** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

АГ	or the	2021 calendar year, or tax year beginning	and	enaing					
	heck if pplicable:	C Name of organization			D Employer identifi	ication number			
	Address	FOX RUN VILLAGE, INC.							
	Name change	Doing business as			52-2291271				
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	er			
	Final return/	41000 13 MILE RD			248-668-8600	248-668-8600			
	termin- ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	70,619,437.			
	Amende return	NOVI, MI 40377			H(a) Is this a group r	eturn			
	Applica-	F Name and address of principal officer: MIKE	ROSKIEWICZ		for subordinates	s? Yes X No			
	pending	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No			
_			(insert no.)	or 527	If "No," attach a	a list. See instructions			
		WWW.NATIONALSENIORCAMPUSES.ORG			H(c) Group exemption	on number 🕨			
			sociation Other >	L Year	of formation: 2000	M State of legal domicile: MD			
Pa		Summary	DD OUT D		TOD STATES THE				
ce		riefly describe the organization's mission or most and artisfies Their Three Primary Needs.	significant activities: PROVIDI	E A HOME	FOR SENIORS THAT	<u> </u>			
Governance	-	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net as	sets			
ver		lumber of voting members of the governing body (3	12			
Ĝ		lumber of independent voting members of the gov				8			
٥ŏ		otal number of individuals employed in calendar ye				979			
iţi		otal number of volunteers (estimate if necessary)				109			
Activities &		otal unrelated business revenue from Part VIII, colu				0.			
ď		let unrelated business taxable income from Form S				0.			
					Prior Year	Current Year			
an.	8 (Contributions and grants (Part VIII, line 1h)			4,031,289.	3,072,410.			
ğ	9 F	rogram service revenue (Part VIII, line 2g)			53,707,007.	54,581,411.			
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		12,732,859.	12,490,043.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			359,713.	401,385.			
	12 T	otal revenue - add lines 8 through 11 (must equal F		70,830,868.	70,545,249.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		404,792.	340,187.			
	14 E	denefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.			
S	15 S	alaries, other compensation, employee benefits (P			24,277,205.	24,378,504.			
Expenses	16 a F	rofessional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.			
хbе	b T	otal fundraising expenses (Part IX, column (D), line	•						
ш	'''	Other expenses (Part IX, column (A), lines 11a-11d,			48,208,637.				
		otal expenses. Add lines 13-17 (must equal Part IX			72,890,634.				
	19 F	levenue less expenses. Subtract line 18 from line 1	2		-2,059,766.				
Net Assets or Fund Balances				В	eginning of Current Year	End of Year			
Sset	20 T	otal assets (Part X, line 16)			460,733,314.	460,113,194.			
et A	21 T	otal liabilities (Part X, line 26)			484,025,701. -23,292,387.	494,285,897.			
Pa	22 N	let assets or fund balances. Subtract line 21 from l Signature Block	ine 20		25,252,507.	34,172,703.			
		ies of perjury, I declare that I have examined this return,	ncluding accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is			
	-	and complete. Declaration of preparer (other than office				y knowledge and belief, it is			
uu,	0011001,	and complete: Books and of property (office than office)) is based on an information of wi	non propuro	Thus any knowledge:				
Sigr	,	Signature of officer			Date				
Her		EILEEN ERSTAD, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Paid	1		ULIA FLANNERY, CPA	1	.0/11/22 if self-emplo	yed P00928918			
		Firm's name RSM US LLP	·		Firm's EIN ▶	42-0714325			
Use		Firm's address 100 INTERNATIONAL DRIVE,	SUITE 1400						
		BALTIMORE, MD 21202			Phone no.410	0-246-9300			
May	the IR	S discuss this return with the preparer shown abov	e? See instructions	.		X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$69,952,489. including grants of \$340,187.) (Revenue \$	54,581,411.
-t a	FOX RUN VILLAGE PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO	
	RESIDE IN 1,037 INDEPENDENT LIVING UNITS, 89 ASSISTED LIVING UNITS, 44	
	SKILLED NURSING BEDS AND 44 MEMORY CARE UNITS. THE SERVICES WE PROVIDE	
	TO OUR RESIDENTS INCLUDE, BUT ARE NOT LIMITED TO, HOUSING, FOOD,	
	MEDICAL, SECURITY AND MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL	
	ACTIVITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (Expenses \$) (nevenue \$	<i>)</i>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses 69,952,489.	

Form 990 (2021) FOX RUN VILLAGE, INC.

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
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?		v	
	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	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
- 1	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 (2021) FOX RUN VILLAGE, INC. Part 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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
	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 non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ A
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		 -
b	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?	335		
00	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	00		
٠.	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?	<u>"</u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56			
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	Х	

Part V	St	tatements Regarding Other IRS Filings and Tax Compliance 🦽	continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 979		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	4 a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	°		
а	Did the energy argenization make any toyable distributions under easting 1000	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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. Х Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management								
	tion / it do to mining 2 out a management		Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year	2	163	140					
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	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	,							
2	Effect the number of voting members included of fine 1a, above, who are independent	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		Х					
3			х						
	of officers, directors, trustees, or key employees to a management company or other person?	4	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	Λ	х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		х						
6	Did the organization have members or stockholders?	6	Λ						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l_	х						
	more members of the governing body?	7a	Λ						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	.,						
	persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? 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	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	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								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MI								
18	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)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	- 7							
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MARY WINDSOR - (410) 402-2364								
	701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228								

Form 990 (2021) FOX RUN VILLAGE, INC. 52-2291271 Page 7

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

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

Х

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	-	Key employee	st co	-ie			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ASHLEY BULAT	40.00									
EXECUTIVE DIRECTOR				Х				202,065.	0.	10,400.
(2) E. MICHELLE BOHREER	0.15									
PRESIDENT (THRU 7/31/21)	6.49	Х						0.	180,000.	0.
(3) GREGORY MEEHAN	40.00									
DIRECTOR OF FINANCE				Х				155,154.	0.	7,716.
(4) ZINA JACQUE	0.25									
VICE CHAIR & VICE PRESIDENT	16.05	Х		Х				0.	156,667.	0.
(5) MARY COLINS	0.25									
SECRETARY	19.58	Х		Х				0.	150,000.	0.
(6) EILEEN ERSTAD	0.25									
TREASURER	34.64	Х		Х				0.	150,000.	0.
(7) JAMES HAYES	0.25									
VICE CHAIR & VICE PRESIDENT	11.81	Х		Х				0.	140,000.	0.
(8) ERICA PATTERSON	40.00									
INFECTION PRENTIONIST						Х		125,995.	0.	8,525.
(9) AMY BRENNAN	40.00									
MANAGER, SALES						Х		121,930.	0.	5,983.
(10) GEMILA BRONNER	40.00									
DIRECTOR, NURSING						Х		124,861.	0.	2,131.
(11) SHERI LUCIUS	40.00									
CLINICAL HEALTH CARE COUNSELOR						Х		122,788.	0.	413.
(12) MARINA BRYKALOVA	40.00									
NURSE PRACTITIONER, EHWB						Х		113,759.	0.	8,589.
(13) BARBARA BISGAIER	0.25									
DIRECTOR	11.86	Х						0.	110,000.	0.
(14) STEPHANIE REEL	0.25									
DIRECTOR	10.29	х						0.	100,000.	0.
(15) FRED HAAS	0.25									
DIRECTOR	13.78	х						0.	90,000.	0.
(16) ARNIE SPEERT	0.25									
DIRECTOR	15.23	х						0.	90,000.	0.
(17) MIKE ROSKIEWICZ	0.60									
CHAIR/PRESIDENT (BEG 10/27/21)	9.93	Х		Х				0.	83,333.	0.
										Form 990 (2021)

Port VIII									32-229127	rage o
Part VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t Co		'	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per week					s both		compensation	compensation	amount of
	(list any		T			T	,	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	ridual	tution	ia.	Key employee	est co	ıer	·		organizations
	line)	Indiv	Insti	Officer	Key (High	Former			
(18) C. JACKSON BAIN	0.25									
DIRECTOR	11.90	Х						0.	80,000.	0.
(19) MICHAEL MCCORMICK	40.00									
EXECUTIVE DIRECTOR (THRU 1/4/21)				Х				25,139.	0.	1,338.
(20) GERI ANGEL	0.25									
DIRECTOR		Х						0.	0.	0.
(21) KAREN KELLY	0.10									
DIRECTOR (THRU 3/31/21)		Х						0.	0.	0.
(22) TOM COLLINS	0.10									
DIRECTOR (BEG 4/1/21)		Х						0.	0.	0.
(23) JOHN HALL	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(24) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.50			Х				0.	0.	0.
(25) NEAL GANTERT	0.50									
ASSISTANT TREASURER	6.50			Х				0.	0.	0.
(26) MARK EMBLEY	0.50									
ASSISTANT TREASURER (BEG 10/27/21)	6.50			Х				0.	0.	0.
1b Subtotal								991,691.	1,330,000.	45,095. 0.
c Total from continuation sheets to Part VII, Section A 0. 0.										
d Total (add lines 1b and 1c)							<u> </u>	991,691.	1,330,000.	45,095.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calcindar year chains with or	Within the organization o tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	7,934,622.
RISCO INC.		
20879 MARLINGA, CLINTON TWP, MI 48038	ELECTRICAL CONTRACTOR	1,376,117.
SPELLMAN BRADY & COMPANY, 8251 MARYLAND		
AVE, STE 300, ST. LOUIS, MO 63105	DESIGN SERVICES	791,775.
CRESTIVE CONSTRUCTION CONCEPTS, 7960 GRAND		
RIVER RD, STE 285, BRIGHTON, MI 48114	DESIGN SERVICES	609,057.
WILKINS FLOOR COVERING		
30669 EIGHT MILE RD, LIVONIA, MI 48152	FLOORING	570,397.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	
\$100,000 of compensation from the organization \(\bigs \)		
		= 000 (ass t)

12

Form 990 (2021)
Part VIII

Statement of Revenue

		Check if Schedule O	ontains a	response o	or note to any line	e in this Part VIII			
				•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 :	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	butions) grants, and above	1a 1b 1c 1d 1e 1f 1g \$	34,800. 1,708,101. 1,329,509. Business Code 623000 623000 623000 623000	3,072,410. 47,184,800. 5,316,535. 2,070,476. 9,600.	47,184,800. 5,316,535. 2,070,476. 9,600.		
Pro	1				>	54,581,411.			
	3 4 5	Investment income (includ other similar amounts) Income from investment o Royalties	f tax-exer	npt bond p	roceeds	12,489,386.			12,489,386.
	6 a	a Gross rents b Less: rental expenses c Rental income or (loss)	6a 6b	(i) Real 198,126. 0. 198,126.	(ii) Personal				
	7 :	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis		Securities 657.	(ii) Other	198,126.			198,126.
ther Revenue	(and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisir	ng events (not	>	657.			657.
0		including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from the second	line 1c). S	See 8a 8b	275,564. 74,188.	201,376.			201,376.
	9 a	a Gross income from gamin	g activitie	s. See 9a 9b	>	,			
	10 a	a Gross sales of inventory, leand allowances Less: cost of goods sold Net income or (loss) from s	ess return	10a 10b					
Miscellaneous Revenue	11 a	PANDEMIC RELATED RES	SID		Business Code 900099	1,883.			1,883.
Mis H		d All other revenue			>	1,883. 70,545,249.	54,581,411.	0.	12,891,428.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	340,187.	340,187.		
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	401,812.		401,812.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,131,073.	14,962,816.	4,092,071.	76,186.
8	Pension plan accruals and contributions (include		-	·	•
-	section 401(k) and 403(b) employer contributions)	372,719.	296,901.	73,664.	2,154.
9	Other employee benefits	3,109,487.	2,245,504.	854,160.	9,823.
10	Payroll taxes	1,363,413.	1,042,384.	315,376.	5,653.
11	Fees for services (nonemployees):	. ,	. ,	,	,
	Management	2,468,602.	2,468,602.		
b	Legal	63,993.	, ,	63,993.	
	Accounting	44,096.		44,096.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,000.		3,000.	
g		, -		, ,	
9	column (A), amount, list line 11g expenses on Sch 0.)	5,774,352.	1,511,135.	4,263,217.	
12	Advertising and promotion	2,284,530.	2,284,530.	-,,	
13	Office expenses	6,379,667.	5,561,892.	790,267.	27,508.
14	Information technology	-,,	-,,	,	
15	Royalties				
16	Occupancy	13,890,614.	13,890,469.	145.	
17		119,801.	54,623.	65,178.	
18	Payments of travel or entertainment expenses		,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		14,523,805.	14,523,805.		
21	Payments to affiliates	,,	,,		
21	Depreciation, depletion, and amortization	8,810,257.	8,807,204.	3,053.	
23		730,692.	729,756.	936.	
23 24	Other expenses, Itemize expenses not covered	7, - 2 2 4	. =5 , . 5 3 4		
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT RENTAL	899,492.	879,290.	19,812.	390.
b	RESIDENT RELATIONS	369,892.	94,599.	273,294.	1,999.
С	CHARITY CARE	258,792.	258,792.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	81,340,276.	69,952,489.	11,264,074.	123,713.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	12-00-21				Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or I	note to any	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-hearing			1,500.	1	1,500.
	2	Cash - non-interest-bearing Savings and temporary cash investments			13,678,894.	2	19,545,816.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,470,504.	4	1,126,225.
	5	Loans and other receivables from any current			=,=:=,===•	7	_,,
	"	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	•				
	"	under section 4958(f)(1)), and persons describ	•	,		6	
	7	Notes and loans receivable, net			251,919,965.	7	247,787,462.
Assets	8				539,776.	8	201,434.
Ass	9	Inventories for sale or use			1,730,971.	9	1,750,522.
		Land, buildings, and equipment: cost or othe			2,,00,,,,2	-	2,,00,022.
	lua	basis. Complete Part VI of Schedule D		241 855 842			
	b			58,898,120.	184,508,231.	10c	182,957,722.
	11				5,099,629.	11	5,428,157.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, lin			783,844.	12	1,314,356.
					,,,,,,,,,	13	1,311,330,
	13	Investments - program-related. See Part IV, lin				14	
	14	Intangible assets Other assets. See Part IV, line 11				15	
	15				460,733,314.	16	460,113,194.
	16 17	Total assets. Add lines 1 through 15 (must e	3,824,820.	17	9,439,398.		
	18	Accounts payable and accrued expenses	3,021,020.	18	3,103,030,		
	19	Grants payable				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities		4 O - 1 1 - 1 - D	1,428,584.	21	2,033,617.
	22	Loans and other payables to any current or for			2,120,001.	21	2,000,027,
Liabilities	22	trustee, key employee, creator or founder, su					
≣		controlled entity or family member of any of the				22	
<u>Lia</u>	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
		of Schedule D	165 17-24).	Complete Fart A	478,772,297.	25	482,812,882.
	26	Total liabilities. Add lines 17 through 25			484,025,701.	26	494,285,897.
	20	Organizations that follow FASB ASC 958, or	hock hore	X	,,	20	,,,
Se		and complete lines 27, 28, 32, and 33.	TICCK TICE				
Š	27				-29,084,241.	27	-40,418,066.
sala	28	Net assets with donor restrictions			5,791,854.	28	6,245,363.
펄		Organizations that do not follow FASB ASC			, , , -		, , , -
Ξ		and complete lines 29 through 33.	<i>5</i> 000, 0110				
ō	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
1ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-23,292,387.	32	-34,172,703.
Ž	33	Total liabilities and net assets/fund balances			460,733,314.	33	460,113,194.
	<u>აა</u>	rotal habilities and het assets/fund balances			100,700,014.	33	200,110,194.

Form **990** (2021)

FOX RUN VILLAGE, INC. 52-2291271 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 70,545,249, Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 81,340,276. 2 -10,795,027. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -23,292,387. 4 -2,293. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) -82,996. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 -34,172,703. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο 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 O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

Х

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

Employer identification number

				N VILLAGE, INC.						52-2291271
Pa	rt I		Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions	3.	
The 1 2	orga] /	zation is not a private found A church, convention of ch A school described in sect	urches, or association	n of churches described	in sectio)(A)(i).		
3 4] ,	A hospital or a cooperative A medical research organiz city, and state:	•				-	(iii). Enter	the hospital's name,
5			An organization operated for section 170(b)(1)(A)(iv).		llege or university owned	d or operate	ed by a go	vernmental ur	it describe	ed in
6 7] ,	A federal, state, or local god An organization that norma	lly receives a substar					e general _l	oublic described in
8 9] ,	section 170(b)(1)(A)(vi). (C A community trust describe An agricultural research org or university or a non-land-g university:	ed in section 170(b)(ganization described	in section 170(b)(1)(A)(ix) operate	-		-	-
10	X] , i	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Column 1998)	npt functions, subject ness taxable income	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
11 12] ,] ,	An organization organized an organization organized and organization organized or more publicly supported or lines 12a through 12d that	and operated exclusion and operated exclusion ganizations described	vely for the benefit of, to d in section 509(a)(1) o	perform to or section (ne functior 509(a)(2) .	ns of, or to car See section 5	09(a)(3). (
a b			Type I. A supporting orgathe supported organization organization. You must of Type II. A supporting org	on(s) the power to recomplete Part IV, Se	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
-			control or management or organization(s). You mus	f the supporting orga	anization vested in the s			-		-
С			Type III functionally inte its supported organization	- '					y integrate	ed with,
d	L		Type III non-functionally that is not functionally int requirement (see instruct	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	-	
е			Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a		I, Type III	
			the number of supported of	•						
g	Pro		de the following information Name of supported organization	about the supported	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
					above (see instructions))	100				
T-4-										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						_
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	· ·				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	n qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qu	alifies as a publicly	supported organi	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	and see instructions	<u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not include any "unusual grants.")	1,151,965.	791,925.	1,979,542.	4,031,289.	3,072,410.	11,027,131.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	51,561,158.	54,240,795.	57,543,667.			272,069,082.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	52,713,123.	55,032,720.	59,523,209.	57,897,776.	57,929,385.	283,096,213.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	100,000.	100,000.	100,000.	125,000.	333,000.	758,000.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	100,000.	100,000.	100,000.	125,000.	333,000.	758,000.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,	,	282,338,213.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	52,713,123.	55,032,720.	59,523,209.	57,897,776.	57,929,385.	283,096,213.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,959,999.	12,246,884.	12,952,421.	12,950,965.	12,687,512.	62,797,781.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	11,959,999.	12,246,884.	12,952,421.	12,950,965.	12,687,512.	62,797,781.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,883.	1,883.
13	Total support. (Add lines 9, 10c, 11, and 12.)	64,673,122.	67,279,604.	72,475,630.	70,848,741.	70,618,780.	345,895,877.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li		•	olumn (f))		15	81.63 %
	Public support percentage from 2020					16	81.69 %
	ction D. Computation of Inves						10.16
	Investment income percentage for 20			ne 13, column (f))		17	18.16 %
	Investment income percentage from 2	•		or the state of All and all the state of		18	18.16 %
19a	a 33 1/3% support tests - 2021. If the	•		Ť		*	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, check	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	, or 19b, check thi	is box and see inst	tructions	>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	_		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
_			

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l ' I	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	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			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			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 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years			_				
<u>h</u>	Applied to 2021 distributable amount							
<u>_i</u>	Carryover from 2016 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years			_				
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2017							
<u>b</u>	Excess from 2018							
<u>c</u>	Excess from 2019							
<u>d</u>	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

FO	X RUN VILLAGE, INC.	52-2291271				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one				
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one				
literary, or educat	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	•				
LHA For Paperwork Reduct	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)				

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		\$333,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,336,569.	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
3		\$83,519.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,917	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,540.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$14,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$6,651.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11_		\$5,575.	Person X Payroll
(a)	(b)	(c)	(d)
No. 12	Name, address, and ZIP + 4	Total contributions \$7,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$13,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$5,225.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$6,900.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17_		\$25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 18	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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				
19	Name, address, and ZIF + 4	\$ 7,774.	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				
20		\$	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				
21		\$\$	Person X Payroll				
(a)	(b)	(c)	(d)				
No. 22	Name, address, and ZIP + 4	* 20,025.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
23		\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
24		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$10,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$6,080.	Person X Payroll
(a)	(b)	(c)	(d)
30	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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				
		_ _ _ _ _ \$					

Employer identification number

Name of organization

(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra (b) Purpose of gift (c) Use of gift (d) Description of howard to transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra (b) Purpose of gift (c) Use of gift (d) Description of howard to transfer of gift (e) Transfer of gift	291271	52-229127		ILLAGE, INC.	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how learning transfer of the learning transfer of the learning transfer of the learning transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of transfer of transfer of transfer of transfer of gift (c) Use of gift (d) Description of how learning transfer of transfer of transfer of transfer of transfer of gift (e) Transfer of gift (d) Description of how learning transfer of gift	than \$1,000 for the ye	rganizations	d the following line entry. For ntributions of \$1,000 or less for	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	art III
Transferee's name, address, and ZIP + 4 Relationship of transferor to tra (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra (b) Purpose of gift (c) Use of gift (d) Description of how art 1 (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift	ow gift is held	(d) Description of how gift	c) Use of gift	(b) Purpose of gift	rom
om art I (b) Purpose of gift (c) Use of gift (d) Description of hour land I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra No. om art I (b) Purpose of gift (c) Use of gift (d) Description of hour land I (e) Transfer of gift	ansferee	elationship of transferor to transfer		Transferee's name, address, and	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra No. om (b) Purpose of gift (c) Use of gift (d) Description of hourt I (e) Transfer of gift	ow gift is hold	(d) Description of how gift	c) Use of gift	(h) Durnoso of gift	No.
Transferee's name, address, and ZIP + 4 Relationship of transferor to tra No. om of transferor to tra (b) Purpose of gift (c) Use of gift (d) Description of how of the transferor to	yw girt is field	(a) Description of now gin	o, ose or gill	(b) r ui pose oi giit	<u>rti</u>
om (b) Purpose of gift (c) Use of gift (d) Description of how art I (e) Transfer of gift	ansferee	elationship of transferor to transfer		Transferee's name, address, and	
	ow gift is held	(d) Description of how gift	c) Use of gift	(b) Purpose of gift	om
Transferee's name, address, and ZIP + 4 ——————————————————————————————————			(e) Transfer of gift		
	ansferee	elationship of transferor to transfer		Transferee's name, address, and	
No. om (b) Purpose of gift (c) Use of gift (d) Description of howart I	ow gift is held	(d) Description of how gift	c) Use of gift	(b) Purpose of gift	No. om art I
					_
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra	ansferee	elationship of transferor to transfer		Transferee's name, address. and	

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

FOX RUN VILLAGE INC

Employer identification number 52-2291271

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	<u> </u>	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	T 1 1 P		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u			I I
3	listed in the National Register Number of conservation easements modified, transferred, rele		
Ü	year	sasea, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ü	Land volunteer flours devoted to morntoning, inspecting, i	manding of violations, and emoreing cont	servation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
′	\$\\$\$\$ \$\$\$ \$\$\$	ing of violations, and emorcing conserva	non easements during the year
8	Does each conservation easement reported on line 2(d) above	o satisfy the requirements of section 170	h)/4\/P)/i)
0			
9	In Part XIII, describe how the organization reports conservation	on assements in its revenue and expense	
9			
	balance sheet, and include, if applicable, the text of the footness	ote to the organization's linancial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form		
10			and halange sheet works
ıa	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
р	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	•	I gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	TOV DID UT	LLAGE TWO						F2 220	1071	_	0
	t III Organizations Maintaining C	LLAGE, INC.	t Hist	orical Tre	asures or	Other S	imilar	52-229		P.	age 2
3	Using the organization's acquisition, accessi								(CONTII	iuea)	
3	collection items (check all that apply):	on, and other record	s, crieck	any or the i	ollowing that	make sign	ilicarit u	36 01 113			
а	Public exhibition	d		I can or exc	hange progra	m					
b	Scholarly research	e			nange progra						
c	Preservation for future generations		, Ш	Otrici							
4	Provide a description of the organization's co	ollections and explain	how th	ev further th	ne organizatio	n's evemnt	nurnos	e in Part	XIII		
5	During the year, did the organization solicit of	•		-	-	· ·		C IIII ait.	ZIII.		
•	to be sold to raise funds rather than to be ma		,		•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		oto ii tiic	organizatio	ii anowerea	100 01110	,,,,,,	i aitiv, i			
	Is the organization an agent, trustee, custod		iary for o	contributions	s or other ass	ets not inc	luded				
	on Form 990, Part X?		•						Yes	Х	No
h	If "Yes," explain the arrangement in Part XIII									L	
-	Too, oxplain the difference in the difference	and complete the for		abio.					Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII.					-				Х]
Par											
	'	(a) Current year		rior year	(c) Two year		Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1c	a. column (a))) held as:						
	Board designated or quasi-endowment	•	%	y ,(,	,,						
	Permanent endowment ▶	%									
	. · · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	-									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for the o	organiza	tion			
	by:						<u>g</u>			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990,	Part X, line	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accı	umulate	d	(d) Boo	k valu	<u>——</u>
	,	basis (investr			(other)		ciation		•		
1a	Land										
	Buildings			228	,241,252.	50	,637,7	784.	177	603,	468.
	Leasehold improvements										

8,434,339.

5,180,251.

Schedule D (Form 990) 2021

1,890,088.

3,464,166.

182,957,722.

6,544,251.

1,716,085.

e Other

d Equipment

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

Schedule D (Form 990) 2021 FOX RUN VILLAGE,	INC.	52-2291271 Page 3
Part VII Investments - Other Securities.		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
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)		

Part IX Other Assets.

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

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)		
	(Column (b) must occup Form 000 Port V and (D) line 15	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CLAIMS RESERVE	650,165.
(3)	FUNDS HELD FOR RESIDENTS	38,655.
(4)	PARKING DEPOSITS	1,409,000.
(5)	RESIDENT DEPOSITS (NET)	267,010,576.
(6)	UNCLAIMED PROPERTY	4,365.
(7)	RESIDENT REFUNDS PAYABLE	14,817,105.
(8)	DEFERRED MARKETING FEE	8,740.
(9)	CAPITAL LEASE OBLIGATION	198,750,846.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	482,812,882.

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

Part XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	70,612,146.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		-2,293.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	69,190.		
e Add lines 2a through 2d			2e	66,897.
3 Subtract line 2e from line 1			3	70,545,249.
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.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	70,545,249.
Part XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	81,442,010.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)	l I	101,734.		
e Add lines 2a through 2d			2e	101,734.
3 Subtract line 2e from line 1			3	81,340,276.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	81,340,276.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART IV, LINE 2B:	•		, r art 7, iii	ic 2, 1 art Ai,
PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT	PAYMENTS			
PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE	DEPOSITS			
ARE REPORTED ON FORM 990, PART X, LINE 21.				
PART X, LINE 2:				
FOX RUN VILLAGE, INC. ("FRV") IS EXEMPT FROM FEDERAL INCOME TA	XES UNDER			
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICAL	BLE STATE			
INCOME TAX REGULATIONS. MANAGEMENT HAS EVALUATED FRV'S TAX POS	ITIONS AND			
HAS CONCLUDED THAT FRV HAS TAKEN NO UNCERTAIN TAX POSITIONS TH	AT WOULD			
REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2021 FOX RUN VILLAGE INC.		52-2291271	Page 5
Schedule D (Form 990) 2021 FOX RUN VILLAGE, INC. Part XIII Supplemental Information (continued)			r age o
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990	74,188.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-4,998.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	69,190.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990	74,188.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-4,998.		
REVERSAL OF PRIOR AMORTIZATION	32,544.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	101,734.		

Part XIII S	Supplemental	Information	(continued)

Part X	Other Liabilities. See Form 990, Part X, line 25.	
	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability	(b) Amount
DEFERRED	MANAGEMENT FEE	123,430.
		·

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	LLAGE, INC.					52-229127	ntification number	
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1			
Indicate whether the organization rais a	sed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (or retained fundraise	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	<u> </u> gistration	

_	Schedule G (Form 990) 2021 FOX RUN VILLAGE, INC. 52-2291271 Page 2								
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
		of fundraising event contributions and gro		-EZ,					s greater than \$5,000.
			(a) Event #1		(b) Event	#2	(c) Other e	vents	(d) Total events
							NONE		(add col. (a) through
			GALA/LUNCHEON						col. (c))
Φ			(event type)		(event typ	pe)	(total num	ber)	
Revenue									
ě	1	Gross receipts	310,364.						310,364.
	2	Less: Contributions	34,800.						34,800.
	3	Gross income (line 1 minus line 2)	275,564.						275,564.
	4	Cash prizes							
	5	Noncash prizes							
ses									
oeu	6	Rent/facility costs							
Direct Expenses									
ect	7	Food and beverages	29,798.						29,798.
Ē									
	8	Entertainment	I						3,000.
	9	Other direct expenses							41,390.
	10	Direct expense summary. Add lines 4 through						▶	74,188.
D-		Net income summary. Subtract line 10 from li							201,376.
Pa	ırt I	S complete in the organization	answered "Yes" on Form	990	, Part IV, lir	ne 19, or re	eported more t	:han	
		\$15,000 on Form 990-EZ, line 6a.	T			1			T
ē			(a) Bingo (b) Pull tabs/ins bingo/progressive			(c) Other ga	aming	(d) Total gaming (add	
enc					bingo/progressive bingo				col. (a) through col. (c))
Revenue									
	1	Gross revenue							
	_								
es	2	Cash prizes				+			
Expenses									
Ϋ́	3	Noncash prizes				+			
ct		Double of the cities of the							
Dire	4	Rent/facility costs				-			
	_	Oth an aliment areas							
	5	Other direct expenses	V = 0/] v	0/		0/	
		Valuata au labau	Yes %		່Yes	%	Yes	%	
	6 Volunteer labor No No								
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
	8	Net garning income summary. Subtract line 7	from line 1, column (a)						<u> </u>
•	En	ter the state(s) in which the organization condu	ioto gomina activitico:						
			_	atata					Yes No
b If "No," explain:									
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No									
b If "Yes," explain:									
D	111 "	1 co, expiaii.							
	_								

Sch	edule G (Form 990) 2021 FOX RUN VILLAGE, INC. 52-	-2291271	L	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	/es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	′ es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\[\]	⁄es	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	birector/officer Employee independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		⁄es	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III line	s 9 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III o	,,,,	55, 165,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	G (Form 990)	FOX RUN VILLAGE	, INC.		52-229127	1 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
				<u> </u>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization							Employer identification number
FOX RUN VILLAG							52-2291271
Part I General Information on Grants an							
1 Does the organization maintain records to		-			-		
criteria used to award the grants or assist Describe in Part IV the organization's production.	cance?	coring the use of great	funda in the United	d Statoo			X Yes No
Part II Grants and Other Assistance to D					anization answered "\	/es" on Form 990 Part	t IV line 21 for any
recipient that received more than \$					amzaron anovorca	100 0111 01111 000, 1 411	. 10, 1110 2 1, 101 4.19
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	ıd government orç	ganizations listed in th	ne line 1 table				>
3 Enter total number of other organizations	listed in the line	1 table					

Page 2

FOX RUN VILLAGE, INC.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DUCATIONAL SCHOLARSHIPS - SEE PART IV	138	340,187.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	L
SCHEDULE I, PART I, LINE 2					
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED Y	EAR-ROUND AT FOX	RUN			
VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLO	DWABLE DURING TH	E TWO			
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WII	LL BE REVIEWED A	ND			
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUS	ST HAVE BEEN EMP	LOYED BY			
FOX RUN VILLAGE ON OR BEFORE SEPTEMBER 30, OF TH					
YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACK					
DURING A TIME SPAN THAT BEGINS NO EARLIER THAN C	JUNE I, OF THEIR	TOUTOK			
YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE CO	OMPLETED BY THE	END OF			

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

NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE

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

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

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

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

EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE

TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES

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

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

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

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

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

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

COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL, SCHOLAR CANDIDATES MUST

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

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

FALL OF 2021 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN

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

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

MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO

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

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

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

AWARD.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

➤ Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

FOX RUN VILLAGE, INC.

Employer identification number 52-2291271

OMB No. 1545-0047

Open to Public

Inspection

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			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
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		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 FOX RUN VILLAGE, INC. 52-2291271

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

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

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

(A) Name and Title		(B) Breakdown of V	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ASHLEY BULAT	(i)	168,480.	32,500.	1,085.	750.	9,650.	212,465.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 7/31/21)	(ii)	105,000.	0.	75,000.	0.	0.	180,000.	0.
(3) GREGORY MEEHAN	(i)	134,697.	19,800.	657.	750.	6,966.	162,870.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VICE PRESIDENT	(ii)	156,667.	0.	0.	0.	0.	156,667.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 FOX RUN VILLAGE, INC. 52-2291271

Part III Supplemental Information

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

PART I, LINE 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$75,000.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990. PART VII. SECTION A. LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J

ASHLEY BULAT AND GREGORY MEEHAN ARE LISTED IN SCHEDULE J. PART II AND

ARE EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED

ORGANIZATION TO FOX RUN VILLAGE, INC., IN ACCORDANCE WITH THE

MANAGEMENT AGREEMENT BETWEEN FOX RUN VILLAGE, INC. AND ESL. SEE

SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3.

THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THE FORMS

W-2. UNDER THE MANAGEMENT AGREEMENT, FOX RUN VILLAGE, INC. REIMBURSES

ESL FOR THE COST OF SERVICES PERFORMED FOR FOX RUN VILLAGE. INC.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOX RUN VILLAGE INC

Employer identification number 52-2291271

TON NOW VILLMOL, INC.	32 2231271					
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND						
ACCEPTANCE. WELCOME HOME!						
VISION STATEMENT - FOX RUN VILLAGE, INC. CELEBRATES AGING! GROUNDED IN						
INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND						
OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR						
COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND						
GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.	OVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.					
FORM 990, PART VI, SECTION A, LINE 1A:						
IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE						
GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN						
EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.						
UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO						
AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,						
PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY						
EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF						
THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS	_					
RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF						
THE STATE OF MARYLAND.						
FORM 990, PART VI, SECTION A, LINE 1B:						
ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE						

Employer identification number Name of the organization FOX RUN VILLAGE, INC. 52-2291271 THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 3: DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR TRUSTEES. OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON? FOX RUN VILLAGE. INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF APRIL 30, 2020. WHILE BASED IN LARGE PART ON THE PRIOR AGREEMENT, AMONG OTHER THINGS, THE NEW MANAGEMENT AND MARKETING AGREEMENT EXTENDS THE TERM BEYOND THE PRIOR EXPIRATION, INCLUDES VARIOUS OBJECTIVE PERFORMANCE REQUIREMENTS ON THE PART OF THE MANAGER AS WELL AS CERTAIN NON-COMPETITION PROVISIONS BENEFITTING THE COMMUNITY. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. MICHAEL MCCORMICK, EXECUTIVE DIRECTOR (THRU 1/4/21), ASHLEY BULAT, EXECUTIVE DIRECTOR, AND GREGORY MEEHAN, DIRECTOR OF FINANCE, ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990,

Name of the organization **Employer identification number** FOX RUN VILLAGE, INC. 52-2291271 PART VII, SECTION A. FORM 990, PART VI, SECTION A, LINE 4: DID THE ORGANIZATION MAKE ANY SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED? THE COMMUNITY AMENDED ITS CHARTER IN 2021 TO INCLUDE THE FOLLOWING: 1. THE PROMOTION OF THE HEALTH OF THE ELDERLY THROUGH THE PROVISION OF ONE OR MORE RESIDENTIAL COMMUNITIES OFFERING VARIOUS LEVELS OF CARE SERVICES FOR ELDERLY PERSONS; 2. PROVIDING FINANCIAL AND OTHER ASSISTANCE TO SENIORS WHO LIVE IN ANY COMMUNITY WHERE THE MEMBER IS, DIRECTLY OR INDIRECTLY, A MEMBER, WHEN THEY HAVE EXHAUSTED ALL OF THEIR ASSETS AND OTHER FINANCIAL ASSISTANCE AVAILABLE TO THEM; 3. PROMOTION OF AND CARRYING ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH OF SENIORS, INCLUDING THE PROVISION OF SCHOLARSHIPS TO STUDENTS TO PROMOTE THEIR INTEREST IN OR EMPLOYMENT WITH RESPECT TO SERVICES FOR SENIORS; 4. PROMOTION OF AND CARRYING ON SCIENTIFIC RESEARCH RELATED TO THE HEALTH OF SENIORS INSOFAR AS. IN THE OPINION OF THE BOARD OF DIRECTORS. SUCH RESEARCH MAY BE CARRIED ON OR IN CONNECTION WITH THE FACILITIES AVAILABLE. THE COMMUNITY AMENDED ITS BYLAWS IN 2021 TO DELETE THE REQUIREMENT THAT THE VICE CHAIR SERVE AS THE PRESIDENT OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization FOX RUN VILLAGE, INC.	Employer identification number 52-2291271
FOX RUN VILLAGE, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.	
("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING	
ORGANIZATION" WITH RESPECT TO FOX RUN VILLAGE, AS WELL AS CERTAIN OTHER	
ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE	
REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE	
BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF	
THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD	
THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY?	
THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION	
BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS	
WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO	
APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING	
BODY?	
CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF	
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	0.h.d.l. 0 (F 000) 0004

Employer identification number Name of the organization FOX RUN VILLAGE, INC. 52-2291271 THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY; PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR COMMUNITIES. FORM 990, PART VI, SECTION B, LINE 11B: HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM? THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE. THE FULL BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY?

<u>Schedule O (Form 990) 2021</u> Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization FOX RUN VILLAGE, INC.	Employer identification number 52-2291271
POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER FOX RUN VILLAGE, INC.'S	_
AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF	
PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT	
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS	
POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF	
INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT	
INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS	
AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO	
THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE	
BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE	
WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN	
ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE	
CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
FOX RUN VILLAGE, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT	
AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	

<u>Schedule O (Form 990) 2021</u> Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization FOX RUN VILLAGE, INC.	Employer identification number 52-2291271
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
ORGANIZATIONS.	
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED	_

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 52-2291271 FOX RUN VILLAGE, INC. ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II. FORM 990, PART VII, SECTION B: INDEPENDENT CONTRACTORS COMPENSATION. THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES AND BENEFITS FOR MANAGEMENT PERSONNEL. AND THE USE OF SERVICES SUCH AS FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION -32,544. CAPITAL CONTRIBUTION TO RELATED ORGANIZATION -50,452. TOTAL TO FORM 990, PART XI, LINE 9 -82,996.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest informat	tion.	Inspection
Name of the organizat	tion	Employer id	entification number
	FOX RUN VILLAGE, INC.	52-229	1271
Part I Identificat	tion of Disregarded Entities Complete if the organization answered "Yes" on Form 990 Part IV line 33		

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							i
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		1
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
CEDAR CREST VILLAGE, INC - 52-2184915							
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

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

Schedule R (Form 990) 2021

Schedule R (Form 990) FOX RUN VILLAGE, INC. 52-2291271

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	
EAGLE'S TRACE, INC - 03-0498683				301(0)(3))		Yes	No
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10			х
GREENSPRING VILLAGE INC 52-2095427	COMMONITI	MARILAND	501(C)(3)	LINE 10	COMMUNITIES, INC		
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NAMIONAL CENTOR		
SPRINGFIELD VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	NATIONAL SENIOR		х
HIGHLAND SPRINGS, INC - 51-0536892	COMMONITE	MARILAND	501(C)(3)	LINE 10	COMMUNITIES, INC		
8000 FRANKFORD ROAD	COMMINITING CARE REMIDEMENT				NAMIONAL CENTOR		
	CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND	E01/Q\/3\	LINE 10	NATIONAL SENIOR		х
DALLAS, TX 75252	COMMONITI	MARILAND	501(C)(3)	LINE 10	COMMUNITIES, INC		
LANTERN HILL, INC 37-1742780 535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
	COMMUNITY	MARYLAND	501(C)(3)	LINE 10			х
NEW PROVIDENCE, NJ 07974 LINDEN PONDS, INC - 14-1849849	COMMONITI	MARILAND	501(C)(3)	LINE 10	COMMUNITIES, INC		
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HINGHAM MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
MARIS GROVE, INC - 55-0878964	COMMONITI	MAKIDAND	501(0/(3/	DINE 10	COMMONTTIES, INC		^
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -	COMMONITI	LEMNSTHVANIA	301(0)(3)	DINE 10	COMMONITIES, INC		A
20-4356247, 816 CONNECTICUT AVE NW, 7TH	 			LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		х
OAK CREST VILLAGE, INC - 52-1874053	DOTTORTING CREANIZATION	MAKIDAND	301(0)(3)	111 11	N/A		A
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
RIDERWOOD VILLAGE, INC - 52-2126753	COMMONITI	FINICI DINO	301(0)(3)	DINE 10	COMMONTTIES, INC		
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
SEABROOK VILLAGE, INC - 52-2126751			301(3)(3)		COLLIGITIES, INC		
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
TALLGRASS CREEK, INC - 87-0765641			552(5)(5)		, 110		
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
WIND CREST, INC - 51-0549976							
·	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
		MARYLAND	501(C)(3)	LINE 10	1		x
3235 MILL VISTA ROAD HIGHLANDS RANCH, CO 80129	CONTINUING CARE RETIREMENT	MARYLAND	501(C)(3)	LINE 10	NATIONAL SENIOR COMMUNITIES, INC		Х

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana	iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
NATIONAL CCRC BUSINESS TRUST]											
I - 26-6455718, 701 MAIDEN												
CHOICE LANE, BALTIMORE, MD	CHARITABLE											
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		x	N/A
NATIONAL CCRC STATUTORY TIER												
IV TRUST - 85-3943847, 701]											
MAIDEN CHOICE LANE,	CHARITABLE											
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		х	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	ity?
		Couriery)						Yes	No
THE TALON BAR COMPANY - 56-2520131									
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		Х
	_								
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

Part V 1	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34.	, 35b, or 36.
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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?

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

d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) 1tr				ization(s)	Gift, grant, or capital contribution to related organization(s)	b				
E Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets to related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Sharing of facilities, equipment, antiling lists, or other assets with related organization(s) 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 Sharing of paid employees with related organization(s) 2 Reimbursement paid to related organization(s) for expenses 4 Reimbursement paid to related organization(s) for expenses 5 Other transfer of cash or property from related organization(s) 1 It I I I I I I I I I I I I I I I I I I	1c X			ganization(s)	Gift, grant, or capital contribution from related organization	С				
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(2)						(1)				
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	Schedule R (Form 990) 2021				3 11-17-21					

Schedule R (Form 990) 2021 FOX RUN VILLAGE, INC. 52-2291271

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership