### Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electi	ronic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of t	the forms		
listed	below except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Ce	ontracts. A	An extension		
reque	st for Form 8870 must be sent to the IRS in a paper format (	see instru	ctions). For more details on the elect	ronic filing	g of Form		
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-providers/e-file-for-charities-a	orofits.					
Cautio	on: If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-1	E for payment	
instru	ctions.						
All co	rporations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts		
must	use Form 7004 to request an extension of time to file income	e tax retur	ns.				
Part I	- Identification						
Туре	or Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayeı	r identification	number (TIN)	
Print							
	CHRISTIAN LIVING NEIGHBORHO	ODS			84-117	76989	
File by t due dat		ee instruct	ions.				
filing yo							
instruct		reign addı	ress, see instructions.				
	ENGLEWOOD, CO 80112	-					
Enter	the Return Code for the return that this application is for (file	a separat	e application for each return)			01	
Appli	cation Is For	Return	Application Is For			Return	
• •		Code				Code	
Form	990 or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form	4720 (individual)	03	Form 5227			10	
	990-PF	04	Form 6069			11	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	990-T (trust other than above)	06	Form 5330 (individual)			13	
	990-T (corporation)	07	Form 5330 (other than individual)			14	
	1041-A	08	,				
• Afte	er you enter your Return Code, complete either Part II or Parl	t III. Part II	l, including signature, is applicable o	nly for an	extension of		
time t	o file Form 5330.			•			
• If th	is application is for an extension of time to file Form 5330, ye	ou must ei	nter the following information.				
	Plan Name		Ç				
	Plan Number						
	Plan Year Ending (MM/DD/YYYY)		<del></del>				
Part II	- Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)				
	e books are in the care of BRYON CHILDS						
		T SUI	TE 300 - ENGLEWOOD	, CO	80112		
Te	lephone No. (720)974-3555		Fax No.	,			
	he organization does not have an office or place of business	in the Uni					
	his is for a Group Return, enter the organization's four-digit (						
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of				
		OVEMBI					
	the organization named above. The extension is for the organization				p. 0. gaa		
	$\overline{\mathbb{X}}$ calendar year 20 $\overline{23}$ or	an neathorn o	Totall Total				
		20	, and ending			, 20	
		, 20 _	, and chaing		•	_ , 20	
2	If the tax year entered in line 1 is for less than 12 months, cl	nock rosec	on: Initial return	Final retur	m		
~	Change in accounting period	ICUN ICASC	ni iiiiiai letuiii	ı ıııaı retür	11		
20		ontor the	tentative toy less		T		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	ternative tax, 1655	25		0.	
	any nonrefundable credits. See instructions.	onto: o::	r any refundable credits and				
	If this application is for Forms 990-PF, 990-T, 4720, or 6069			21-		0.	
	estimated tax payments made. Include any prior year overpa			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa			0.5		0.	
	using EFTPS (Electronic Federal Tax Payment System). See	INSTRUCTIO	HS.	3c	<b>S</b>	U •	

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public
Inspection

ΑF	or the	2023 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if	C Name of organization			D Employer identific	cation number
	Addres	CHRISTIAN LIVING NEIGH	BORHOODS			
	Name change	Doing business as			84-11769	89
	Initial return Final return/	Number and street (or P.O. box if mail is not del 9570 S KINGSTON CT	•	Room/suite 300	E Telephone number 720-974-3	
	termin ated		ZIP or foreign postal code		G Gross receipts \$	72,990,900.
	Ameno		<b>.</b>		H(a) Is this a group re	
	Application	F Name and address of principal officer: U 11	L VITALE-AUSSEM		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit		MUNITIES.ORG		H(c) Group exemption	
		- i game and	sociation Other	<b>L</b> Year	of formation: 1972 N	1 State of legal domicile: CO
Pa	rt I	Summary				
Ф		Briefly describe the organization's mission or most				
Governance	l	SERVICES AND CARE THAT REI				
ern	l		ntinued its operations or dispos		1 1	
Š		Number of voting members of the governing body			3	2
≪		Number of independent voting members of the gov				601
Activities		Total number of individuals employed in calendar y				295
Ę		Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form				0.
	<u> </u>	Net differated business taxable income from Form	990-1, Fait 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			247,109.	372,088.
Jue	l				62,988,591.	68,944,239.
Revenue	I	investment income (Part VIII, column (A), lines 3, 4,			1,835,100.	2,667,049.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			843,506.	1,007,524.
	l	Total revenue - add lines 8 through 11 (must equal			65,914,306.	72,990,900.
		Grants and similar amounts paid (Part IX, column (			139,460.	157,437.
	l	Benefits paid to or for members (Part IX, column (A			0.	0.
ç	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		24,997,052.	26,847,655.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line	e 25) <u>614,6</u>			
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d,			42,031,093.	42,377,348.
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		67,167,605.	69,382,440.
		Revenue less expenses. Subtract line 18 from line	12		-1,253,299.	3,608,460.
Net Assets or Fund Balances					ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			23,503,402.	228,612,437.
etA	21	Total liabilities (Part X, line 26)			23,555,022.	249,492,815. -20,880,378.
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		23,333,022.	-20,000,370.
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	e and etateme	ante and to the heet of my	knowledge and helief it is
		thes of perjuly, I declare that I have examined this return,				Knowledge and belief, it is
,	001100	Such to Chille	1) to bacca on an intermation of wi	non propurer	That any knowledge:	
Sigi	, (	Signature of officer			Date	
Her		BRYON CHILDS, CFO				
	_	Type or print name and title				
		Print/Type preparer's name	Preparer's signature	[	Date Check	PTIN
Paid		JEFF PARKER	JEFF PARKER	1	.1/14/24 if self-employ	P00970069
Prep	arer	Firm's name CLIFTONLARSONALLE	N LLP		Firm's EIN 4	
	Only	Firm's address 475 REGENCY PARK,	SUITE 175			
		O'FALLON, IL 6226	9		Phone no. (6	
Мау	the IF	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO ENRICH THE QUALITY AND DIGNITY OF LIFE FOR OLDER ADULTS THRO	
	SERVICES AND CARE THAT REFLECT CHRISTIAN LOVE, RESPECT, AND COM	PASSION
	TOWARD EACH INDIVIDUAL.	
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 X No
	If "Yes," describe these new services on Schedule O.	
2		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _A_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	· ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of th	cpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$60 , 612 , 628including grants of \$157 , 437) (Revenue \$68	3 <b>,944,239.</b> )
	THE ORGANIZATION PROVIDES INDEPENDENT LIVING SERVICES, ASSISTED	LIVING
	CARE AND NURSING HOME CARE FOR THE SENIOR ADULTS. WE MINISTER	TO
	SENIOR ADULTS THROUGH A CONTINUUM OF SERVICES AND CARE THAT REF	LECTS
	CHRISTIAN LOVE, RESPECT AND COMPASSION AND THAT ENRICHES THE QU	ALITY
	AND DIGNITY OF LIFE FOR EACH INDIVIDUAL. THE ORGANIZATION SERVE	
	APPROXIMATELY 1,100 PEOPLE THROUGH THE COORDINATION AND MANAGEM	
	ACTIVITIES OF THE AFFILIATED 501(C)(3) ORGANIZATIONS.	
	ACTIVITIED OF THE ATTIBIATED SOTICE/(S) ONOANTEATIONS:	
4b	(Code:) (Expenses \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 60,612,628.	
		Form <b>990</b> (2023)

# Form 990 (2023) CHRISTIAN LIVING NEIGHBORHOODS 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	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	<del>ل</del>		
U				X
_	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,	_		<b> </b> ₩
	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		<u> </u>
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	· · · ·		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ <sub>37</sub>
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<del> </del> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
	,	19		X
20-	complete Schedule G, Part III	20a		X
20a	• • •			<del>  ^</del> `
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	ا ۾ ا		<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form	990 (2023) CHRISTIAN LIVING NEIGHBORHOODS 84-117	6989	Р	age 4
Pai	T IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
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		X
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		X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	l
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			l
	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 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T	$\perp$
		^	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		

	Check in deficultie of contains a response of note to any line in this rait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c		

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## CHRISTIAN LIVING NEIGHBORHOODS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		601			
	filed for the calendar year ending with or within the year covered by this return	2a	601		v	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	77
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•		4-		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount)	<i>?</i>	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Financial Advanced Financial Financ	noounto	(ED A D)			
50				5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 50		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			- ou		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pro	ovided to the payor?	7a		х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	•		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	,	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion 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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.			isa		
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	13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's Х exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

BRYON CHILDS - (720)974-3555

9570 S KINGSTON CT SUITE 300, ENGLEWOOD,

80112

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 organizatio (A)	(B)				C)	•		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amount of
	week		cer ar	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yoldr	st com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JILL VITALE-AUSSEM	10.00	_	_			1				
CEO	30.00	Х		Х				0.	372,975.	39,650.
(2) BRYON CHILDS	20.00									
CFO	40.00			Х				0.	258,110.	20,738.
(3) JAYNE KELLER	20.00									
CHIEF OPERATING OFFICER	20.00			Х				0.	239,762.	19,002.
(4) BIMA DHAKAL	40.00							456.000		
RN	0.00					X		156,293.	0.	6,633.
(5) MICHELLE FRATERNALI	40.00					٦,		125 025	,	10 050
EXECUTIVE DIRECTOR	0.00					X		135,035.	0.	18,259.
(6) DON BACKSTROM COMMUNITY EXECUTIVE DIRECTOR	40.00					x		120 525	0.	12 002
(7) ANGELA ALLEN	40.00					┢		139,525.	0.	12,883.
VP OF CLINICAL AND COMPLIANCE	0.00					x		129,461.	0.	529.
(8) OUALIDSLIM GHARBI	40.00					125		123, 401.	•	323.
RN	0.00					x		128,657.	0.	125.
(9) AMY DORE	1.00									
BOARD MEMBER	4.00	Х						0.	0.	0.
		1								
		1								
		L	L		L	L	L			
										000

84-1176989

	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o	n an	(D)  Reportable compensation from	(E)  Reportable compensatio	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	com fr org and	pensa om th anizat d relat	e ion ed
									600 071	070 0	4.77	11	7 0	1.0
	Subtotal Total from continuation sheets to Part VI								688,971.	870,84	0.			0.
<u>d</u>	Total (add lines 1b and 1c)					····.			688,971.	870,84		11	7,8	19.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100	,000 of reportable	9	1		21
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		Х
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X	
5 	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than §	S100,000 of comp	oensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	ompe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to	thos	_	ted	above) who received m	ore than				
	,											Form	990 <sub>(</sub>	2023)

Form 990 (2023) CHRISTI
Part VIII Statement of Revenue

			Check if Schedule O con	tains	a response	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns		1a					
ant	·		Membership dues		·					
Ģ B			Fundraising events							
ifts			Related organizations		1					
nils			Government grants (contribut			3,639.				
Sir			All other contributions, gifts, gran			·				
het.			similar amounts not included abo			368,449.				
혉		a	Noncash contributions included in lines		1.	,				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		_ · <b>J</b>   ·		372,088.			
<u> </u>						Business Code				
ø	2	а	NET PATIENT SERVICE RE	VENU	JE	623000	67,109,078.	67109078.		
, vic			AMORTIZATION OF ENTRY	FEE		623000	1,513,727.	1,513,727.		
Program Service Revenue		С	MANAGEMENT FEES			541610	321,434.	321,434.		
am eve		d								
gr. Re		е								
Pro			All other program service reve	enue						
			Total. Add lines 2a-2f				68,944,239.			
	3		Investment income (including							
							1,482,587.			1482587.
	4		Income from investment of ta	ıx-exe	empt bond p	roceeds	393,893.			393,893.
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents 6a	а						
		b	Less: rental expenses 6k	5						
		С	Rental income or (loss) 60							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory 7a	a	790,569.					
		b	Less: cost or other basis							
ne			and sales expenses		0.					
her Revenue		С	Gain or (loss) 70	:	790,569.					
Re		d	Net gain or (loss)		<u></u>		790,569.			790,569.
her	8	а	Gross income from fundraising e	vents	(not					
₹			including \$		of					
			contributions reported on line	e 1c).	See					
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fund	drais	ing events					
	9	а	Gross income from gaming a							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gan	•						
	10	а	Gross sales of inventory, less		II.					
			and allowances							
			•		10b	) <u> </u>				
_		С	Net income or (loss) from sale	es of	inventory	Duning and Co.				
Sī			EMDI OVEE /OITEON /OXMED TY	C 141	ZAT TMCO	Business Code	200 261			200 261
Miscellaneous Revenue	11		EMPLOYEE/GUEST/CATERIN			623000 623000	390,261.			390,261.
llan		b	SALON AND SPA INCOME	יייי		623000	154,992.			154,992. 105,421.
sce Be						623000	105,421.			356,850.
Ξ̈́			All other revenue				356,850. 1,007,524.			330,030.
		е	Total Add lines 11a-11d				72,990,900.	68944239.	0.	3674573.
33200	12	21	Total revenue. See instructions				,2,550,500.	00044200.	٠.	Form <b>990</b> (2023)
JJ2UU	J 12-	<u>- ۱ - ۱</u>	۷							(2023)

# Form 990 (2023) CHRISTIAN LIVING NEIGHBORHOODS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		this Part IX	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	455 405	4 40-		
	and domestic governments. See Part IV, line 21	157,437.	157,437.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	22,633,295.	19,487,267.	2,919,695.	226,333
7	Other salaries and wages	44,033,493.	19,407,207.	2,919,095.	440,333
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,540,920.	2,187,732.	327,779.	25,409
9	Other employee benefits	1,673,440.	1,440,832.	215,874.	16,734
0	Payroll taxes	1,0/3,440.	1,440,032.	213,074.	10,734
1	Fees for services (nonemployees):	5,142,936.	4,428,068.	663,439.	51,429
	Management	104,733.		13,511.	1,047
	Legal	115,000.	99,015.	14,835.	1,150
	Accounting	113,000.	JJ,013.	14,000.	1,150
	Lobbying				
	Investment management fees	157,934.	157,934.		
g	Other. (If line 11g amount exceeds 10% of line 25,	137,334.	137,334.		
9	column (A), amount, list line 11g expenses on Sch 0.)	8,735,257.	7,521,056.	1,126,848.	87,353
12	Advertising and promotion	252,895.		32,623.	2,529
3	Office expenses	3,799,208.	3,271,118.	490,098.	37,992
4	Information technology	3,,33,2001	3,2,2,220	250,0500	3,,552
15	Royalties				
16	Occupancy	1,764,438.	1,519,181.	227,613.	17,644
17	Travel	43,402.	37,369.	5,599.	434
8	Payments of travel or entertainment expenses		0.7000		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,782.	7,561.	1,133.	88
20	Interest	4,488,573.	3,864,661.	579,026.	44,886
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization	7,780,018.	6,698,596.	1,003,622.	77,800
3	Insurance	640,845.	413,992.	226,853.	-
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	·	,	·	
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	E 600 F00	E 600 500		
	DIETARY EXPENSE	5,698,590.	5,698,590.	126 701	10 604
	ALLOCATED EXPENSES FROM	1,060,395.	913,000. 784,588.	136,791.	10,604
	MEDICAL SUPPLIES	784,588. 610,602.	525,728.	78,768.	£ 10 <i>6</i>
	REPAIRS	1,189,152.	1,090,985.	91,104.	6,106 7,063
	All other expenses Add lines 1 through 24s	69,382,440.	60,612,628.	8,155,211.	614,601
5_	Total functional expenses. Add lines 1 through 24e	05,304,440.	00,014,040.	0,133,411.	014,001
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X						
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
\$	1	Cash - non-interest-bearing	4,907,374.	1	7,897,766.		
	2	Savings and temporary cash investments	38,588,802.	2	33,969,796.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	10,309,764.	4	7,369,173.		
	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		5			
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	202,473.	8	211,212.		
Ä	9	Prepaid expenses and deferred charges	461,073.	9	1,401,888.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 237, 670, 786.					
	b	Less: accumulated depreciation 10b 100,033,709.	134,623,371.	10c	137,637,077.		
	11	Investments - publicly traded securities	29,146,466.		34,188,642.		
	12	Investments - other securities. See Part IV, line 11	242,762.	12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	E 001 31E	14	F 026 002		
	15	Other assets. See Part IV, line 11	5,021,317.	15	5,936,883.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	223,503,402.	16	228,612,437.		
	17	Accounts payable and accrued expenses	9,740,881.	17	8,758,019.		
	18	Grants payable	111 015 771	18	122 007 000		
	19	Deferred revenue	114,815,774. 120,361,147.	19	122,907,909. 115,772,005.		
	20	Tax-exempt bond liabilities	120,301,147.	20	113,772,003.		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
ies	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22			
Lia	23	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties		23			
	24			24			
	25	Other liabilities (including federal income tax, payables to related third		27			
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	2,140,622.	25	2,054,882.		
	26	Total liabilities. Add lines 17 through 25	247,058,424.	26	249,492,815.		
		Organizations that follow FASB ASC 958, check here			, ,		
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions	-24,276,322.	27	-21,582,312.		
Bal	28	Net assets with donor restrictions	721,300.	28	-21,582,312. 701,934.		
p		Organizations that do not follow FASB ASC 958, check here					
Ī		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current funds		29			
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
As	31	Retained earnings, endowment, accumulated income, or other funds		31			
Net Assets or Fund Balances	32	Total net assets or fund balances	-23,555,022.	32	-20,880,378.		
	33	Total liabilities and net assets/fund balances	223,503,402.	33	228,612,437.		

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 38		
3	Revenue less expenses. Subtract line 2 from line 1	3		,60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-23	,55	5,0	22.
5	Net unrealized gains (losses) on investments	5	2	,22	8,0	<u> 10.</u>
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	- 3	,16	1,8	26.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-20	,88	0,3	78.
Pa	rt 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," explain on Schedule	Ο.				
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 compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

CHRISTIAN LIVING NEIGHBORHOODS 84-1176989 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	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	<b>Total support.</b> Add lines 7 through 10						
12		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	ine 13 or 16a, and	I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						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	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(0, 0000	(, ====	(-)	(=, ====	(5) ====	(-)
	include any "unusual grants.")	109,669.	1523045.	5584214.	247,109.	372,088.	7836125.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59665107.	57258482.	59040149.	62988591.	68944239.	307896568
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge		E0804 505	5.4.5.0.4.2.5.2	50005500	5004.5005	215020602
	Total. Add lines 1 through 5	59774776.	58781527.	64624363.	63235700.	69316327.	315732693
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						315732693
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	59774776.	58781527.	64624363.	63235700.	69316327.	315732693
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1144807.	1107810.	1222524.	1410413.	1876480.	6762034.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_							
·		1144807.	1107810.	1222524.	1410413.	1876480.	6762034.
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1144807.	1107810.	1222524.	1410413.	1876480.	6762034.
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	977,451.	556,008.	878,856.	843,506.	1007524.	4263345.
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	977,451. 61897034.	556,008. 60445345.	878,856. 66725743.	843,506. 65489619.	1007524. 72200331.	4263345. 326758072
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	977,451. 61897034. ne organization's fil	556,008. 60445345. rst, second, third,	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. rear as a section 5	1007524. 72200331. 01(c)(3) organizatio	4263345. 326758072
11 12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	977,451. 61897034. ne organization's fil	556,008. 60445345. st, second, third, t	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. rear as a section 5	1007524. 72200331. 01(c)(3) organizatio	4263345. 326758072
11 12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	977,451. 61897034. ne organization's fii	556,008. 60445345. rst, second, third,	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. year as a section 5	1007524. 72200331. 01(c)(3) organizatio	4263345. 326758072
11 12 13 14 Sec 15	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  etion C. Computation of Public support percentage for 2023 (	977,451. 61897034. ne organization's fil ic Support Per line 8, column (f), d	556,008. 60445345. rst, second, third, the centage ivided by line 13, or	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. vear as a section 5	1007524. 72200331. 01(c)(3) organization	4263345. 326758072 on, 96.63 %
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022)	977,451. 61897034. ne organization's fil fic Support Per line 8, column (f), d	556,008. 60445345. rst, second, third, the centage ivided by line 13, could be line 13, could be line 13, could be line 13, could be line 15	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. vear as a section 5	1007524. 72200331. 01(c)(3) organizatio	4263345. 326758072
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 cotion D. Computation of Investigation in the computation in the computation of Investigation in the computation in the compu	977,451. 61897034. The organization's finition of the control of t	556,008. 60445345. rst, second, third, fine 13, contage ivided by line 13, contage ivided by line 15.	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. rear as a section 5	1007524. 72200331. 01(c)(3) organization	4263345. 326758072 on,
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022)	977,451. 61897034. ne organization's fin ic Support Per line 8, column (f), d 2 Schedule A, Part stment Income 023 (line 10c, colur	556,008. 60445345. rst, second, third, secondage ivided by line 13, cell, line 15 Percentage nn (f), divided by line	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. Year as a section 5	1007524. 72200331. 01(c)(3) organization	4263345. 326758072 on, 
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 cotion D. Computation of Investing Public support percentage from 2022 cotion D. Computation of Investing Public support percentage from 2022 cotion D. Computation of Investing Public support percentage from 2022 cotion D. Computation of Investing Public support percentage for 2023 (Public support percentage for 2024 (Publi	977,451. 61897034. ne organization's fin ic Support Per line 8, column (f), d 2 Schedule A, Part stment Income 023 (line 10c, colur 2022 Schedule A,	556,008. 60445345. rst, second, third, secondage ivided by line 13, cell, line 15 Percentage nn (f), divided by line 17	878,856. 66725743. fourth, or fifth tax y	843,506. 65489619. year as a section 5	1007524. 72200331. 01(c)(3) organizatio	4263345. 326758072  on,  96.63 % 96.72 %  2.07 % 1.88 %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here concept of the computation of Public support percentage for 2023 (Public support percentage from 2022 cotion D. Computation of Investment income percentage from 2021 Investment income percentage from	977,451. 61897034. ne organization's finition of the organization	556,008. 60445345. rst, second, third, formage ivided by line 13, colling line 15 Percentage nn (f), divided by line 17 not check the box of	878,856. 66725743. fourth, or fifth tax y column (f))	843,506. 65489619. /ear as a section 5	1007524. 72200331. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17	4263345. 326758072 on, 96.63 % 96.72 %  2.07 % 1.88 % 7 is not
11 12 13 14 15 16 Sec 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 cotion D. Computation of Investment income percentage from 2023 (Investment income percentage from 2023 (	977,451. 61897034. ne organization's file ic Support Per line 8, column (f), de Schedule A, Part stment Income 023 (line 10c, colume 2022 Schedule A, eorganization did not stop here. The	556,008. 60445345. est, second, third, for the second in third, for the second in the	878,856. 66725743. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	843,506. 65489619. /ear as a section 5	1007524. 72200331. 01(c)(3) organization  15 16  17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	4263345. 326758072 on, 96.63 % 96.72 %  2.07 % 1.88 % 7 is not X

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
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9a		
<b>0</b> 1.		
9b		
9c		
10a		
10b		

Par	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> 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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	$\neg$		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	$\neg$	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		а		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	nedule A (Form 990) 2023 CHRISTIAN LIVING NEIGHBORHOODS			84-1176989 Page 6			
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					

Schedule A (Form 990) 2023

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)		
Section D - Distributions C						
1	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023	
_1_	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	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: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	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:					
а	Excess from 2019					
b	Excess from 2020					
С	Excess from 2021					
d	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2019 AMOUNT: \$ 88,249. 2020 AMOUNT: \$ 4,900. 158,232. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 66,567. 2023 AMOUNT: \$ 88,438. GIFT SHOP 5,975. 2020 AMOUNT: \$ 2021 AMOUNT: \$ -21. 2022 AMOUNT: \$ 62. 192. 2023 AMOUNT: \$ MEAL INCOME 2019 AMOUNT: \$ 374,303. 2020 AMOUNT: \$ 319,371. 2021 AMOUNT: 305,046. 2022 AMOUNT: \$ 371,330. 2023 AMOUNT: \$ 390,261. BEAUTY SHOP 2019 AMOUNT: \$ 161,946. 2020 AMOUNT: 53,205. 2021 AMOUNT: \$ 128,328. 2022 AMOUNT: \$ 117,512.

105,421.

2023 AMOUNT: \$

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.)

GUEST ROOM	
2019 AMOUNT: \$	16,570.
2020 AMOUNT: \$	4,750.
2021 AMOUNT: \$	5,015.
2022 AMOUNT: \$	11,265.
2023 AMOUNT: \$	21,920.
TRANSPORTATION	
2019 AMOUNT: \$	16,958.
2020 AMOUNT: \$	8,514.
2021 AMOUNT: \$	9,534.
2022 AMOUNT: \$	10,657.
2023 AMOUNT: \$	10,839.
GARAGE RENTAL	
2019 AMOUNT: \$	34,773.
2020 AMOUNT: \$	34,274.
2021 AMOUNT: \$	30,283.
2022 AMOUNT: \$	37,418.
2023 AMOUNT: \$	45,054.
PHONE SERVICE	
2020 AMOUNT: \$	86.
2021 AMOUNT: \$	168.
2022 AMOUNT: \$	168.
2023 AMOUNT: \$	168.

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.)

## COMM. FEES & ACCESS DUES

2019 AMOUNT: \$ 78,551.

2020 AMOUNT: \$ 79,893.

2021 AMOUNT: \$ 148,831.

2022 AMOUNT: \$ 144,350.

2023 AMOUNT: \$ 154,992.

### DEPARTMENT INCOME

2019 AMOUNT: \$ 58,055.

2020 AMOUNT: \$ 33,696.

2021 AMOUNT: \$ 43,440.

2022 AMOUNT: \$ 51,206.

2023 AMOUNT: \$ 60,458.

### COVENANT HEALTH

2019 AMOUNT: \$ 100,885.

2020 AMOUNT: \$ 4,425.

2021 AMOUNT: \$ 47,429.

2022 AMOUNT: \$ 29,980.

2023 AMOUNT: \$ 30,720.

### WI-FI

2019 AMOUNT: \$ 44,154.

### LATE FEES

2019 AMOUNT: \$ 3,007.

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.)	
020 AMOUNT: \$ 6,919.	
021 AMOUNT: \$ 2,571.	
022 AMOUNT: \$ 2,991.	
023 AMOUNT: \$ 8,553.	
SG INCOME	
023 AMOUNT: \$ 90,508.	

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

CHRISTIAN LIVING NEIGHBORHOODS

**Employer identification number** 

84-1176989

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## CHRISTIAN LIVING NEIGHBORHOODS

84-1176989

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 250,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CHRIST	FIAN LIVING NEIGHBORHOODS		84-1176989
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$10,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$7,50	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

## CHRISTIAN LIVING NEIGHBORHOODS

84-1176989

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
_			
453 12-26		*	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** CHRISTIAN LIVING NEIGHBORHOODS 84-1176989 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRISTIAN LIVING NEIGHBORHOODS

**Employer identification number** 84-1176989

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Sche		N LIVING N				176989 <sub>Page</sub> <b>2</b>
Pai	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, or Oth	er Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that make	significant use of it	3
	collection items (check all that apply).					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization's ex	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simi	ar assets	
	to be sold to raise funds rather than to be mai					Yes No
Par	t IV Escrow and Custodial Arrang		e if the organizatior	n answered "Yes" o	n Form 990, Part IV	line 9, or
	reported an amount on Form 990, Part	X, line 21.				
1a	Is the organization an agent, trustee, custodia	n, or other intermed	iary for contributior	ns or other assets n	ot included	
	on Form 990, Part X?				[	Yes X No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on Fo					X Yes No
b	If "Yes," explain the arrangement in Part XIII. (					X
Par	t V Endowment Funds Complete if t	he organization ans	wered "Yes" on Fo	m 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k <b>(e)</b> Four years back
1a	Beginning of year balance	883,323.	883,323.	883,323	. 983,323	983,323.
b	Contributions					
С	Net investment earnings, gains, and losses	35,864.	27,369.	142,905	. 18,820	. 33,015.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	35,864.	27,369.	142,905	. 118,820	. 33,015.
f	Administrative expenses					
g	End of year balance	883,323.	883,323.	883,323	. 883,323	983,323.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a	)) held as:		
а	Board designated or quasi-endowment	21.8550	%			
b	Permanent endowment 78.1450	%	_			
С	Term endowment • 0000 %	<del></del>				
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administered for	the	
	organization by:	· ·				Yes No
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					··
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule R?			·
4	Describe in Part XIII the intended uses of the o					
Par	t VI Land, Buildings, and Equipme					
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or ot		T T	Accumulated	(d) Book value
	Bossiphon of property	basis (investm	, ,	1 '	depreciation	(a) Book value
	Land	<u> </u>	<u> </u>	4,092.		5,444,092.

Schedule D (Form 990) 2023

498,356.

5,152,794.

10,017,063.

137,637,077.

89,098,980.116,524,772.

e Other

205,623,752.

2,015,139.

14,570,740.

10,017,063.

**b** Buildings

c Leasehold improvements

d Equipment

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

1,516,783.

9,417,946.

Schedule D	(Form 990) 2023	CHRISTIAN	LIVING	NEIGHBO	ORHOODS	5			84-1
Part VII	Investments -	Other Securities							
	Complete if the org	ganization answered "Ye	es" on Form 99	0, Part IV, lin	e 11b. See F	orm 990, F	Part X, lin	e 12.	

	· · ·	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Tatal (Oal (b) access access Farma 000 Don't V line 10 and (D))		

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, line 13, col. (R))		

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

### 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)	SECURITY DEPOSITS FROM RESIDENTS	172,098.
(3)	ENTRANCE FEE DEPOSITS	1,882,784.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	2,054,882.

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

Schedule D (Form 990) 2023

	t VI Decempilistics of Devemos new Audited Financial Ctates		O4 II/OJOJ Page
Par	•	·	eturn
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		1
	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.)		
	A 1117 A 11 A 10 A		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
	t XII   Reconciliation of Expenses per Audited Financial State		Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		7 1
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	`	2e
3	Subtract line 2e from line 1		3
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	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
Par	t XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		4; Part X, line 2; Part XI,
PAF	RT IV, LINE 2B:		
RES	SIDENT FUNDS TO BE USED BY THE RESIDENTS	OF THE ORGANIZATION	ON.
PAF	RT V, LINE 4:		
THE	E ENDOWMENT FUNDS ARE DESIGNED TO PROVIDE	E INCOME FOR NURSIN	NG HOME
RES	SIDENTS LIVING IN THE SUITES OF SOMEREN G	HEN AND CLERMONT F	PARK
PAF	RT X, LINE 2:		
<u>CH</u> F	RISTIAN LIVING NEIGHBORHOODS AND CHRISTIA	AN LIVING COMMUNIT	IES ARE EXEMPT
FRC	OM INCOME TAXES UNDER SECTION 501(C)(3) C	OF THE INTERNAL REV	VENUE CODE AND
	SIMILAR PROVISION FOR STATE LAW. HOWEVER		

NEIGHBORHOODS AND CHRISTIAN LIVING COMMUNITIES ARE SUBJECT TO FEDERAL

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

CHRISTIAN LIVING NEIGHBORHOODS

 $\begin{array}{c} \textbf{Employer identification number} \\ 84-1176989 \end{array}$ 

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

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 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JILL VITALE-AUSSEM	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	347,460.	0.	25,515.	24,724.	14,926.	412,625.	0.
(2) BRYON CHILDS	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	255,482.	0.	2,628.	7,919.	12,819.	278,848.	0.
(3) JAYNE KELLER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	230,948.	0.	8,814.	7,183.	11,819.		0.
(4) BIMA DHAKAL	(i)	144,444.	10,407.	1,442.	0.	6,633.	162,926.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELLE FRATERNALI	(i)	135,035.	0.	0.	0.	18,259.	153,294.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DON BACKSTROM	(i)	139,525.	0.	0.	4,176.	8,707.	152,408.	0.
COMMUNITY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<u> </u>	i age e
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	( <u>.</u>
PART I, LINE 3:	
THE PARENT ORGANIZATION, CHRISTIAN LIVING COMMUNITIES, DETERMINES THE	
COMPENSATION OF THE ORGANIZATION'S CEO / EXECUTIVE DIRECTOR AND USES THE	
FOLLOWING METHODS: INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT	
CONTRACT, COMPENSATION SURVEY / STUDY, AND APPROVAL BY THE BOARD /	
COMPENSATION COMMITTEE.	
PART I, LINE 4B:	
BONFACE ATIKA, \$3,219	
DON BACKSTROM, \$4,176	
PATRICIA MCBRIDE, \$2,571	
LAURA ROEDEMA, \$3,770	
KELI SWALES, \$670	
JOYCE WAHINYA, \$2,722	

## SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

# CHRISTIAN LIVING NEIGHBORHOODS

Employer identification number 84-1176989

	LIVING NEIG							0	<u>4 – 1</u>	T / 67	989		
Part I Bond Issues S	EE PART VI	FOR COLUM	(F) CON	TINUAT	IONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Iss	ue price	(f) Description	on of purpose	(g) Def	eased	<b>(h)</b> On	behalf	(i) Po	ole
										of iss	suer	finan	cin
								Yes	No	Yes	No	Yes	No
COLORADO HEALTH						ro refun							
A FACILITIES AUTHORITY	84-0752932	19648FAD6	10/06/16	7395			006 BONDS		X		Х		X
COLORADO HEALTH					<b>I</b>	ro refun							
B FACILITIES AUTHORITY	84-0752932	NONE	10/01/19	2853			OF THE SE	:	X		Х		X
COLORADO HEALTH						ro refun							
c FACILITIES AUTHORITY	84-0752932	19648FSV7	10/04/21	_   3578	8842.	SERIES 2	011 AND 2		X		Х		X
D													
Part II Proceeds									_				
				١		В	С				D		
1 Amount of bonds retired			. 12,19	0,000.	3,5	505,000.	630,	000	•				
2 Amount of bonds legally defeased													
3 Total proceeds of issue		4,236.	<u> </u>	532,078.	35,788,		_						
4 Gross proceeds in reserve funds		6,56	<u>3,091.</u>	2,6	534,006.	579,	267	•					
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			1,47	79,085. 527,989.		713,	750	•					
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds			<u>.</u> 65,91	2,060.	25,3	370,083.	25,055,						
12 Other unspent proceeds							9,439,		•				
13 Year of substantial completion			2	2006		2022	202	24					
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	issue of tax-exempt b	onds (or,											
if issued prior to 2018, a current refunding is:	sue)?		X		X		Х						
15 Were the bonds issued as part of a refunding	issue of taxable bond	ds (or, if											
issued prior to 2018, an advance refunding is	ssue)?			X		X		X					
16 Has the final allocation of proceeds been ma	de?			X		X		X					
17 Does the organization maintain adequate boo													
final allocation of proceeds?	<u></u>	<u></u>	X		X		X						

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

Schedule K (Form 990) 2023

Par	t III Private Business Use								
			A		В		Ç		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X		X		
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.13 %		.13 %		.13 %		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		%
_6	Total of lines 4 and 5		.13 %		.13 %		.13 %		%
_7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			
Par	t IV Arbitrage								
			Α		В		С	D	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X	Х		X			
	Exception to rebate?		Х		Х		Х		
	No rebate due?	X			Х		Х		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•		•				
	performed								
3	Is the bond issue a variable rate issue?		X		X		Х		

Part IV Arbitrage (continued)								
		4	E	3		0		)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X			
Part V Procedures To Undertake Corrective Action								
		<u> </u>	E	3		<u> </u>	I	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHO	RITY							
(F) DESCRIPTION OF PURPOSE:								
TO REFUND THE SERIES 2006 BONDS AND A PORTION OF	THE SEI	RIES 20	11 BONI	)S				
(A) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHO	RITY							
(F) DESCRIPTION OF PURPOSE:		_ ~~~-						
TO REFUND A PORTION OF THE SERIES 2012 BONDS AND	FINANCI	E CONST	RUCTION	<u> </u>				
(3) TOOLED NAME: COLODADO HEALEN EAGLITHIEG ALIMIO	ND T MXZ							
(A) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHO (F) DESCRIPTION OF PURPOSE:	KITI							
	MOE DD	OTEGE E	ITINID					
TO REFUND THE SERIES 2011 AND 2012 BONDS AND FINA	INCE PRO	JUECT F	עאט					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHO	RITY							
DATE THE REBATE COMPUTATION WAS PERFORMED: 12		21						
	, ,							
FORM 990, PART III, QUESTION 2, COLUMNS A & B								
THE ORGANIZATION, AS A SENIOR LIVING FACILITY, DO	ES REG	JLARLY	LEASE C	DR.				
MAKE AVATLABLE TAX-EXEMPT BOND FINANCED PROPERTY								

332124 09-15-23 Schedule K (Form 990) 2023

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LIVING VENTURES),

Employer identification number 84-1176989

CHRISTIAN LIVING NEIGHBORHOODS 84-1176989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPASSION.

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

THE CORPORATION SHALL HAVE ONE SOLE MEMBER, NAMELY, CHRISTIAN LIVING

COMMUNITIES, A COLORADO NONPROFIT CORPORATION (FORMERLY KNOWN AS CHRISTIAN

THAT HAS BEEN FORMED EXCLUSIVELY FOR CHARITABLE

RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE AND HAS RECEIVED AN EXEMPTION UNDER SECTION
501(C)(3) OF THE TAX CODE.

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

THE MEMBER OF THIS CORPORATION SHALL HAVE THE AUTHORITY TO ELECT AND REMOVE
THE BOARD OF DIRECTORS AND APPROVE THE APPOINTMENT OF THE PRESIDENT OF THE
BOARD.

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

THE MEMBER OF THIS CORPORATION SHALL HAVE THE AUTHORITY TO REMOVE THE BOARD OF DIRECTORS, APPROVE THE APPOINTMENT OF THE PRESIDENT OF THE BOARD APPROVE AMENDMENTS TO BYLAWS, APPROVE THE INCURRENCE OF ANY PROMISSORY NOTE, DEBT INSTRUMENT OR THE GUARANTY OF ANY INDEBTEDNESS BY OR ON BEHALF OF THE CORPORATION IN EXCESS OF \$10,000, AUTHORIZE DISTRIBUTIONS OF EXCESS CASH ALLOWED TO BE DISTRIBUTED IN ACCORDANCE WITH ANY BOND DOCUMENTS BINDING ON THE CORPORATION, APPROVE A PLAN OF MERGER, APPROVE A SALE, LEASE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF THE WITH OR WITHOUT GOODWILL, OTHERWISE THAN IN THE USUAL AND CORPORATION, For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 Schedule O (Form 990) 2023 Page 2

Name of the organization

CHRISTIAN LIVING NEIGHBORHOODS

Employer identification number 84-1176989

REGULAR COURSE OF BUSINESS, FILE FOR VOLUNTARY PROTECTION UNDER ANY

BANKRUPTCY OR INSOLVENCY LAW FOR THE BENEFIT OF THE CORPORATION OR

ACQUIESCE IN AN INVOLUNTARY FILING MADE AGAINST THE CORPORATION BY ANY

CREDITOR OF THE CORPORATION AND ADOPT A PLAN OF SHARING OF EMPLOYEES OR

OTHER ASSETS OF THE CORPORATION OR AMEND ANY BENEFITS PLANS APPLICABLE TO

EMPLOYEES OF THE CORPORATION.

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

THE FORM 990 GOES THROUGH AN INTERNAL REVIEW BY THE CFO OF CHRISTIAN LIVING

COMMUNITIES. A COPY OF THE RETURN WILL BE PROVIDED TO THE ENTIRE BOARD OF

DIRECTORS PRIOR TO SUBMISSION TO THE IRS FOR COMMENTS AND CLARIFICATION.

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

ANNUALLY, EACH DIRECTOR AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED

POWERS REVIEWS AND SIGNS A STATEMENTS WHICH AFFIRMS THAT THEY A) HAVE

RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B) HAVE READ AND

UNDERSTAND THE POLICY, C) HAVE AGREED TO COMPLY WITH THE POLICY, AND D)

UNDERSTAND THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN

ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

THE PARENT ORGANIZATION, CHRISTIAN LIVING COMMUNITIES, DETERMINES THE

COMPENSATION OF THE ORGANIZATION'S CEO / EXECUTIVE DIRECTOR AND USES THE

FOLLOWING METHODS: INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT

CONTRACT, COMPENSATION SURVEY / STUDY, AND APPROVAL BY THE BOARD /

COMPENSATION COMMITTEE.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

Schedule O (Form 990) 2023 Page **2** 

**Employer identification number** Name of the organization 84-1176989 CHRISTIAN LIVING NEIGHBORHOODS FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND FORM 990 RETURNS ARE MADE AVAILABLE ONLINE AND UPON REQUEST. THE ORGANIZATION HAS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES AVAILABLE TO THE PUBLIC AT ITS EXECUTIVE OFFICE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 7,521,056. 1,126,848. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 87,353. TOTAL EXPENSES 8,735,257. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,735,257. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -3,161,826. TRANSFER OF EQUITY FORM 990, PART XII, LINE 2C THE PROCESS IS CONSISTENT WITH PRIOR YEARS. FORM 990 SOCIAL ACCOUNTABILITY REPORT FOR 2023 SUMMARY OF EVENTS / ACTIVITIES: VISION WALK - HOLLY CREEK RESIDENTS AND FAMILIES RAISE FUNDS FOR VISUAL IMPAREMENT SERVICES AND RESEARCH - \$20,000 OPERATION CHRISTMAS CHILD - RESIDENTS AT SOMEREN GLEN AND HOLLY CREEK

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

**Employer identification number** Name of the organization 84-1176989 CHRISTIAN LIVING NEIGHBORHOODS CREATE BOXES FOR CHILDREN OVERSEAS - 220 BOXES - \$4,200 ALZHEIMER'S MEMORY WALK - AWARENESS OF ALZHEIMER'S DISEASE - \$5,500 AGED TO PERFECTION - HONOR A COMMUNITY PERSON FOR THEIR SERVICE - \$0 BLANKETS & SWEATERS FOR BABIES - RESIDENTS KNITTED BLANKETS AND SWEATERS FOR BABIES IN LOCAL HOSPITALS - RESIDENTS WERE ABLE TO SHARE THEIR TALENTS WITH OTHERS \$3,000 TOYS FOR GOD'S KIDS - RESIDENTS MAKE WOODEN CARS FOR LOCAL SCHOOLS AND CHILDREN IN THIRD WORLD COUNTRIES - ONGOING, RESIDENTS ARE KEPT BUSY AND GIVEN A SENSE OF FULLFILMENT \$2,500 SUNDAY OFFERINGS: FOOD BANK OF THE ROCKIES, SALVATION ARMY, PROJECT SANCTUARY, DOCTORS WITHOUT BORDERS, PAAV INTERNATIONAL MINISTRIES, ST FRANCES CENTER, MILE HIGH MINISTRIES, DENVER RESCUE MISSION, HABITAT FOR HUMANITY, INTERNATIONAL JUSTICE MISSION, NORTH LITTLETON PROMISE, STREET'S HOPE - ONGOING - WEEKLY BASIS \$34,705 (TOTAL CHAPEL OFFERINGS DISTRIBUTED) EMPLOYEES CRITICAL NEEDS RELIEF SERVICES - \$12,125 HEARING CLINICS, FLU SHOTS, SUPPORT GROUPS FOR PARKINSONS, LOW VISION, FAMILY COUNCIL, CAREGIVERS, COMMUNITY RECYCLING EVENT, TRANSPORTATION -GROCERY TRIPS, MEDICAL APPOINTMENTS, OUTINGS, POSTAL VAN, BOOKMOBILE, PODIATRIST, THRIFT SHOPS FOR RESIDENTS, CPR CLASSES, FIRST AID CLASSES - \$416,701

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

Name of the organization CHRISTIAN LIVING NEIGHBORHOODS Employer identification number 84-1176989

CLN DONOR RELATIONS SUPPORT RESIDENT CARE TO SUPPORT RESIDENTS IN NEED

OF FINANCIAL ASSISTANCE - \$16,055

VOLUNTEERS IN ALL COMMUNITIES ENGAGED IN VARIOUS ACTIVITIES IN CLC

COMMUNITIES - \$454,170 CLERMONT PARK, HOLLY CREEK, SOMEREN GLEN, DV,

CPW, CGJ = 15,139 HRS. (15,139 X \$30)

VOLUNTEER HOURS DONATED BY EXECUTIVE STAFF TO THE FOLLOWING

ORGANIZATIONS: LEADINGAGE, LEADINGAGE COLORADO, CONSULTING, MENTORING,

CARE TRANSITIONS, BIOMEDICAL ETHICS COMMITTEE, SOUTH DENVER CARE

CONTINUUM LEADERSHIP, \$11,340 DON - 60, STEVE -60, MICHELLE -60 =

180 HOURS X \$63 = \$11,340

MEMBERSHIP / AFFILIATIONS BY STAFF - LEADINGAGE, LEADINGAGE COLORADO,

COLORADO COMMISSION ON AGING, COLORADO CPA SOCIETY, COLORADO

GERONTOLOGICAL SOCIETY, DENVER SEMINARY, MOUNTAIN STATES EMPLOYER'S

COUNCIL HEALTH CARE ADVISORY BOARD, STATE OF COLORADO LICENSED

PROFESSIONAL COUNSELOR EXAMINERS BOARD, FIGHTING BLINDNESS FOUNDATION,

AMERICAN ASSOCIATION OF NURSE EXECUTIVES, ASSOCIATION FOR PROFESSIONALS

IN INFECTION CONTROL, AMERICAN SENIOR HOUSING ASSOCIATION.

SUBSIDIZED ALLOWANCES TO RESIDENTS UNABLE TO PAY FULLY ESTABLISHED

RATES HUD INTERNAL - \$135,250

PAYMENT FOR ITEMS FOR RESIDENTS NOT REIMBURSED UNDER MEDICAID

UNREALIZED INCOME FROM TOTAL LONGTERM CARE, MEDICAID AND MEDICAID BED

HOLDS INTERNAL - \$862,248

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

Name of the organization Employer identification number CHRISTIAN LIVING NEIGHBORHOODS 84-1176989

TOTAL IMPACT IN 2023 \$1,977,794- WHICH IS 2.9% OF OPERATIONAL REVENUE AND 2.9% OF OPERATING EXPENSES

FORM 990

CLC HAS A MEMBERSHIP OR AFFILIATION WITH THE FOLLOWING GROUPS:

AFFORDABLE HOUSING MANAGEMENT ASSOCIATION (AHMA), LEADINGAGE,

LEADINGAGECO, ARAPAHOE COUNTY COUNCIL ON AGING, ASSISTED LIVING

FEDERATION FO AMERICA (ALFA) BARNABAS FOUNDATION, BETTER BUSINESS

BUREAU (BBB) CENTER FOR AGING SERVICES TECHNOLOGY (CAST), CHRISTIAN

REFORMED CHURCH (CRC) COLORADO COMMISSION ON AGING (CCOA), COLORADO

CULTURE CHANGE COALITION (CCC), COLORADO FOUNDATION FOR MEDICAL CARE

BOARD OF DIRECTORS (CFMC), COLORADO GERONTOLOGICAL SOCIETY (CGS),

COUNCIL OF REFORMED CHARITIES (CORC), COVENANT HEALTH NETWORK (CHN),

EAST COALITION FOR SENIORS, EDEN ALTERNATIVE, HOUSING AND URBAN

DEVELOPMENT (HUD), NATIONAL AFFORDABLE HOUSING MANAGEMENT ASSOCIATION

(NAHMA), NATIONAL PRIVATE DUTY ASSOCIATION (NPDA), REFORMED CHURCHES OF

AMERICA (RCA), ROTARY CLUB, SOUTH METRO CHAMBER OF COMMERCE, SOUTHWEST

COALITION FOR SENIORS, WEST COALITION FOR SENIORS, WOMEN IN LEADERSHIP.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES

THROUGH THE ORGANIZATION'S MISSION, ESTIMATED DIRECT AND INDIRECT COSTS

OF PROVIDING CHARITY CARE HAVE BEEN ESTIMATED USING ACTUAL COSTS AND

OPERATIONAL PROJECTIONS. COSTS FOREGONE APPROXIMATE \$1,213,000 FOR THE

YEAR ENDED DECEMBER 31, 2023. UNCOMPENSATED CHARGES PROVIDED TO

RESIDENTS UNDER THE MEDICAID PROGRAM, WHICH IS FUNDED FROM OPERATIONS,

WAS APPROXIMATELY \$862,000 FOR THE YEAR ENDED DECEMBER 31, 2023.

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHRISTIAN LIV.	ING NEIGHBORHOODS					84-11/69	189	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yo	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		(f)  Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
CHRISTIAN LIVING COMMUNITIES - 45-5475166  9570 S KINGSTON CT, SUITE 300  ENGLEWOOD, CO 80112	PARENT / RETIREMENT	COLORADO	501(C)(3)	LINE 10	N/A			х
					.,			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	managin partner	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>	
	]											

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(l conti ent	(i) ction (b)(13) rolled tity?
CARDELLA LIVING GERVICES 27 1752002		country)		,				Yes	No
CAPPELLA LIVING SERVICES - 37-1753293  9570 S KINGSTON CT, STE 300	CONSULTING FOR SENIOR		NT / 2	C COPP	27 / 2	37 / 3	37 / 3		3,7
ENGLEWOOD, CO 80112	LIVING	CO	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) 2023

Page 3

Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е					1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
	i G	( )			1m	Х	
					1n	Х	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X
					1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)	antees to or for related organization(s) antees to prelated organization(s) teed organization(s) taked organization(s) from related organization(s) from related organization(s) supulpment, or other assets to related organization(s) supulpment, or other assets from related organization(s) succes or membership or fundraising solicitations for related organization(s) wices or membership or fundraising solicitations by related organization(s) succes or membership or fundraising solicitations by related organization(s) succes or membership or fundraising solicitations by related organization(s) did to related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) did to related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) did to related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) for the advantage of successor membership or fundraising solicitations by related organization(s) for property to related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) for related organization(s) for expenses successor membership or fundraising solicitations by related organization(s) for related organization(s) for expenses for property from related organization(s) for property fr		1s		X	
	(a) Name of related organization	Transaction		(d) Method of determining amount inv	olved		
(1)							
(2)							
(3)							
(4)							
(5)							
(5)							
(6)							
	09-28-23	•	•	Schedule	R (Forr	n 990)	2023

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000