at are held	and ad	ministered for the	
	organization by:							r
	(i) Unrelated organizations(ii) Related organizations					• •		3a(i) 3a(ii)
b	If "Yes" on line 3a(II), are the related on				chedule R?			3b
4	Describe in Part XIII the intended uses	-				• •		
Part								
_	Complete if the organization		on For	m 990, F	art IV, line	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o		1	or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		0.	2	75,207.			275,207.
b	Buildings			4,2	33,206.	2	,012,456.	2,220,750.
c	Leasehold improvements							
d	Equipment			1	68,664.		43,260.	125,404.
<u>e</u>	Other			<u> </u>				
rotal	Add lines 1a through 1e (Column (d) m	ust equal Form 9	IND Part	x column	1 (K) line 10	CI	▶ I	2.621.361.

Part VII	Complete if the organization answered "Yes" on Fo	orm 990. Part IV. lii	ne 11b. See Form	990. Part X. line 12.
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	hod of valuation -of-year market value
(1) Financial		 		<u> </u>
• •	eld equity interests		+	
			 	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨	_ <u></u>		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	, ,	hod of valuation. -of-year market value
(1)		-		
(2)				
(3)		 		
(4) (5)		 	 	
(6)	· · · · · · · · · · · · · · · · · · ·	 	 	
(7)				
(8)		 	 	
(9)		 		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	 		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lii	ne 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1) TENAN'	SECURITY DEPOSITS			11,482.
(2) RESER	VE FOR REPLACEMENT			99,285.
(3) MORTG	AGE PROCUREMENT COSTS			2,284.
(4)				
(5)				
(6)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> ▶</u>	113,051.
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
1.	line 25. (a) Description of liability		·	(b) Book value
(1) Federal ır	ncome taxes			
(2) TENAN'	r security deposit			11,272.
(3) PREPA	ID RENT		,	263.
(4) DUE TO) AFFILIATES			18,904.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · · ·		30,439.
	uncertain tax positions. In Part XIII, provide the text of the footi			
organization'	s liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of th	e footnote has been j	provided in Part XIII . 🔲

Part		-	r Return.	
1	Complete if the organization answered "Yes" on Form 990 Total revenue, gains, and other support per audited financial statements		1	264 002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	5		264,083.
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
	Recoveries of prior year grants	 		
c d	Other (Describe in Part XIII.)			
~e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	264 093
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·		264,083.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	L	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			264 093
Part				264,083.
rait	Complete if the organization answered "Yes" on Form 990		per metum	•
1		, i ait iv, line iza.	1	427 641
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		25225	427,641.
	Donated services and use of facilities	2a		
a	Prior year adjustments		-	
Ь	Other losses			
c d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	427,641.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1982	427,041.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	L	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			427,641.
	XIII Supplemental Information.			12.7,012.
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	rt to provide any additional	information.	
				·

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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		-
		.
	•	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

LIVINGSTON MANOR SENIOR APARTMENTS, INC 51-0443232 Pt VI, Line 10b: ALL AFFILIATES ARE MANAGED BY ALLIANCE FOR BUILDING COMMUNITIES, INC. Pt VI, Line 11b: THE BOARD OF DIRECTORS HAS DELEGATED REPONSIBLITY FOR REVIEWING THE FORM 990 TO THE EXECUTIVE COMMITTEE. THE 990 IS DISTRIBUTED TO THE COMMITTEE 15 DAYS PRIOR TO FILING. Pt VI, Line 12c: ALL BOARD MEMBERS & EMPLOYEES ARE REVIEWED AND MONITORED ON AN ANNUAL BASIS - DUE TO THE LIMITED NUMBER OF STAFF THESE ACTIVITIES CAN CURRENTLY BE MONITORED & EVALUATED ON A SPECIFIC CASE BY CASE BASIS. Pt VI, Line 15a: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH THE RESPONSIBILITY OF APPROVING COMPENSATION OF KEY EMPLOYEES. THE COMMITTEE REVIEWS DATA ON THE COMPENSATION OF OTHER COMPARABLE POSITIONS IN SIMILAR NONPROFIT ORGANIZATION. Pt VI, Line 15b: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH THE RESPONSIBILITY OF APPROVING COMPENSATION OF KEY EMPLOYEES. THE COMMITTEE REVIEWS DATA ON THE COMPENSATION OF OTHER COMPARABLE POSITIONS IN SIMILAR NONPROFIT ORGANIZATION. Pt VI, Line 19: ALL REQUIRED PUBLIC NOTICES ARE MADE IN LOCAL NEWSPAPERS AND ALL RECORDS ARE ON SITE AND AVAILABLE FOR REVIEW

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LIVINGSTON MANOR SENIOR APARTMENTS, INC

Part I

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

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990

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

OMB No 1545-0047 2019

Open to Public Inspection Employer identification number

51-0443232

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž X × × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity (e) End-of-year assets NONE NONE NONE Public charity status (if section 501(c)(3)) (d) Total income <u>e</u> σ σ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (C) (3) 501 (C) (3) 501 (C)(3) (c)
Legal domicile (state
or foreign country) (b) Primary activity AFFORDABLE HOUSING PA PA LOW-INCOME HOUSING SENIOR HOUSING Primary activity (1) ALLIANCE FOR BUILDING COMMUNITIES, INC 23-2041406 (3) LEHIGH VALLEY HOUSING DEV CORP 23-2071963 532 W. WALNUT ST ALLENTOWN PA 18101 (2) EAGLE VALLEY SENIOR ASSOCIATES, INC 23-3005946 (a)
 Name, address, and EIN (if applicable) of disregarded entity WALNUT ST ALLENTOWN PA 18101 532 W. WALNUT ST ALLENTOWN PA 18101 (a)Name, address, and EIN of related organization 532 W. Part II Ξ 8 ල € 3 9 € 9 Schedule R (Form 990) 2019

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

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Part III Identification of Related Organizations Taxable a because it had one or more related organizations tre	Related Organiza	tions Taxable organizations	as a Part treated as	nership. Co a partnersh	s a Partnership. Complete if the organiza ated as a partnership during the tax year.	e organizati s tax year.	ion answe	red "Yes	s a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, sated as a partnership during the tax year.	o, Part I	V, line	4,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Predominant SI income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total (s) Income	(9) Share of end-of- year assets	(h Dispropo allocat	(I) Code V—UBI amount in box 20 of Schedu'e K-1 (Form 1065)) aging ner?	(k) Percentage ownership
(1)								Yes	ON	Yes	8 8	
(2)				-					-			
(6)												
(4)											-	
(5)												
(9)												
(2)								-				
Part IV Identification of line 34, because it	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.	itions Taxable related organ	as a Corp izations tre	ooration or ated as a co	Trust. Com	plete if the r trust durin	organizati ig the tax	on answ year.	ered "Yes" on	Form 9	390, Par	t IV,
(a) Name, address, and EiN of related organization	ed organization	(b) Primary activity	/ Le (state o	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Sh p, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	age Section	(I) Section 512(b)(13) controlled entity?
											Yes	S S
(1) ABC TAMAQUA HI-RISE, INC 23-3044917 532 W. WALNUT ST ALLENTOWN PA 18101	7	LOW INCOME HO	HOUSING PA		N/A	۵		0.	0.	0	00.	×
(2) 401 HAZLE INC 20-5571439 532 W. WALNUT ST ALLENTOWN PA 18101		LOW INCOME HO	HOUSING PA		N/A	Ŋ		0.	0.	0.	00	×
(3) KNITTING MILL INC 26-0219065 532 W. WALNUT ST ALLENTOWN PA 18101	01	LOW INCOME HO	HOUSING PA		N/A	C		0.	0.	0.	00	×
ינטו			HOUSING PA		N/A	၁		0.	0.	0.	0.00	×
(5)			-						,			
(9)		ļ							-			
(2)												
ВАА	:			REV 10/27/20 PRO) PRO					Schedule	R (Form	Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019 Part V Transacti

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				<u> </u>	Yes	9
	or more related order	or more related organizations listed in Parts II_IV?	-		190	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity				-	F .	×
Giff grant or capital contribution to related organization(s)			· · ·	4	H	 ×
Ī	•	•	· · ·	2 4	+	×
			· -	+	+	
d Loans or loan guarantees to or for related organization(s)			· · ·	1 g	×	
e Loans or loan guarantees by related organization(s)			· · ·	1e	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)			· · · ·	19		×
			· ·	두		×
i Exchange of assets with related organization(s)				;=		×
i Lease of facilities, equipment, or other assets to related organization(s)	•	•	•	÷		×
			· · _ ·		新城	
k Lease of facilities, equipment, or other assets from related organization(s)	•	•				×
			· · · · · · · · · · · · · · · · · · ·	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)				£	×	l
				+	+	_×
Originity of facilities, equipment, maining lists, of other assets with				+	+	.
o Sharing of paid employees with related organization(s)			· · · · · · · · · · · · · · · · · · ·			100
p Reimbursement paid to related organization(s) for expenses			· · ·	1р		×
q Reimbursement paid by related organization(s) for expenses			· · · ·	þ		×
			_			
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	complete this line, incli	including covered relationships and transaction thresholds.	nships and trans	action thres	splods	ļ "
	(g)	(0)		9		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nining amount	involve	D.
(1) LEHIGH VALLEY HOUSING DEVELOPMENT CORP	ഥ	10,408.	CASH			
(2) ABC TAMAQUA HI-RISE, INC	D	3,011.	CASH 1			
(3) EAGLE VALLEY SENIOR ASSOCIATES, INC	Ω	3,072.	CASH			
ONE APARTMENTS	Ē	875	CASH '			
			-			
(5) KNITTING MILL, INC	ъ	793.	CASH			
(6) See Statement		153, 499.				
BAA REV 10/27/20 PRO			Schedi	Schedule R (Form 990) 2019	990) 2	2019

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

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) (b) Name, address, and EIN of entity Primary acti	vity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(I) ate Code V—UBI	(J) General or	(k) Percentage
		(state of roteign country)	unrelated, excluded from tax under	501(c)(3) organizations?	PI COLUMN	assets	anocalions		partner?	
			sections 512-514)	Yes No	-		Yes No	T_6	Yes No	
(1)				-						
(2)										
(6)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)				-						
(10)										
(11)										
(12)								,		
(13)										
(14)										
(15)										
(16)										
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
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