Form	99	9	0
Departn Internal			

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public

A F	or th	e 202	3 cale	ndar year, or	tax	year begi	nning			and e	nding	<u>g</u>			
			C Nam	ne of organization			-						D Employer id	entific	ation number
B ci	neck if ap	plicable:	С	EDAR LANE	SE	NIOR LI	VING CO	MMUNITY	I INC.						
	Addre chang			ig Business As									23	-713	36808
		change	Num	nber and street (o	or P.C	. box if mail is	not delivered	to street addre	ss)	Room/s	uite		E Telephone n	umber	
	Initial	return	2	2680 CEDA	RЬ	ANE COU	RT						(3	01)	475-8966
	Termi	nated		or town, state or				eign postal coo	le				× -	- /	
	Amen	ded	L	EONARDTOW	Ν.	MD 2065	0						G Gross receip	ts \$	2,383,602.
	Applic pendi	ation		ne and address of				GOLDEN					H(a) Is this a gro		
	_ pendi	ig	2	2680 CEDA	RЬ	ANE COU			J. MD 20	650			subordinates H(b) Are all subord		
I	Tax-ex	empt st		X 501(c)(3)		501(c) (sert no.)	4947(a)(1)		527		If "No," atta	ch a list	. (see instructions)
J	Websi	te: 🕨	WWW	.CEDAR-LAI	NE.		, , ,						H(c) Group exem	ption nu	umber
			ization:		-	Trust	Association	Other	•	LY	ear of f				of legal domicile: MD
	art I		nmar						-				10,11 m		
					ation	's mission (or most signif	ficant activitie		RUATUR	с но	USTN	G AND CU	STOR	MER SERVICES
e	•			RLY AND DI			-							2101	
anc					- 0111				<u>10////////////////////////////////////</u>	1 11 1 11 11 11					
Governance	2		this h	ox ▶ if th		anization o		Lits operatio	ns or dispos			25%	of its net asset		
Š				oting members										3	12
8				ndependent voti										4	11
ies				r of individuals										5	38
Activities &				r of volunteers (6	12
Act				ed business rev				C) line 12						0 7a	12
				d business taxa										7b	
	0	ivel ui	Telate				10111 330-1	, 1110 04 .			· · ·		Prior Year		Current Year
	8	Contri	hution	s and grants (Pa	ort \/l	II line 1h)					†		895,76	53	1,384,203.
Revenue										Y FOR			677,23		838,044.
ver				vice revenue (Pa ncome (Part VII						NSPECT	ION			16.	38,511.
Re											┛┟		93,2		
				ue (Part VIII, co									1,667,04		<u> 101,556.</u> 2,362,314.
				e - add lines 8 t											
				similar amounts										ONE ONE	NONE
				d to or for memb									815,44		<u>NONE</u> 970,036.
ses				er compensatio											
Expenses				fundraising fees							••+		IN	ONE	NONE
EX				ising expenses (NON				1 005 01		1 1 6 0 2 7 2
				ses (Part IX, col							•• +		1,095,21		1,160,272.
				ses. Add lines 1							· · -		1,910,65		2,130,308.
r s	19	Rever	iue ies	s expenses. Su	Dtrac	t line 18 from	n line 12					Poging	-243,62 ing of Current		<u>232,006.</u> End of Year
Net Assets or Fund Balances	20	Tetel		(Dort V line - 40)								Deginin	-		
Vss6 Bala		Total		(Part X, line 16)	•••						••+		5,121,24		7,068,099.
nd A	21 22	Iotal	labilitie	es (Part X, line 2	.(b)		• • • • • • •				· • +		3,055,82		4,944,978.
_	22 rt II			r fund balances e Block	5. Su	btract line 2	T from line 2	0			••		2,065,41	_0.	2,123,121.
					have	evamined th	nis return incl	luding accom	anving sched	lules and	etatom	onte or	d to the best o	fmyk	nowledge and belief, it is
				te. Declaration of										ппук	
Sig	n		Signati	ure of officer									Date		
Hei			g												
				r print name and ti	tlo										
			,,	eparer's name			Preparer's s	ianature		Date					PTIN
Paid	I				ידר			id M.	Pann		0 Л		Check self-employ		
Prep	barer			REAPE, CF	ΡA		vava	u 111.	reupe		×γ				P00068117
Use	Only		name	► HW&CO	<u>a</u>	OD TH: 5-	110 101	0 1400000	,	4 4 1 0 0			Firm's EIN 🕨		4-1663157
Mari	(the !!			s ▶ 28601									Phone no.	21	16-831-1200
				his return with t					15)						<u>X</u> Yes No
⊢or	Paper	work	Reduc	tion Act Notice	, see	e the separa	te instructio	ns.							Form 990 (2023)

For Paperwork Reduction Act Notice, see the separate instructions.

	Statement of Program Service	Accomplishments		Page
			t III	
1 Briefl	y describe the organization's mission	n:		
TO	HELP RESIDENTS AGE WITH	MAXIMUM DIGNITY, INDEPENDE	NCE, AND QUALITY	
OF	LIFE.			
		ificant program services during the ye		
	Form 990 or 990-E∠? s," describe these new services on S		·····	Yes X No
	•	g, or make significant changes in t	now it conducts any program	
				res X No
	s," describe these changes on Sche			
4 Desc	ribe the organization's program se	ervice accomplishments for each of i	ts three largest program services, as	measured b
			ort the amount of grants and allocation	ons to others
the to	tal expenses, and revenue, if any, fo	r each program service reported.		
4a (Code	::) (Expenses \$2,	054,962. including grants of \$) (Revenue \$918,3	312.)
CEI	AR LANE SENIOR LIVING CO	MMUNITY I, INC. WAS ORGANI	ZED ON MAY 4,	
_197	1 FOR THE PURPOSE OF CON	STRUCTING AND OPERATING RE	NTAL HOUSING	
		H CONSIST OF 114 UNITS LOC		
	· ·	ERSONS WHO ARE ELDERLY. EF		
-		NE SENIOR LIVING COMMUNITY		
		IVING COMMUNITY II, INC. T		
-		Y, LLC. CEDAR LANE SENIOR		
-		NIZED ON MARCH 9, 1981 FOR		
		NG A RENTAL HOUSING PROJEC HOUSING ACT. THE ENTITY C		
	TS LOCATED IN LEONARDTOW		ONSISTS OF 51	
4b (Code	::) (Expenses \$	including grants of \$) (Revenue \$))
	::) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code	::) (Expenses \$	including grants of \$) (Revenue \$))
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4c (Code	::) (Expenses \$	including grants of \$) (Revenue \$)
	:) (Expenses \$)) (Revenue \$)

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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? <i>If "Yes," complete Schedule C, Part I</i>	2		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	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,	-		- 21
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		37
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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			
اء	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		
25 a	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		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
D D	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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		_	
Dent	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NU
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
	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 75		X
	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	7c		x
h	required to file Form 8282?	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization receive any runds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	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		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		ĺ
	If "Yes," complete Form 6069.			

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
iu	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization have any significant changes to its governing documents since the pro-Form 350 was med?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
/a		7a	x	
L	one or more members of the governing body?	14		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	x	
•	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	x	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
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? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-))	А
0000		0000	Yes	No
40.	Did the same simplify the set of the stars the set of t	10a		x
-	Did the organization have local chapters, branches, or affiliates?	TVa		- 25
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	
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.	120	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.06	37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	37	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				_
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
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-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds.		
	KOLBY WASNICK 22680 CEDAR LANE COURT LEONARDTOWN, MD 20650			
JSA	301-475-8966	Form	990	(2023)

Page 7

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

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.

• 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box, office or direct	not ch unless er and	s pe	ition more rson	e than o is both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	e	stee			nsated				
(1) ERIC GOLDEN	29.20									
PRESIDENT&CEO, DIRECTOR	29.20	x		x				89,000.	63,397.	4,572.
(2) CALVIN BOOZER	20.00	Λ		<u></u>				05,000.	03,357.	<u> </u>
DIRECTOR OF FACILITIES	20.80			x				59,527.	42,403.	3,058.
(3) CHARLES ROACH	1.00							55,527.	12,105.	5,050.
CHAIR	2.00	x		x				NONE	NONE	NONE
(4) CANDY CHESSER	1.00									
VICE CHAIR, SECRETARY	2.00	x		x				NONE	NONE	NONE
(5) RICHARD PECTOL	1.00									
TREASURER	2.00	X		x				NONE	NONE	NONE
(6) MICHAEL BLACKWELL	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(7) SHERI BURCH NORRIS	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(8) BETH COOPER JOSEPH	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(9) DARLENE JOHNSON	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(10) MICKEY RAMOS	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
(11) MELANIE TRIFONE	1.00	-								
DIRECTOR	2.00	Х						NONE	NONE	NONE
(12) KATHY FRANZEN	1.00	-								
DIRECTOR	2.00	Х						NONE	NONE	NONE
(13) ROBERT LANE	1.00	-								
TENANT REPRESENTATIVE	2.00	X						NONE	NONE	NONE
<u>(14)</u>		-								

Form 990 (2023)

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Ра	art VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	bye	es,	and ⊦	ligl	hest Compensat	ed Employe	es (c	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson lirect	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-M	from ns	Est am comp fro orga and	(F) imated bunt of ther ensatio m the nizatio related nizatior	f on n d
			tee	ıstee			ensate							
			-				٩							
			-											
			_											
			_											
			_											
			_											
1b	Sub-total							►	148,527.	105,8	00.		7,	630.
	Total from continuation sheets to Part VII								NONE		IONE			NONE
	I Total (add lines 1b and 1c)	ot limited to t	hose	liste	d a	bov	e) who	re	148,527. ceived more than	105,8 \$100,000 of	00.		7,	630.
	reportable compensation from the organiza	tion 🕨				NO	NE							
3	Did the organization list any former o												Yes	
4	employee on line 1a? If "Yes," complete Sch For any individual listed on line 1a, is th	e sum of rep	oortab	le d	com	per	satior	n ar	nd other compens	sation from th	ne	3		X
_	organization and related organizations individual											4	X	_
5	Did any person listed on line 1a receive for services rendered to the organization? If											5		Х
	Complete this table for your five highest compensation from the organization. Report year.													
	(A) Name and business	address							(B) Description of se	rvices	C	(C) ompens	ation	
2	Total number of independent contractors	(including bu	ut not	: lin	nite	d to	thos	e li	isted above) who	received				

more than \$100,000 in compensation from the organization **>**

NONE

Pai	rt VII						
		Check if Schedule O contains a respo	nse or note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
₫Ů	c	Fundraising events					
ar /	d	Related organizations 1d					
۳. Di	е	Government grants (contributions) 1e	1,384,203.				
ŝ	f	All other contributions, gifts, grants,					
her		and similar amounts not included above . 1f					
ğţ	g	Noncash contributions included in					
Son			\$	1 204 202			
0	h	Total. Add lines 1a-1f	Business Code	1,384,203.			
e		RENTAL INCOME	531110	838,044.	838,044.		
Program Service Revenue	2a		551110	000,011.	030,011.		
Se	b c						
am	d						
2 B R	e						
Ţ,	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	838,044.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		59,799.			59,799.
	4	Income from investment of tax-exempt bon		NONE			
	5	Royalties	(ii) Personal	NONE			
			(II) Feisonai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NOR	ie none				
	c d	Rental income or (loss) 6c NON Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
	14	sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
venue		and sales expenses 7b	21,288.				
	c	Gain or (loss) 7c	-21,288.				
Other Re	d	Net gain or (loss)	<u></u>	-21,288.	-21,288.		
othe	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses		NONE			
	c	Net income or (loss) from fundraising events	<u> </u>	NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	NONE				
	b c	Less: direct expenses		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
		Net income or (loss) from sales of inventory.		NONE			
sr			Business Code				
leor	11a	OTHER TENANT CHARGES	531110	77,549.	77,549.		
Miscellaneous Revenue	b	LAUNDRY INCOME	531110	24,007.	24,007.		
Rev	с						
Mi	d	All other revenue		101 555			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		101,556.	918,312.		59,799.
	14		<u></u>	2,362,314.	210,31Z.		

Form 990 (2023)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	152,983.	152,983.		
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	NOTE			
persons described in section 4958(c)(3)(B)	NONE	CC0 114		
7 Other salaries and wages	669,114.	669,114.		
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)	75 215	75 215		
9 Other employee benefits	75,315. 72,624.	75,315.		
	/2,024.	12,024.		
11 Fees for services (nonemployees):	NONE			
a Management	14,828.		14,828.	
	5,070.		5,070.	
c Accounting			5,070.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	NONE			
	NONE			
9 Other. (If line 11g amount exceeds 10% of line 25, column	94,678.	60,127.	34,551.	
(A), amount, list line 11g expenses on Schedule O.) Advertising and promotion	8,941.	0071271	8,941.	
13 Office expenses	34,820.	22,864.	11,956.	
I4 Information technology	NONE			
15 Royalties	NONE			
I6 Occupancy	338,570.	338,570.		
17 Travel	3,672.	3,672.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	NONE			
20 Interest	7,306.	7,306.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	314,800.	314,800.		
23 Insurance	769.	769.		
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.)				
a REPAIRS AND MAINTENANCE	320,483.	320,483.		
b PROGRAM EXPENSES	16,335.	16,335.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,130,308.	2,054,962.	75,346.	NOI
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 Pa	rt X		
		(A) Beginning of year		(B) End of year
•	Cash - non-interest-bearing	330,436.	1	2,492,760
	2 Savings and temporary cash investments	1,129,112.	2	154,056
:	B Pledges and grants receivable, net	18,575.	3	63,625
	Accounts receivable, net	11,472.	4	90,580
	5 Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
s -	V Notes and loans receivable, net	NONE	7	NON
Assets	3 Inventories for sale or use	NONE	8	NON
έļ g	Prepaid expenses and deferred charges	47,341.	9	39,778
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 14,894,056.			
	b Less: accumulated depreciation 10b 10,847,146.	3,515,801.	10c	4,046,910
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	-	68,506.	15	180,390
16		5,121,243.	16	7,068,099
17		171,238.	17	107,840
18		NONE	18	NON
19		107,152.	19	104,930
20		NONE		NON
21		68,291.	21	93,995
ဖ္လ 22	Loans and other 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	NONE	22	NON
<u>ت</u> 23		2,363,633.	23	4,603,567
24		NONE	24	NON
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	345,513.	25	34,646
26	Total liabilities. Add lines 17 through 25	3,055,827.	26	4,944,978
ces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	2,065,416.	27	2,123,121
<u>n</u> 28	—	NONE	28	NON
or Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
			29	
5 SI 30	F		30	
422612 30 31			31	
4 0 5 32		2,065,416.	32	2,123,121
5 32 Z 33	—	5,121,243.	33	7,068,099.

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Form 99	00 (2023)			Paç	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,3	62,	<u>314</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	30,	<u>308</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	2	32,	<u>006</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,0	65,	<u>416</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	-1	74,	<u>301</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,1	23,	<u>121</u> .
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		. .		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled 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 audi	ted on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits	3b	X	
			Form	990	(2023)

SCHE	DULE	A
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name of the organization Employer identification num CEDAR LANE SENIOR LIVING COMMUNITY I INC. 23-7136808 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A A noganization operated no operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropy hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the governbed in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.	er the t described ir general public
 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropyoidal service organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropyoidal's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the generic described in section 170(b)(1)(A)(vi). (Complete Part II.) 	er the t described ir general public ant college
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropy hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the generic described in section 170(b)(1)(A)(vi). (Complete Part II.) 	t described ir general public ant college
 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entry hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the generated in section 170(b)(1)(A)(vi). (Complete Part II.) 	t described ir general public ant college
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entrhospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the generative of the section 170(b)(1)(A)(vi). (Complete Part II.) 	t described ir general public ant college
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropolation operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the generative in section 170(b)(1)(A)(v). (Complete Part II.) 	t described ir general public ant college
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entropy hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the governmental unit or fro	t described ir general public ant college
 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the governmental in section 170(b)(1)(A)(v). (Complete Part II.) 	t described ir general public ant college
 An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the government of the section 170(b)(1)(A)(v). (Complete Part II.) 	general public ant college
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the governmental in section 170(b)(1)(A)(vi). (Complete Part II.) 	general public
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the governmental in section 170(b)(1)(A)(vi). (Complete Part II.) 	ant college
7 An organization that normally receives a substantial part of its support from a governmental unit or from the generities described in section 170(b)(1)(A)(vi). (Complete Part II.)	ant college
described in section 170(b)(1)(A)(vi). (Complete Part II.)	ant college
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	-
	-
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gra	ege or
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the colle	
university:	
10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, a receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	6 of its
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out th	
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509	
the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f,	-
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically	
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the	1
 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by 	having
control or management of the supporting organization vested in the same persons that control or manage the	
organization(s). You must complete Part IV, Sections A and C.	ouppontou
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integr	ated with,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	
d Type III non-functionally integrated. A supporting organization operated in connection with its supported orga	nization(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an atter	ntiveness
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type II	I
functionally integrated, or Type III non-functionally integrated supporting organization.	[]
f Enter the number of supported organizationsg Provide the following information about the supported organization(s).	•
	Amount of
(described on lines 1-10 listed in your governing support (see other	support (see
above (see instructions)) document? instructions) ins	structions)
(A)	
(B)	
(C)	
(D)	
(E)	
Total	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000 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	tion 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 organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2023 (lin	ne 6, column (f), divided by line	e 11, column (f))	14	%
15	Public support percentage from 2022					15	%
16a	331/3% support test - 2023. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2022. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz						•
	in Part VI how the organization meets			-			
10	organization						
18	Private foundation. If the organizatio						
	instructions	<u></u>					<u> </u>

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

Sec	tion A. Public Support			-	-			
Cale	endar 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.")	810,904.	807,189.	974,079.	895,763.		1,384,203.	4,872,138.
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	772,845.	740,704.	686,022.	677,230.		838,044.	3,714,845.
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .							NONE
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							NONE
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							NONE
6	Total. Add lines 1 through 5	1,583,749.	1,547,893.	1,660,101.	1,572,993.		2,222,247.	8,586,983.
	Amounts included on lines 1, 2, and 3							
7 a	received from disqualified persons	12,642.	12,632.	12,288.				37,562.
b	Amounts included on lines 2 and 3							- ,
	received from other than disqualified							
	persons that exceed the greater of \$5,000	5,273.	3,107.					8,380.
	or 1% of the amount on line 13 for the year Add lines 7a and 7b	17,915.	15,739.	12,288.				45,942.
8	Public support. (Subtract line 7c from	1,1,5151	1077001	12,2001				10,9121
U	line 6.)							8,541,041.
Sec	tion B. Total Support							0,511,011.
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6.	1,583,749.	1,547,893.	1,660,101.	1,572,993.		2,222,247.	8,586,983.
	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
	sources	3,315.	1,704.	1,061.	816.		59,799.	66,695.
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							NONE
С	Add lines 10a and 10b	3,315.	1,704.	1,061.	816.		59,799.	66,695.
11	Net income from unrelated business							
	activities not included on line 10b, whether							
	or not the business is regularly carried on.							NONE
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.) SEE SUPP PAGE		28,674.	28,944.	93,232.		101,556.	252,406.
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	1,587,064.	1,578,271.	1,690,106.	1,667,041.		2,383,602.	8,906,084.
14	First 5 years. If the Form 990 is for	the organizatio	on's first, second	d, third, fourth,	or fifth tax yea	ar as	a section	501(c)(3)
	organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percentag	ge					
15	Public support percentage for 2023 (line 8	, column (f), divide	ed by line 13, colu	mn (f))		15		95.90%
16	Public support percentage from 2022 Sche	edule A, Part III, lin	e 15			16		97.50%
Sec	tion D. Computation of Investmen	t Income Perc	entage					
17	Investment income percentage for 2023 (lin	ne 10c, column (f	i), divided by line 1	13, column (f))		17		0.75%
18	Investment income percentage from 2022		• •			18		0.11%
	331/3% support tests - 2023. If the or						an 331/3%.	
	17 is not more than 331/3%, check this	-						
b	331/3% support tests - 2022. If the org	-	-				-	
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization		•			•••	0	
JSA			· ····- ·	,,				A (Form 990) 2023
3E122	21 1.000 8583WA K369		2678					

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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the bonefit of any supported organization other than the supported	

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section 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
 1
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

	-				
1	Cł	neck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structic	ons).	
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 governmental entity (se	e instru	ictions	s).
-			`	Yes	No
2	AC	tivities Test. Answer lines 2a and 2b below.			

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>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.</i>	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> ," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

2

Schedule A (Form 990) 2023	nization		Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (expla	,
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		
 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) Section B - Minimum Asset Amount	8	(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 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		
Section 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-functional	llv integra	ted Type III supportin	a organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (conunuea)		0
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	2	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	the encoderation is not		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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		1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	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:				
a	Excess from 2019				
b	Excess from 2020				
<u>с</u>	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

Page 8

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 A, PART III - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
LAUNDRY INCOME OTHER TENANT CHARGES		28,674.	28,944.	23,606. 69,626.	24,007. 77,549.	105,231. 147,175.
TOTALS		28,674.	28,944.	93,232.	101,556.	252,406.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

CEDAR LANE SENIOR LIVE	ING COMMUNITY I INC.	23-7136808
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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	8 (Form 990) (2023)		Page 2
	organization CEDAR LANE SENIOR LIVING COMMUN	NITY I INC.	Employer identification number 23-7136808
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,333,951.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$42,296.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B	(Form 990) (2023)		Page
Name of o	rganization		lentification number
	CEDAR LANE SENIOR LIVING COMMUNITY I :	•	-7136808
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¥	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

	(Form 990) (2023)			Page 4
Name of o	rganization			Employer identification number
	CEDAR LANE SENIOR LIV			23-7136808
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any o ons completing Part I e year. (Enter this info	ne contributor. C III, enter the total c prmation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfei and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfei	r of gift	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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. ~ **Open to Public**

Schedule D (Form 990) 2023

2

OMB No. 1545-0047

3

	artment of the Treasury nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and	the latest inform	ation.	Inspection
Nam	e of the organization				Employer iden	tification number
CEI	DAR LANE SENIC	OR LIVING COMMUNITY I	INC.		23-71	36808
Pa	-	tions Maintaining Donor Adv			Accounts	
	Complete	e if the organization answered	"Yes" on Form 990, Par	t IV, line 6.		
			(a) Donor advised fu	inds	(b) Funds	and other accounts
1	Total number at e	nd of year				
2	Aggregate value c	of contributions to (during year) .				
3	Aggregate value o	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	ion inform all donors and donor	r advisors in writing that the	he assets held	in donor advis	sed
	funds are the orga	nization's property, subject to the	e organization's exclusive le	egal control?		YesNo
6	-	on inform all grantees, donors, a				
		e purposes and not for the bene				
		nissible private benefit?				. Yes No
Pa		tion Easements		(N / 1' 		
		e if the organization answered				
1		servation easements held by the			a for a la facta a faca II.	. See a set of the set of second
		n of land for public use (for example	e, recreation or education)		-	/ important land area
		of natural habitat		Preservation	of a certified h	istoric structure
2		n of open space a through 2d if the organization h	old a qualified appearization	a contribution in	the form of a	aanaanyatian
2	-	last day of the tax year.	eiu a quaimed conservation			the End of the Tax Year
~		onservation easements			2a	
a b		tricted by conservation easement			2a 2b	
c	-	vation easements on a certified			20 20	
d		vation easements included on li			20	
u		tructure listed in the National Re			2d	
3		rvation easements modified, tra	-			organization during the
•	tax year					ergamzation atting the
4	-	where property subject to conse	ervation easement is located			
5		ation have a written policy re				of
		orcement of the conservation ea				
6		hours devoted to monitoring, insp				
-			ting handling of violations	and anfaraing a	on on other on	o monto durina the vega
7	Amount of expens	es incurred in monitoring, inspec	ang, nanaling of violations, a	and enforcing c	onservationea	sements during the year
8	Does each consei	rvation easement reported on lin	e 2d above satisfy the requ	uirements of sec	tion 170(h)(4)(E	3)(i)
)(4)(B)(ii)?				
9	In Part XIII, descri	ibe how the organization reports	conservation easements in	n its revenue an	d expense state	ement and balance
		e, if applicable, the text of the foo	0	financial stater	ments that desc	ribes the
		counting for conservation easeme				
Pa		tions Maintaining Collections			r Similar Ass	ets
		e if the organization answered				
1a	If the organization of art, historical t service, provide in	n elected, as permitted under F treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ts held for public exhibiti to its financial statements t	rt in its revenu on, education, hat describes t	e statement ar or research in hese items.	nd balance sheet works n furtherance of public
b	art, historical treas provide the follow	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ld for public exhibition, ed	lucation, or res	earch in furthe	rance of public service
		ded on Form 990, Part VIII, line				. \$
		ed in Form 990, Part X				
2		n received or held works of a				
	following amounts	s required to be reported under F	ASB ASC 958 relating to th	nese items:		
а		on Form 990, Part VIII, line 1				
b	Assets included in	Form 990, Part X				- \$

Part W Comparization acquisition, accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public schubition d Loan or exchange program b Scholarly research e During the schubition c Prevention for future generations e During the schubition 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 2 During the year, did the organization association and explain how they further the organization's collection? Yes No Part VI Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included an form 990, Part X 2. Yes No b If "Yes," explain the arrangement in Part XII and complete the following table. 1e Anount 1e c Edgnining balance	Schee	lule D (Form 990) 2023				Page 2
collection items (check all that apply). d Loan or exchange program b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrew and Custodial Arrangements Complete til the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization form 990, Part X, line 21. 1a Is the organization form 990, Part X, line 21. Mo Is the organization form 990, Part X, line 21. 2b Dath organization include an amount on Form 990, Part X, line 21, for serve or custodial account liability? Yes No b H*Yes.* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. X Yes No b Complete I the organization answered 'Yes' on Form 990, Part IV, line 10. X Yes No b Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Yes No	Ра	rt III Organizations Maintaining Coll	ections of Art, Histo	rical Treasures, o	r Other Similar	Assets (continued)
a Public exhibition d Clean or exchange program b Cohordry research e Other c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Amount Yes No 1a Is the organization an ageneration random r	3	Using the organization's acquisition, acces	ssion, and other recor	ds, check any of th	e following that r	nake significant use of its
b Scholarly reservation for future generations e Origination of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 3 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization as collection? Yes No 20x1VI Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent. trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table. Image: Complete if the organization include an amount on Form 990, Part X, line 21. (or recorve or custodial account tability? Yes No b Distributions during the year. Id Id <th></th> <th>collection items (check all that apply).</th> <th></th> <th>_</th> <th></th> <th></th>		collection items (check all that apply).		_		
c Provide a description for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solici or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	d	Loan or exchang	e program	
c Provide a description for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solici or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	e	Other		
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII. Yes No 0 Berlining balance . . Amount . Yes No 1 Ending balance . <	С	Preservation for future generations				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's	s collections and expla	ain how they furthe	r the organization	's exempt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table. Image: Complete if the organization an agent, trustee, custodian account liability? Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table. Image: Complete if the organization an agent, trustee, custodian account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization and custodian custodian custodian in Part XIII. a Garatio so scholarships		XIII.				
Part V Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?,	5					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year. 1d 1d Distributions during the year. 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? X Yes. Part V Ending balance 1d Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e				rt of the organizatio	n's collection?	Yes No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for estimation of the system of the estimation of the system of the sys	Pa					
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions during the arrangement in Part XIII and complete the following table. b If 'Yes,'' explain the arrangement in Part XIII and complete the following table. Image: Contributions during the year. Image: Contrib			swered "Yes" on For	m 990, Part IV, line	e 9, or reported a	in amount on Form
included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Part V Endowment Funds (e) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (a) (d) Three years back (e) Four years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (b) Three years back (e) Four years back						
b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance	1a					
c Beginning balance Amount d Additions during the year. 1d e Distributions during the year. 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. X Yes No PartV Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back (e) Four years back b Contributions (a) Current year (b) Pror year (e) Two years back (e) Four years back c Net investment earnings, gains, and losses (d) Three yeantsback (e) Four years back (e) Four years back d Grants or scholarships (d) Carants or scholarships (e) Four years back (f) Three years back (e) Four years back f Administrative expenses (f) Part balance (f) Part balance (f) Part balance (f) Part balance		included on Form 990, Part X?				Yes X No
c Beginning balance 1c d Additions during the year, 1d e Distributions during the year, 1e f Ending balance, 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State S	b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table.		
d Additions during the year						Amount
e Distributions during the year Image: Complexity of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Three years back (e) Four years back (f) Four years back four years back four years bac						
f Ending balance ,						
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Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back </th <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th>		-				
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Section 1.1 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Image: Section 1.1 Image: Section 1.1 I			III. Check here if the e	xpianation has been p		<u>X</u>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Га		swered "Yes" on For	m 990 Part IV lin	<u></u>	
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions e Other expenditures for facilities and programs Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contritis in the image: Contributions <td< th=""><th></th><th></th><th></th><th></th><th></th><th>rears back (e) Four years back</th></td<>						rears back (e) Four years back
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c Net investment earnings, gains, and losses	1a					
and losses and losses and losses and losses d Grants or scholarships and programs and programs and programs f Administrative expenses and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance g End of year balance and programs and programs g End of year balance g End of year balance g End of year balance and programs g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance <th>u o</th> <th></th> <th></th> <th></th> <th></th> <th></th>	u o					
d Grants or scholarships	L	5.5				
e Other expenditures for facilities and programs	А					
and programs		-				
f Administrative expenses	C					
g End of year balance	f					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	ď					
a Board designated or quasi-endowment		-	urrent vear end balanc	e (line 1g. column (a)) held as:	
c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation (d) Book value depreciation de		Board designated or quasi-endowment	%	e (e : g, ee.a (a))	
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations listed as required on Schedule R? (iiii) 3a(ii) (iiii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other basis (other basis (other) (other) (c) Accumulated depreciation deprecia	b	Permanent endowment %				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land. 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements. 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532. 	С	Term endowment%				
organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3d(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land. 13,294. 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements. 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.		The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.			
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land. 13,294. 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements. 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.	3a	Are there endowment funds not in the poss	session of the organiza	ation that are held a	nd administered for	
(ii) Related organizations?. 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements. 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.		. .				
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements. 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.						
Part VILand, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand13,294.13,294.13,294.bBuildings10,333,183.6,979,661.3,353,522.cLeasehold improvements2,259,380.1,954,818.304,562.eOther2,288,199.1,912,667.375,532.	b					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 13,294. 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.				wment funds.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 13,294. 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.	Pa	Complete if the organization an	: swered "Yes" on Fo	rm 990. Part IV. lin	e 11a. See Form	990. Part X. line 10.
1a Land 13,294. 13,294. b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.			(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	I
b Buildings 10,333,183. 6,979,661. 3,353,522. c Leasehold improvements 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.	4.0	Land	(investment)	. ,	depreciation	12 004
c Leasehold improvements. Image: Constraint of the state of the s	-				6 979 661	
d Equipment 2,259,380. 1,954,818. 304,562. e Other 2,288,199. 1,912,667. 375,532.	a	-		±0,333,183.	0,979,001.	3,353,544.
e Other 2,288,199. 1,912,667. 375,532.	ט ה	·		2 250 200	1 05/ 010	201 562
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 4,046,910.	Tota	L Add lines 1a through 1e (Column (d) mus	t equal Form 990 Part		(B))	4,046,910.

Schedule D (Form 990) 2023

Investments - Other Securities

Part VII

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) **Investments - Program Related** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X **Other Liabilities** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)ACCRUED INTEREST 34,646 (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). 34,646

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

Х

Schedu	le D (Form 990) 2023		Page 4
Part		n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total revenue, gains, and other support per audited financial statements	1	2,380,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,380,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-17,781.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,362,314.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,148,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	17,781.
3	Subtract line 2e from line 1	3	2,130,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	2,130,308.
Part	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART VI, LINE 2B:

THE ORGANIZATION HOLDS SECURITY DEPOSITS FOR TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED TO THE TENANTS ONCE THEY MOVE OUT OF THE APARTMENT.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO DECEMBER 31, 2020.

PART XI, LINE 4B:

REPAIRS AND MAINTENANCE INCOME:	\$3,507
LOSS FROM DISPOSITION OF NONEXPENDABLE EQUIPMENT:	-\$21,288
TOTAL:	-\$17,781

Part XIII Supplemental Information (continued)

PART XII, LINE 2D:

REPAIRS AND MAINTENANCE INCOME:	-\$3,507
LOSS FROM DISPOSITION OF NONEXPENDABLE EQUIPMENT:	\$21,288
TOTAL:	\$17,781

SCHI	CHEDULE J	Compen	sation Information	0	MB No. '	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬៣	92)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2:	3.	ZU	ZJ)
	nent of the Treasury	l l	Attach to Form 990. 90 for instructions and the latest information.		pen to		
	Revenue Service	Go to www.irs.gov/Forms	so for instructions and the latest mormation.	Employer identificatio	Inspe n numbe		n
		NIOR LIVING COMMUNITY I INC		23-713680			
Part		ns Regarding Compensation		23 / 13000	0		
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
		or companions	Payments for business use of perso	nal residence			
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy responses described above? If "No," com	plete Part III to			
	explain				1b		
2	-		to reimbursing or allowing expenses	-			
		-	D/Executive Director, regarding the items	s checked on line	2		
•					2		
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
		nsation committee	Written employment contract				
	<u> </u>	dent compensation consultant	X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	ation committee			
4		•	Part VII, Section A, line 1a, with respect to				
	organization of	or a related organization:		-			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.				
5	-		ion A, line 1a, did the organization pa	av or accrue any			
Ū		n contingent on the revenues of:	ion ri, into ra, ala tito organization pe				
а		5			5a		x
b	-				5b		X
		e 5a or 5b, describe in Part III.					
6	For persons	listed on Form 990, Part VII, Secti	ion A, line 1a, did the organization pa	ay or accrue any			
	compensation	n contingent on the net earnings of:					
а					6a		X
b					6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov		_		
~			escribe in Part III		7	X	
8	-		paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				v
9			low the rebuttable presumption proced		8		X
3			iow the rebuttable presumption proced		9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 99	0) 2023

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ERIC GOLDEN	(i)	89,000.	NONE	NONE	2,670.	NONE	91,670.	NONE
1 PRESIDENT&CEO, DIRECTOR	(ii)	63,397.	NONE	NONE	1,902.	NONE	65,299.	NONE
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii) (i)							
10	(i) (ii)							
12	(i)							
40	(ii)							
13	(i)							
14	(ii)							
14	(i)							
15	(ii)							
15	(i)							
16	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 7:

INDIVIDUALS RECEIVED PERFORMANCE BONUS, WHICH WAS APPROVED BY THE BOARD

OF DIRECTORS.

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the organization		Employer identification number					
CEDAR LANE SENIOR	LIVING COMMUNITY I INC.	23-7136808					

FORM 990, PART I, LINE 5 AND PART V, LINE 2A:

EXPLANATION FOR NUMBER OF EMPLOYEES:

THE FILING ORGANIZATION'S EMPLOYEES ARE COMPENSATED BY CEDAR LANE SENIOR COMMUNITY LIVING III, INC., A RELATED TAX-EXEMPT ORGANIZATION THAT SERVES AS COMMON PAYMASTER. THE ORGANIZATION REIMBURSES CEDAR LANE SENIOR COMMUNITY LIVING III, INC. FOR PAYROLL AND RELATED EXPENSES. THE NUMBER OF EMPLOYEES REPORTED REPRESENTS THE EMPLOYEES ASSOCIATED WITH THE FILING ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP CONSISTS OF ALL RESIDENTS AND STAFF OF CEDAR LANE SENIOR LIVING COMMUNITY I, INC., AND PERSONS INTERESTED IN THE CORPORATION'S PURPOSE PROVIDED THEY RESIDE IN ST. MARY'S, CHARLES OR CALVERT COUNTY, MARYLAND.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE ORGANIZATION'S GOVERNING BOARD AT THE ANNUAL MEETING. EACH MEMBER SHALL HAVE THE RIGHT TO CAST ONE VOTE FOR THE ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

IN ADDITION TO THE ELECTION OF DIRECTORS, THE MEMBERS ALSO HAVE THE RIGHT TO CAST ONE VOTE EACH ON ALL MATTERS THAT MAY PROPERLY COME BEFORE THEM AT A MEMBERSHIP MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

EACH YEAR, PRIOR TO THE SUBMISSION OF THE ORGANIZATION'S FORM 990 TO THE INTERNAL REVENUE SERVICE, EACH VOTING MEMBER OF THE BOARD OF DIRECTORS SHALL BE PROVIDED WITH A COPY OF THE FINAL FORM 990 AS COMPLETED BY THE

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs	s.gov/form990. Inspection
Name of the organization CEDAR LANE SENIOR LIVING COMMUNITY		Employer identification number
CEDAR LANE SENIOR	LIVING COMMUNITY I INC.	23-7136808

CERTIFIED PUBLIC ACCOUNTANTS. BOARD MEMBERS SHALL BE PROVIDED WITH AT LEAST FIVE BUSINESS DAYS TO REVIEW THE FORM AND SHOULD HAVE AN OPPORTUNITY TO RAISE QUESTIONS, MAKE SUGGESTIONS, AND ADDRESS ANY POTENTIAL PROBLEMS OR CONCERNS WITH THE CHAIR AND THE DIRECTOR OF FINANCE & ADMINISTRATION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO BOARD MEMBERS, STAFF, RESIDENTS AND CERTAIN VOLUNTEERS OF CEDAR LANE. AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE CHAIR OF THE BOARD, OR IN THE CASE OF THE CHAIR OF THE BOARD'S DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE SECRETARY OF THE BOARD. COPIES SHALL BE PROVIDED TO THE PRESIDENT. IN THE CASE OF STAFF OR VOLUNTEERS WITH SIGNIFICANT DECISION-MAKING AUTHORITY, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT OF THE ORGANIZATION, OR IN THE CASE OF THE PRESIDENT'S DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE CHAIR OF THE BOARD. THE SECRETARY OF THE BOARD OF DIRECTORS SHALL FILE COPIES OF ALL DISCLOSURE STATEMENTS WITH THE OFFICIAL CORPORATE RECORDS OF THE ORGANIZATION.

WHENEVER THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN CEDAR LANE AND AN INTERESTED PARTY, THE BOARD OF DIRECTORS SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE. THIS SHALL INCLUDE, BUT NOT NECESSARILY BE LIMITED TO, INVOKING THE PROCEDURES DESCRIBED BELOW, WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR

Supplemental Information to Form 990 or 990-EZ

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



 Department of the Treasury Internal Revenue Service
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspectio Inspectio

 Name of the organization
 Employer identification number

 CEDAR LANE SENIOR LIVING COMMUNITY I INC.
 23-7136808

TRANSACTION. WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF THE ORGANIZATION OTHER THAN THE PRESIDENT, THE PRESIDENT SHALL, IN THE FIRST INSTANCE, BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF THE ORGANIZATION. THE PRESIDENT SHALL REPORT TO THE CHAIR OF THE BOARD THE RESULTS OF ANY REVIEW AND THE ACTION TAKEN. THE CHAIR OF THE BOARD, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DETERMINE IF ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED.

WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF CEDAR LANE AND AN INTERESTED PARTY WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, CEDAR LANE SHALL REFRAIN FROM THE PROPOSED ACTION OR TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE FOLLOWING PROCEDURES SHALL APPLY: AN INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION OR TRANSACTION OF THE CORPORATION SHALL NOT PARTICIPATE IN ANYWAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISION MAKING OF THE ORGANIZATION WITH RESPECT TO SUCH ACTION OR TRANSACTION. THE INTERESTED PARTY MAY, UPON REQUEST, BE AVAILABLE TO ANSWER QUESTIONS OR PROVIDE MATERIAL FACTUAL INFORMATION ABOUT THE PROPOSED ACTION OR TRANSACTION. THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE THE PROPOSED ACTION OR TRANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF THE CORPORATION. THE BOARD SHALL CONSIDER WHETHER THE TERMS OF THE PROPOSED TRANSACTION ARE FAIR AND REASONABLE TO THE ORGANIZATION AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT, TO

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Internal Revenue Service	s.gov/form990.	Inspection	
Name of the organization		Employer identi	ification number
CEDAR LANE SENTOR	LIVING COMMUNITY I INC.	23-713	6808

FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTY OR ENTITY THAT IS NOT AN INTERESTED PARTY. APPROVAL BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS IN ATTENDANCE AT A MEETING AT WHICH A QUORUM IS PRESENT. AN INTERESTED PARTY SHALL NOT BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT, OR FOR PURPOSES OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF DIRECTORS IN ATTENDANCE. THE MINUTES OF THE MEETING SHALL REFLECT THAT THE CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15:

TO DETERMINE THE COMPENSATION OF THE PRESIDENT & CEO AND THE DIRECTOR OF FINANCE & ADMINISTRATION, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPENSATION DATA FOR COMPARABLE POSITIONS/ORGANIZATIONS FROM SALARY SURVEYS AND OTHER SOURCES, AND MAKES A COMPENSATION RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE PROCESS WAS LAST CONDUCTED IN 2021 AND WAS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2 23 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CEDAR LANE SENIOR LIVING COMMUNITY I INC.

23-7136808

FORM 990, PART XI, LINE 9:

TRANSFER OF NET ASSETS FROM CEDAR LANE SENIOR LIVING COMMUNITY II UPON

NOVEMBER 16, 2023 MERGER: \$(174,301)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

JSA 3E1307 1.000

CEDAR LANE SENIOR LIVING COMMUNITY I INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CEDAR LANE SENIOR LIVING COMMUNITY LLC 92-3086179					
22680 CEDAR LANE COURT LEONARDTOWN, MD 20650	RENTAL HOUSIN	MD	NONE	NONE	CLSLC I
(2)					
(3)					
(4)					
(5)					
(6)					
]				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b)(13) rolled
						Yes	No
(1) CEDAR LANE SENIOR LIVING COMMUNITY II 52-1330040							
22680 CEDAR LANE COURT LEONARDTOWN, MD 20650	RENTAL HOUSIN	MD	501(C)3	LINE 10	N/A		х
(2) CEDAR LANE SENIOR LIVING COMMUNITY III 52-2069016							l
22680 CEDAR LANE COURT LEONARDTOWN, MD 20650	RENTAL HOUSIN	MD	501(C)3	LINE 10	N/A		х
(3) FRIENDS OF CEDAR LANE, INC. 20-5555024							
22680 CEDAR LANE COURT LEONARDTOWN, MD 20650	PROGRAM SUPP	MD	501(C)3	LINE 12A, I	N/A		х
(4)							
(5)							
(6)							
(7)							
							l

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



Employer identification number

23-7136808

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

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

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

Part	V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pai	t IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			L	1a		Х
b	Gift, grant, or capital contribution to related organization(s)			· · · ·	1b		Х
С	Gift, grant, or capital contribution from related organization(s)			· · · ·	1c		Х
	Loans or loan guarantees to or for related organization(s)			· · · · ⊢	1d		Х
е	Loans or loan guarantees by related organization(s)				1e	Х	
	Dividends from related organization(s)			•••• ⊢	1f		X
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s).			· · · · ⊢	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)			••••	1j		Х
-					416		77
	Lease of facilities, equipment, or other assets from related organization(s)			· · · · ⊢	1k 1I		X X
	Performance of services or membership or fundraising solicitations for related organization(s)				-		X
	Performance of services or membership or fundraising solicitations by related organization(s).				1 m 1 n	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X	
0	Sharing of paid employees with related organization(s)			••••	10	Λ	
	Deimburgement peid to related experimetion(a) for expenses				1p	x	
-	Reimbursement paid to related organization(s) for expenses					X	
q		• • • • • • • • • • • • • •		••••	14	Λ	
-	Other transfer of cash or property to related organization(s)				1r		х
ı e	Other transfer of cash or property from related organization(s)			••••	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line. including cove	red relationships and transa	ction thresh		S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method of	dete		ıg
		type (a - s)		amount	t invo	ivea	
(1)							
(2)							
(3)							
(4)							
(5)							
					_	_	
(6)							
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3E1309	1.000						

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	(state or foreign income (related, section total income end-o country) unrelated, excluded 501(c)(3) ass		(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership				
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
,													

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 Part VII
 Supplemental Information

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