OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) ► Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service June 30 2019, and ending 20 20 For the 2019 calendar year, or tax year beginning C Name of organization Edenwald Residents' Association D Employer identification number Check if applicable 52-1514+95 Address change Doing business as Number and street (or P O box if mail is not delivered to street address Room/suite E Telephone number Name change 410-339-6000 800 Southerly Road, Box 1901 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Baltimore, MD 21286 Amended return F Name and address of principal officer Ms Katherine Allen H(a) is this a group return for subordinates? Yes No Application pending 800 Southerly Road, Apt 604, Baltimore, MD 21286 H(b) Are all subordinates included?
Yes No Tax-exempt status) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number Website: ▶ MD M State of legal domicile Briefly describe the organization's mission or most significant activities to foster programs which will increase the care and services offered to the residents of the Edenwald Retirement Community, to promote fellowship & concern among the residents, to promote projects and offer volunteer assistance that benefit residents, and to assist in making life interesting and enjoyable Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). . . 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 225 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 39 Current Year 117909 114554 Contributions and grants (Part VIII, line 1h). Revenue 9 Program service revenue (Part VIII, line 2g) 38192 32374 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7620 6274 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 163721 153202 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 115627 98537 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 n 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 34154 27258 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 149781 125795 18 Revenue less expenses. Subtract line 18 from line 12 13940 27407 19 Beginning of Current Year 247446 274853 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . 247446 274853 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Check | f Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No Form 990 (2019) For Paperwork Reduction Act Notice, see the separate instructions. RECEIVED SEP 1 1 2020

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	990 (2019)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	<u>· · · </u>
•	To foster programs which will increase the care and services offered to residents of the Edenwald Retirement Communit fellowship and concern among the residents, to promote projects and offering financial & volunteer assistance that bendand to assist in making life at Edenwald interesting, enjoyable, and beneficial for the residents	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗹 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ☑ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 5113 including grants of \$) (Revenue \$ Edenforum)
4b	(Code) (Expenses \$ 5198 including grants of \$) (Revenue \$ Coffee Pot)
4c	(Code.) (Expenses \$ 4178 including grants of \$) (Revenue \$ Sunday Worship)

4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ 11221 including grants of \$) (Revenue \$) Total program service expenses ▶ 25710	
-+6	Total program service expenses 🚩 237 10	



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		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		١
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		٧
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
b	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		٧
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		7
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		٧
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	V	
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		,
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)	·		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		"
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		•
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	$\overline{}$	Yes `.	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-l	•	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		~

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	-		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	45 '	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,	1 5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		~
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ▶			4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	_	
-	gifts were not tax deductible?	,		i
7	Organizations that may receive deductible contributions under section 170(c).	- 1		
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		اثنت
	and services provided to the payor?	7b		
Ь	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			.]
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		•	- 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		r	
11	Section 501(c)(12) organizations. Enter	'		ē
а	Gross income from members or shareholders		ساميد -	
b	Gross income from other sources (Do not net amounts due or paid to other sources		٠.	•
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,	*.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	•	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	-	-[
	the organization is licensed to issue qualified health plans		ł "	
C	Enter the amount of reserves on hand	14a		- 4
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		
_ b		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		/
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.			1
	ii Too, Complete Form 4720, Concedio C.			<u></u>

Part	90 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	- 200		Page (
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. []
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3 138	5.4	4 54
	If there are material differences in voting rights among members of the governing body, or	TO THE	2.43 MB	1. in
	if the governing body delegated broad authority to an executive committee or similar	4	14.	3
	committee, explain on Schedule O.	10, 6		30.09
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	1	200	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	*****	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ŀ	
	one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	15.3	· ***	1,22
	the year by the following:	> 1	- Kenny	-
а	The governing body?	8a	~	└ ─
Ь	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			l .
O4	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	/_ \	
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.) Yes	$\overline{}$
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		 •
р	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	"1	1,13	3) (g)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		~
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c		V
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14	L	1
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?	100	7	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		~
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	\$ 105 PE	E . 3	17.45
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-1	3
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	A. 130	A. Tree #	163
	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		2-12
Secti	on C. Disclosure	1.55	L. —	Ь
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 F	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,000		- (0)
	Own website Another's website 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 and financial statements available to the public during the tax year	π I nter	est p	опсу,

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

000 (2010)			

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) Œ (F) (do not check more than one Average Reportable Reportable Estimated amount Name and title box, unless person is both an compensation compensation of other hours officer and a director/trustee) per week from the from related compensation Officer Individual or director Key employee employee Institutional trustee organization organizations (list any Highest compensated from the (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and elated organizations related ganization dotted line) (1) Katherine Allen 16 President n 0 (2) Hanora Bırd 16 Vice-President 0 0 0 (3) Harold Kay 16 0 0 Secretary 0 (4) Sander Wise 16 0 **Assistant Secretary** (5) Thomas Morell 16 Treasurer 0 (6) William Hunter 16 0 **Assistant Treasurer** (7) Norman Rocklin 16 0 Liason (8) Louise Klohr 16 Liason (12) (13)

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (con	tınued)
					•	C) sition						-	
	(A) Name and title	(B) Average			1eck	more	than o		(D) Reportable	(E) Report		(F) Estimated	amount
	•	hours per week	office	er an	dad	lirect	or/trust	ee)	compensation from the	compen from re		of oth compens	
		(list any hours for	Individual t	nstitu	Officer	Key e	Highe emplo	Forme	organization (W-2/1099-MISC)	organiza (W-2/1099		from to	-
		related organizations	dual to	Institutional t		Key employee	st con yee	¥				related orga	nızatıons
		below dotted line)	Individual trustee or director	trust)ee	Highest compensated employee						
			Ĺ	8			ated						
(15)													
(16)													
(17)													
(18)													
(19)													
(20)				-									
(21)													
(22)				-									
(23)												<u> </u>	
(24)										•			
(25)						_							
1b	Subtotal	<u> </u>	<u>. </u>	L_	<u> </u>	<u> </u>	- <u>-</u> -	<u> </u>					
C	Total from continuation sheets to Part									_			
d	Total (add lines 1b and 1c) Total number of individuals (including but	 t not limited	to th	· nose	e list	ted	above) w	ho received more	e than \$1	00,000	of	
	reportable compensation from the organ											Ye	s No
3	Did the organization list any former of							mpl	oyee, or highes	t compe	nsated		
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the							na	nd other comper	nsation fr	om the	3	-
-	organization and related organizations	greater th	an \$	150,	000	1 2	"Ye	s, "	complete Sched	dule J fo	r such		_
5	Individual	or accrue co	ompe	nsa	tion	froi	n anv	un	 related organizat	ion or inc	 dividual	4	7
<u> </u>	for services rendered to the organization									· ·		5	~
Section 1	on B. Independent Contractors Complete this table for your five high	nest comp	ensate	ed	ınde	eper	ndent	co	ntractors that r	eceived	more 1	than \$100	,000 of
	compensation from the organization Rep	ort compen	satio	1 fo	r the	ca	enda	r ye	ar ending with or	within th	e orgar	ization's ta	x year.
	(A) Name and business add	lress							(B) Description of serv	rices	,	(C) Compensatio	n
		···											
					_								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who	• *	- :	ا د
				٠									 -

Par	t VIII	Statement of Re							,	
		Check if Schedule	O cc	ntains a re	espor	nse or note to a	T -			
						,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaig			1a		SENE SE	CARACTE	科學院 经 通过	
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues			1b				35 50 50	
S E	Ç	Fundraising events			1c					
ar it	d	Related organizatio			1d	· · · · · · · · · · · · · · · · · · ·				
S, E	е	Government grants			<u>1e</u>					
ig is	f	All other contribution and similar amounts no				444554			AL SHIP TO SHIP	
Per Per					1f	114554				
Ēδ	, a	Noncash contribution		-	1.0	¢			No. of the last	
and and	h h	lines 1a-1f 1g h Total. Add lines 1a-1f			<u> </u> \$	114554				
- -	 "	Total. Add lines 1a	11 .	• • • •	<u> </u>	Business Code		KATO DE SERVICIO DE LA COMPANSIONE	MAMPINE VIEW	TOUR WAY AND THE
ë	2a	·					O THIS SEA SCHOOL WINDOWS CONTROL TO SAME			THE THE CHARLES TO SEE THE CONTROL OF THE CONTROL O
۵ ≩										
Se	С									
gram Ser Revenue	d							` `		
Program Service Revenue	е	`								
Ā	f	All other program se								-
	g	Total. Add lines 2a-						PROPERTY	是此次是一种理	都定于政策
	3	Investment income		ludıng dıvı	dend:	s, interest, and		1		
		other similar amoun				▶	447	447	0	
	4	Income from investr	nent (of tax-exen	npt bo	ond proceeds ►	0	0	0	C
	5	Royalties	<u>· ·</u>	r	<u> </u>	<u> ▶</u>	0	O	O	Control of solds for the control of the
				(i) Rea	<u> </u>	(ii) Personal				
	6a	Gross rents	6a		'			3.43		
	,b	Less: rental expenses Rental income or (loss)	6b 6c							
	d	Net rental income or					展明的现在公司经验证得	10-2012 (1995)	Charles Control of the Control of th	器的。不知此他的心脏是是不是
	-	ı	(103	(i) Securit	ies	(ii) Uther	STORY CREEK NAME	PAC OF SPECIAL SERVICE		AND A CONTRACTOR OF THE AREA
	7a	Gross amount from sales of assets		.,,				100 m	经验证证	
		other than inventory	7a			34314	14 TO 18 TO 18			
Ψ	ь	Less cost or other basis					S. W. S. W.			
Ĭ.		and sales expenses .	7b			2307		Mark Transport	La Contract	
Other Revenue	С	Gain or (loss)	7c			31927				
Ē	d	Net gain or (loss)				🕨	31927	31927	0	C
‡	8a -	Gross income from	m fu	ndraising						
0		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line			8a	0				
	. р	Less: direct expense			86	<u> </u>	THE PROPERTY OF THE PROPERTY O	Carlo de la Carlo	建筑和设施等的	《四版》
	С	Net income or (loss)			g eve	ents ▶	0	TOTAL COME OF PARTY	ar Ca. 20 M 55 (228 "3 - 53) 185 (18	The Special Control of
	9a -	Gross income f				١ .			274557	
•	L	activities. See Part I		9 19 .	9a 9b	0				
		Less: direct expense Net income or (loss)		· aamina aa			A STATE OF THE SAME AS	AN A CONTRACTOR AND	"ON 5" " " LEAN AND A ST. 1980 NO.	"2008年数次"。1988年7月69
		Gross sales of in			LIVILLE	3 5 <u> </u>	SEE ROSESSES	以为是这种心态的的。	ANTERIOR ANTERIOR	小节出发后突发出来是大大
		returns and allowand		ory, less	10a	25015				
		Less. cost of goods			10b	18711				
		Net income or (loss)					6274	6274	0	O
s	- _	. (300)				Business Code		West of the second	建筑林江 海水岭是	THE THE PERSON AND TH
اه ټو	11a						The second of the second secon	THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERS	The street of the state of the	MATCHINE & SPECIAL STATE OF SAME
ane ju	b								-	
scellaned Revenue	С									
Miscellaneous Revenue	d	All other revenue								
Σ	е	Total. Add lines 11a	-11d			🕨		3000年度1405年8月	學是西洋學學	阿罗斯斯特工程
	12	Total revenue. See	ınstrı	uctions .		<u>.</u> .	153202	153202	0	0

Part IX	Statement of	of	Functional	Expenses
---------	--------------	----	-------------------	-----------------

	Statement of Functional Expenses			 ,	
Section	on 501(c)(3) and 501(c)(4) organizations must comp				umn (A)
	Check if Schedule O contains a respons				(D)
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			S. S	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	98537	98537		The state of the s
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			Maria Control of the Control	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Contraction of the second
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying		· · · · · · · · · · · · · · · · · · ·	·····	
e	Professional fundraising services See Part IV, line 17		V. X. 13. 14 . T. X. X. X.	14 , 7 16 4 " ME NO 27 39	
f	Investment management fees		12.0		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	37	37	0	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			-	· -
23	Insurance	1236	1236	0	0
24	Other expenses, Itemize expenses not covered	THE PURPLE THE PROPERTY.	The state of the s	The Literacy Charles The State Land	AMILE TO COL
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column		THE PROPERTY OF THE PARTY OF TH	THE TANK OF THE PARTY OF THE PA	
•	(A) amount, list line 24e expenses on Schedule Θ)		THE PROPERTY OF THE PARTY OF TH		MATE . 19.64
a b					
c d	•••••				
	All other expenses	25985	25985	0	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	125795	125795	0	0
25 26	Joint costs. Complete this line only if the	123/93	125/75		
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X <u>.</u>	<u> </u>	<u></u> 🔲
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing	52513	1	79473
	2	Savings and temporary cash investments	6730	2	6749
	3	Pledges and grants receivable, net	0	⊢-	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,	Mary Barrelly	Y	4 14 6 6 6 6 1 W
		trustee, key employee, creator or founder, substantial contributor, or 35%	W. W. W.	8	
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	W. F. W. A. A.	4, "	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
g	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
\A	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other	مالانهمدو ترساي و در با مسيودور	******	garden and and the sanday will be !
J		basis. Complete Part VI of Schedule D 10a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 € *	The feet of the I spe
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	188203	11	188631
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
ľ	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	247446	16	274853
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19 20	0
	20	Tax-exempt bond liabilities		21	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1211 - 111	.1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ا قِ	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ا معلی اور این است. داد مهرس وجوانی این ا	20.00	
ا ≣		controlled entity or family member of any of these persons	0	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
ĺ		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	o	25	0
Ì	26	Total liabilities. Add lines 17 through 25	0	26	0
တ္ထ		Organizations that follow FASB ASC 958, check here ▶ □	-		ليكرب إسكيسيد في المراتب
ĕ		and complete lines 27, 28, 32, and 33.	1 37 37 X 37 Ye	<u> </u>	*** * * * * * * * * * * * * * * * * *
a	27	Net assets without donor restrictions		27	
B E	28	Net assets with donor restrictions		28	
Ĭ		Organizations that do not follow FASB ASC 958, check here ▶ □	The same of the state of the	1	The state of the s
Ē.		and complete lines 29 through 33.	A. T. T. T.	****	1. 在 300 10 10 10 10 10 10 10 10 10 10 10 10 1
8	29	Capital stock or trust principal, or current funds	0	29	0
set	30	Paid-in or capital surplus, or land, building, or equipment fund	, 0	30	0
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
Net Assets or Fund Balances	32	Total net assets or fund balances	247446	32	274853
4	33	Total liabilities and net assets/fund balances	247446	33	274853

Form 9	90 (2019)			Pa	ige 12
Par	t 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>	
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>			53202
2	Total expenses (must equal Part IX, column (A), line 25)				25795
3	Revenue less expenses. Subtract line 2 from line 1				27407
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			24	47446
5	Net unrealized gains (losses) on investments	<u> </u>			0
6	Donated services and use of facilities	<u>: </u>			
7	Investment expenses	<u>' </u>		_	0
8	Prior period adjustments	<u> </u>			0
9	Other changes in net assets or fund balances (explain on Schedule O)	<u> </u>			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0		27	74853
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.</u> .	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			-24	
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in	1.	, ₋]	² ,
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or	1,1		-,1
	reviewed on a separate basis, consolidated basis, or both		\$5		- 4
	Separate basis Consolidated basis Both consolidated and separate basis		شهبوبود	<u></u>	رب ^۱ کید.
ь	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	- L'		1
	separate basis, consolidated basis, or both		1	*	1
	Separate basis Consolidated basis Both consolidated and separate basis		A	^	. 4 '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	aht of			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ľ	
	If the organization changed either its oversight process or selection process during the tax year, explain				1
	Schedule O			<u>,</u> .	l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			
	Single Audit Act and OMB Circular A-133?		За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud		зь	l	

Form **990** (2019)

SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Open to Public Inspection % □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 52-1514950 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization or government Edenwald Residents' Association Department of the Treasury Internal Revenue Service Name of the organization Part II £

(2)							
(6)							
(4)							:
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and goo organizations liste	vernment organization of in the line 1 table	ations listed in the	line 1 table		 A A	0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	ns for Form 990.		80	Cat No 50055P	Schedule	Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Dom Part III can be duplicated if additional s	mestic Individua space is needed.	als. Complete if the d.	organization answ	estic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. pace is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Distri	Distributions to employees of the Edenwald				Distributed by the basis of	
2 Retire	Retirement Community in recognition of				a formula that Includes	
3 sevice	sevices rendered	341	98537		0 years of service and hours	
4					worked	
ഹ						
ဖ						
7						
Fart IV	Supplemental Information. Provide the	tne information	required in Part I, III	ie z; ran III, columi	ne information required in Part I, line 2; Part III, column (b); and any other additional information.	onal mitormation.
4 1 1 1 1 1 1 1 1 1 1 1 1						
					,	
						Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Edenwald Residents' Association

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

2019

Open to Public Inspection

Employer identification number 52-1514950

Part III, Line 4d - Other program services include Hospitality Committee to welcome and assimulate new residents into the community,
Communicating with bereaved and ill residents; Hosting monthly coffee and conversation' meetings, Provide entertainment for New year's
Eve and other occasions, Provide tools and equipment for residents to use in the Wood Shop, Accumulate archive material, Organize and
fund glee Club and other similar activities; Maintain photo directory and biography of each resident, Residents are kept abreast of health
issues, Provide reading material (books, magazines, and newspapers) for residents to borrow
Part VI, Line 6 - All residents are members of the Association by virtue of their residency
Part VI, Lines 7a,b - Officers are elected by the members at the Annual Meeting of the Association.
Part VI, Lines 8a,b - Minutes are recorded contemoraneously by the Secretary, and Executive Committee minutes are made available for
public viewing in the library after approval. Copies of minutes of membership meetings are placed in each residents' mail box
Part VI, Line 11b - Announcement is made at a regular Executive Committee meeting that the report is available for review
Part VI., Line 19 - Documents, policies, and financials are not made available to the public. If published, they are only available to residents
and staff
-
Part VIII, Line 1f - Contributions listed are made to the Association by residents for distribution to employees of the Edenwald Retirement
Community in lieu of tips or other gratuities in recognition of services rendered during the year