## \*\* 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)

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.



Department of the Treasury Internal Revenue Service

| Α             | For th                 | ne 2021 calendar year, or tax year beginning  | and                              | ending        |                            |                                |
|---------------|------------------------|---|----------------------------------|---------------|----------------------------|--------------------------------|
| В             | Check if applicat      | f <b>C</b> Name of organization   |                                  |               | D Employer ident           | ification number               |
| Г             | Addr<br>chan           | GREENSPRING VILLAGE, INC.   |                                  |               |                            |                                |
|               | Nam<br>Chan            | nge Doing business as   |                                  |               | 52-209542                  | 7                              |
|               | Initia<br>retur        |   | ivered to street address)        | Room/suite    | E Telephone numb           | ber                            |
|               | Final<br>retur         | n/ /440 SIRING VALLEI DRIVE   |                                  |               | 703-923-46                 | 0 0                            |
|               | term<br>ated           | City or town, state or province, country, and   | ZIP or foreign postal code       |               | <b>G</b> Gross receipts \$ | 86,964,295.                    |
|               | Ame<br>retur           | nded ODDINGETELD VA 22150   | 0.1                              |               | H(a) Is this a group       | return                         |
|               | Appl                   |   | SON BAIN                         |               | for subordinat             |                                |
|               | pend                   | ding SAME AS C ABOVE  |                                  |               | H(b) Are all subordinate   |                                |
| ī             | Tax-ex                 | xempt status: X 501(c)(3) 501(c) ( )  | ◄ (insert no.) 4947(a)(1)        | or 527        |                            | a list. See instructions       |
|               |                        | site: WWW.NATIONALSENIORCAMPUSES.ORG  |                                  |               | H(c) Group exempt          |                                |
|               |                        |   | sociation Other ►                | L Year        |                            | M State of legal domicile: MD  |
|               | Part I                 |   |                                  |               | or formation.              |                                |
|               | 3 1                    | Briefly describe the organization's mission or most SATISFIES THEIR THREE PRIMARY NEEDS.  | significant activities: PROVID   | E A HOME      | FOR SENIORS THA            | Т                              |
| Governance    | 2                      | Check this box  | ntinued its operations or dispos | sed of more   | than 25% of its net a      | accate                         |
| Nor I         | 3                      | Number of voting members of the governing body  |                                  |               |                            | <b>3</b> 10                    |
| ŝ             | 5 4                    | Number of independent voting members of the gov   |                                  |               |                            | <b>4</b> 6                     |
|               |                        | Total number of individuals employed in calendar y  |                                  |               |                            | <b>5</b> 1117                  |
| Activitios &  |                        | Total number of volunteers (estimate if necessary)  |                                  |               |                            | <b>6</b> 91                    |
| ÷ivi          |                        | a Total unrelated business revenue from Part VIII, col  |                                  |               |                            | a <sup>0</sup> .               |
| 4             | ₹  '°                  | Net unrelated business taxable income from Form   |                                  |               |                            | <b>b</b> 0.                    |
|               |                        |   |                                  |               | Prior Year                 | Current Year                   |
|               | . 8                    | Contributions and grants (Part VIII, line 1h)   |                                  |               | 4,631,013                  |                                |
| Revenue       |                        |   |                                  |               | 87,011,011                 |                                |
| Nor.          |                        | Investment income (Part VIII, column (A), lines 3, 4,   | and 7d)                          |               | -2,663,671                 |                                |
| a<br>B        |                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,  |                                  |               | 357,675                    |                                |
|               | 12                     | Total revenue - add lines 8 through 11 (must equal  |                                  |               | 89,336,028                 |                                |
|               | 13                     | Grants and similar amounts paid (Part IX, column (  |                                  |               | 352,896                    |                                |
|               |                        | Benefits paid to or for members (Part IX, column (A   |                                  |               |                            | 0. 0.                          |
|               | 14                     |   |                                  |               | 45,709,934                 | •                              |
| Evnancae      | n 15                   | Salaries, other compensation, employee benefits (F  |                                  |               |                            | 0. 0.                          |
| ģ             |                        | Professional fundraising fees (Part IX, column (A), li  |                                  | 450           |                            |                                |
| ž             |                        | <ul> <li>Total fundraising expenses (Part IX, column (D), line<br/>Other expenses (Part IX, column (A), lines 11a-11d,</li> </ul> |                                  |               | 56,928,864                 | 58,842,954.                    |
|               | 1 17                   | Total expenses. Add lines 13-17 (must equal Part I)   |                                  |               | 102,991,694                |                                |
|               |                        | Revenue less expenses. Subtract line 18 from line   |                                  |               | -13,655,666                |                                |
| -             | <u>vi</u>              | nevenue less expenses. Subtract line 18 nom line  | 12                               | Bo            | ginning of Current Yea     |                                |
| Net Assets or | ance                   | Total assets (Part X, line 16)  |                                  | De            | 608,373,063                |                                |
| Asse          | षुष्ट 20<br>संस्थान 21 |   |                                  | ·····         | 563,421,887                |                                |
| let /         |                        | Net assets or fund balances. Subtract line 21 from  | lina 20                          |               | 44,951,176                 |                                |
| Ē             | Part II                |   |                                  |               | 11,551,176                 |                                |
|               |                        | nalties of perjury, I declare that I have examined this return,   | including accompanying schedule  | s and stateme | ents and to the best of    | my knowledge and helief, it is |
|               |                        | ect, and complete. Declaration of preparer (other than office   |                                  |               |                            | ing knowlodge and benef, it is |
|               | .,                     |   |                                  | non propuror  |                            |                                |
| Sig           | an                     | Signature of officer  |                                  |               | Date                       |                                |
| He            |                        | EILEEN ERSTAD, TREASURER  |                                  |               |                            |                                |
| 110           |                        | Type or print name and title  |                                  |               |                            |                                |
|               |                        | Print/Type preparer's name  | Preparer's signature             |               | Date Check                 | PTIN                           |
| Pai           | id                     |   | JULIA FLANNERY, CPA              |               | 0/11/22 if self-emp        |                                |
|               | eparer                 | Firm's name RSM US LLP  | , 0111                           | F             |                            |                                |
|               | e Only                 | Firm's address 100 INTERNATIONAL DRIVE,   | SUTTE 1400                       |               | Firm's EIN                 | 11 0111020                     |
| 03            | o only                 | BALTIMORE, MD 21202   |                                  |               | Phone no 4                 | 10-246-9300                    |
|               |                        | ,   |                                  |               |                            |                                |

No

X Yes

| Form | 1990 (2021) GREENSPRING VILLAGE, INC. 52-2095427 Page  | ,            |
|------|--|--------------|
|      | rt III Statement of Program Service Accomplishments  | -            |
|      | Check if Schedule O contains a response or note to any line in this Part III   | 1            |
| 1    | Briefly describe the organization's mission:   | <u>.</u>     |
| •    | 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?  |              |
|      | 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?                                 |              |
| U    | If "Yes," describe these changes on Schedule O.  |              |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |              |
| 4    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |              |
|      | revenue, if any, for each program service reported.  |              |
| 4a   | (Code:) (Expenses \$86,583,748. including grants of \$339,546. ) (Revenue \$82,740,167.  | <u>,</u>     |
| чa   | GREENSPRING VILLAGE PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO  | )            |
|      | RESIDE IN 1,369 INDEPENDENT LIVING UNITS, 114 ASSISTED LIVING UNITS, 56  | -            |
|      | SKILLED NURSING BEDS AND 39 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.  | -            |
|      |  | -            |
|      |  | -            |
|      |  | -            |
|      |  | -            |
|      |  | _            |
|      |  | _            |
|      |  | <del>,</del> |
| 4b   | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | )            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
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|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
| 4c   | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | )            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
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|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
|      |  | _            |
| 4d   | Other program services (Describe on Schedule O.)   |              |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  | _            |
| 4e   | Total program service expenses 86,583,748.   |              |

Form 990 (2021) GREENSPRING VILLAG GREENSPRING VILLAGE, INC.

|     |  |            | 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                              |            |          |    |
| -   | 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                           | <u> </u>   |          |    |
| Ŭ   | 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                          | <b>–</b>   |          |    |
| 5   | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                              |            |          |    |
|     |  | 9          | x        |    |
| 10  | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | <u> </u>   |          |    |
| 10  |  | 10         |          | x  |
| 44  | or in quasi endowments? If "Yes," complete Schedule D, Part V  |            |          |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.       |            |          |    |
| -   |  |            |          |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                            |            | x        |    |
|     | Part VI  | <u>11a</u> | А        |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                           |            | v        |    |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        | X        |    |
| с   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                            |            |          |    |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |          | 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                          |            |          |    |
|     | 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   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                |            |          |    |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                 | 11f        | X        |    |
| 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        |          | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |          | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        | <u> </u> | X  |
| 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        | <u> </u> | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                              |            |          |    |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |          | x  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                               |            |          |    |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |          | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                |            |          |    |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17         |          | x  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                           |            |          |    |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | Х        |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                 |            |          |    |
|     | complete Schedule G, Part III  | 19         |          | x  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |          | Х  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |          |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |          |    |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21         |          | x  |

Form **990** (2021)

| Form  | aan | (2021) |
|-------|-----|--------|
| FUIII | 990 | (2021) |

GREENSPRING VILLAGE, INC.

| Par | rt IV Checklist of Required Schedules (continued)   |         |     | age - |
|-----|---|---------|-----|-------|
|     |   |         | 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     |     | X     |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |         |     |       |
|     | any tax-exempt bonds?   | 24c     |     | X     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d     |     | X     |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |         |     |       |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a     |     | X     |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |         |     |       |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |         |     |       |
|     | Schedule L, Part I  | 25b     |     | X     |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |         |     |       |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |         |     |       |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26      |     | X     |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |         |     |       |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |         |     |       |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27      |     | X     |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      |         |     |       |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |         |     |       |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |         |     |       |
|     | "Yes," complete Schedule L, Part IV   | 28a     |     | X     |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b     |     | X     |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |         |     |       |
|     | "Yes," complete Schedule L, Part IV   | 28c     |     | X     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                    | 29      |     | X     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |         |     |       |
|     | contributions? If "Yes," complete Schedule M  | 30      |     | X     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31      |     | X     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |         |     |       |
|     | Schedule N, Part II   | 32      |     | X     |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |         |     |       |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |     | X     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |         |     |       |
|     | Part V, line 1  | 34      | Х   |       |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a     |     | X     |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |         |     |       |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b     |     |       |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |         |     |       |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36      |     | X     |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |         |     |       |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37      |     | X     |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |         |     |       |
| _   | Note: All Form 990 filers are required to complete Schedule O   | 38      | Х   |       |
| Par | t 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  | <u></u> |     |       |
|     |   |         | Yes | No    |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50  | -       |     |       |
| h   | Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable   | ונ      |     |       |

(gambling) winnings to prize winners?

1c

| Form    | 990 (2021) GREENSPRING VILLAGE, INC. 52-20   | 95427      | Р   | age <b>5</b> |
|---------|--|------------|-----|--------------|
| Par     |  |            |     | 0            |
|         |  |            | Yes | No           |
| 2a      | 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 2   | .117       |     |              |
| 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 <i>e-file</i> . See instructions.                            |            |     |              |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | X            |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                  | <u>3b</u>  |     |              |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                    |            |     |              |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                             | 4a         |     | X            |
| b       | If "Yes," enter the name of the foreign country  | _          |     |              |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                          |            |     |              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <u>5a</u>  |     | X            |
|         |  |            |     | X            |
|         | , 0  | <u>5</u> c |     |              |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                  |            |     |              |
|         | any contributions that were not tax deductible as charitable contributions?  | <u>6a</u>  |     | X            |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                         |            |     |              |
|         | were not tax deductible?   | <u>6b</u>  |     |              |
| 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 pay | /or? 7a    |     | X            |
|         |  | 7b         |     |              |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                            |            |     |              |
|         | to file Form 8282?   | <u>7c</u>  |     | X            |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | _          |     |              |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                              |            |     | X            |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                 |            |     | X            |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?             |            |     |              |
| _       |  | C? 7h      |     |              |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the                                  |            |     |              |
| •       | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |              |
| 9       | Sponsoring organizations maintaining donor advised funds.  | 0-         |     |              |
| a<br>L  | Did the sponsoring organization make any taxable distributions under section 4966?   |            |     |              |
| b<br>10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 90         |     |              |
| 10      | Initiation fees and capital contributions included on Part VIII, line 12 10a   |            |     |              |
| a<br>b  |  | _          |     |              |
| 11      | Section 501(c)(12) organizations. Enter:   |            |     |              |
| a       | Gross income from members or shareholders  |            |     |              |
|         | Gross income from other sources. (Do not net amounts due or paid to other sources against  | _          |     |              |
| 2       | amounts due or received from them.)  |            |     |              |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                   | 12a        |     |              |
|         |  |            |     |              |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | _          |     |              |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |              |
|         | Note: See the instructions for additional information the organization must report on Schedule O.  |            |     |              |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the   |            |     |              |
|         | organization is licensed to issue qualified health plans   |            |     |              |
| с       | Enter the amount of reserves on hand   |            |     |              |
| 14a     |  | 14a        |     | X            |
| b       |  |            |     |              |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                |            |     |              |
|         | excess parachute payment(s) during the year?   | 15         |     | x            |
|         | If "Yes," see the instructions and file Form 4720, Schedule N.   |            |     |              |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                              | 16         |     | X            |
|         | 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.  |            |     |              |

| Form | <u>990 (2021)</u> GREENSPRING VILLAGE, INC. 52-209542   | 7        | Р       | age <b>6</b> |
|------|---|----------|---------|--------------|
| Par  | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a                         | "No" r   | espon   | se           |
|      | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.                    |          |         |              |
|      | Check if Schedule O contains a response or note to any line in this Part VI   |          |         | X            |
| Sect | tion A. Governing Body and Management   |          |         |              |
|      |   |          | Yes     | No           |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 10  |          |         |              |
|      | If there are material differences in voting rights among members of the governing body, or if the governing                         |          |         |              |
|      | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |          |         |              |
| b    | Enter the number of voting members included on line 1a, above, who are independent 1b 6   | -        |         |              |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |          |         |              |
|      | officer, director, trustee, or key employee?  | 2        |         | X            |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |          |         |              |
|      | of officers, directors, trustees, or key employees to a management company or other person?   | 3        | X       |              |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4        | Х       |              |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5        |         | X            |
| 6    | Did the organization have members or stockholders?  | 6        | Х       |              |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |          |         |              |
|      | more members of the governing body?   | 7a       | X       |              |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |          |         |              |
|      | persons other than the governing body?  | 7b       | X       |              |
|      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          | 37      |              |
|      | The governing body?   | 8a       | X       |              |
|      | Each committee with authority to act on behalf of the governing body?   | 8b       | X       | <u> </u>     |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |          |         | x            |
| Sact | organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>                               | 9        |         | <u>^</u>     |
| 000  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |          | Yes     | No           |
| 100  | Did the organization have local chapters, branches, or affiliates?  | 10a      | res     | No<br>X      |
|      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |          |         |              |
| D    |   | 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       |              |
|      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       | 110      |         |              |
|      | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>                                      | 12a      | х       |              |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b      | х       |              |
|      | 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       |              |
|      | 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      |         | X            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |          |         |              |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |          |         |              |
|      | exempt status with respect to such arrangements?  | 16b      |         |              |
| Sect | tion C. Disclosure  |          |         |              |
|      | List the states with which a copy of this Form 990 is required to be filed VA   |          |         |              |
| 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    | s only)  | availal | ole          |
|      | for public inspection. Indicate how you made these available. Check all that apply.   |          |         |              |
|      | 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, and     | l financ | 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                      |          |         |              |
|      | MONIKA GAJDA - (410) 402-2311<br>701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228  |          |         |              |
|      | 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228   |          |         |              |

| Form 990 (2 |  | 52-2095427                   | Page 7 |
|-------------|--|------------------------------|--------|
| Part VII    | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp                                 | ensated                      |        |
|             | Employees, and Independent Contractors   |                              |        |
|             | Check if Schedule O contains a response or note to any line in this Part VII                               |                              | X      |
| Section A.  | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees                            |                              |        |
| te Comple   | to this table for all persons required to be listed. Depart companyation for the colordar user anding with | or within the exercited is a | townor |

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 organization compensated any current officer, director, or trustee.

| (A)                         | (B)               |                                |                       | (       | C)           |                                 |        | (D)                             | (E)                          | (F)                          |
|-----------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|------------------------------|------------------------------|
| Name and title              | Average           | (do                            |                       |         |              | ۱<br>than o                     | ane    | Reportable                      | Reportable                   | Estimated                    |
|                             | hours per         | box                            | , unle                | ss pe   | rson i       | s both                          | n an   | compensation                    | compensation                 | amount of                    |
|                             | week              | -                              | cer ar                |         | Irecic       | n/trus                          | lee)   | from                            | from related                 | other                        |
|                             | (list any         | irecto                         |                       |         |              |                                 |        | the                             | organizations                | compensation                 |
|                             | hours for related | e or d                         | tee                   |         |              | sated                           |        | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization     |
|                             | organizations     | ruste                          | l trus                |         | /ee          | mpen                            |        | 1099-NEC)                       | 1033-1120)                   | and related                  |
|                             | below             | Individual trustee or director | Institutional trustee | 5       | Key employee | sst col                         | er     |                                 |                              | organizations                |
|                             | line)             | Indivi                         | Instit                | Officer | Key e        | Highest compensated<br>employee | Former |                                 |                              | C C                          |
| (1) CHANDRA KUMAR           | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| EXECUTIVE DIRECTOR          |                   |                                |                       | х       |              |                                 |        | 224,786.                        | 0.                           | 16,075.                      |
| (2) SHEILA WILLING          | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| SALES COUNSELOR             |                   |                                |                       |         |              | x                               |        | 167,945.                        | 0.                           | 13,171.                      |
| (3) E. MICHELLE BOHREER     | 0.15              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| PRESIDENT (THRU 7/31/21)    | 6.49              | х                              |                       | х       |              |                                 |        | 0.                              | 180,000.                     | 0.                           |
| (4) ISHA MATHIS             | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| DIRECTOR, NURSING           |                   |                                |                       |         | Х            |                                 |        | 152,839.                        | 0.                           | 16,573.                      |
| (5) LAUREN ASKEY            | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| PERSONAL MOVING CONSULTANT  |                   |                                |                       |         |              | X                               |        | 146,771.                        | 0.                           | 16,220.                      |
| (6) SHERI NIDIFFER          | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| REGIONAL DIRECTOR, EHWB     |                   |                                |                       |         | Х            |                                 |        | 150,447.                        | 0.                           | 10,716.                      |
| (7) ZINA JACQUE             | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| VICE CHAIR & VICE PRESIDENT | 16.05             | х                              |                       | х       |              |                                 |        | 0.                              | 156,667.                     | 0.                           |
| (8) MARY DONNELLY           | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| SALES COUNSELOR             |                   |                                |                       |         |              | x                               |        | 138,911.                        | 0.                           | 17,344.                      |
| (9) MARY COLINS             | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| SECRETARY                   | 19.58             | Х                              |                       | Х       |              |                                 |        | 0.                              | 150,000.                     | 0.                           |
| (10) EILEEN ERSTAD          | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| TREASURER                   | 34.64             | Х                              |                       | Х       |              |                                 |        | 0.                              | 150,000.                     | 0.                           |
| (11) KAREN HALL             | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| ASST ADMINISTRATOR EX CARE  |                   |                                |                       |         |              | X                               |        | 138,076.                        | 0.                           | 10,407.                      |
| (12) YOLANDA EDWARDS        | 40.00             |                                |                       |         |              |                                 |        |                                 |                              |                              |
| HEALTH CARE COUNSELOR, NE   |                   |                                |                       |         |              | X                               |        | 134,778.                        | 0.                           | 6,615.                       |
| (13) JAMES HAYES            | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| VICE CHAIR & VICE PRESIDENT | 11.81             | Х                              |                       | Х       |              |                                 |        | 0.                              | 140,000.                     | 0.                           |
| (14) BARBARA BISGAIER       | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| DIRECTOR                    | 11.86             | Х                              |                       |         |              |                                 |        | 0.                              | 110,000.                     | 0.                           |
| (15) STEPHANIE REEL         | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| DIRECTOR                    | 10.29             | х                              |                       |         |              |                                 |        | 0.                              | 100,000.                     | 0.                           |
| (16) FRED HAAS              | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| DIRECTOR                    | 13.78             | х                              |                       |         |              |                                 |        | 0.                              | 90,000.                      | 0.                           |
| (17) ARNIE SPEERT           | 0.25              |                                |                       |         |              |                                 |        |                                 |                              |                              |
| DIRECTOR                    | 15.23             | Х                              |                       |         |              |                                 |        | 0.                              | 90,000.                      | 0.<br>Earm <b>990</b> (2021) |

| Form 990 (2021) GREENSPRING V  | /ILLAGE, IN          | Ċ.                            |                   |             |              |                                 |          |                                | 52-20             | 9542   | 7           | Pag                   | je <b>8</b> |
|--|----------------------|-------------------------------|-------------------|-------------|--------------|---------------------------------|----------|--------------------------------|-------------------|--------|-------------|-----------------------|-------------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Emp        | oloy                          | ees,              | and         | d Hig        | ghes                            | t C      | ompensated Employee            | s (continued)     |        |             |                       |             |
| (A)  | (B)                  |                               |                   |             | C)           |                                 |          | (D)                            | (E)               |        |             | (F)                   |             |
| Name and title   | Average              | (do                           |                   | Pos         |              | <b>ا</b><br>than o              | ne       | Reportable                     | Reportable        | ,      | Est         | timated               |             |
|  | hours per            | box                           | , unle            | ss pei      | rson i       | s both                          | an       | compensation                   | compensatio       | n      | am          | ount of               |             |
|  | week                 |                               | cer ar<br>I       | nd a d<br>I | irecto       | or/trust                        | ee)      | from                           | from related      | l t    | (           | other                 |             |
|  | (list any            | ector                         |                   |             |              |                                 |          | the                            | organization      |        |             | pensatio              | on          |
|  | hours for<br>related | or dir                        | e                 |             |              | ated                            |          | organization                   | (W-2/1099-MIS     |        |             | om the                |             |
|  | organizations        | ustee                         | trustee           |             | Ð            | pens                            |          | (W-2/1099-MISC/                | 1099-NEC)         |        | •           | anizatio              |             |
|  | below                | ual tr                        | ional             |             | ploye        | t com                           |          | 1099-NEC)                      |                   |        |             | l relatec<br>nization |             |
|  | line)                | ndividual trustee or director | In stitutio nal 1 | Officer     | Key employee | Highest compensated<br>employee | Former   |                                |                   |        | orga        | Ization               | 13          |
| (18) MICHAEL ROSKIEWICZ  | 0.25                 | _                             |                   |             | ×            | τω                              | <u> </u> |                                |                   |        |             |                       |             |
| DIRECTOR   | 10.28                | х                             |                   |             |              |                                 |          | 0.                             | 83.               | 333.   |             |                       | ٥.          |
| (19) C. JACKSON BAIN   | 2.35                 |                               |                   |             |              |                                 |          |                                | ,                 |        |             |                       |             |
| CHAIR/PRESIDENT (BEG 10/27/21)   | 9.80                 | х                             |                   | x           |              |                                 |          | 0.                             | 80,               | 000.   |             |                       | ٥.          |
| (20) CODY BURNS  | 40.00                |                               |                   |             |              |                                 |          |                                | ,                 |        |             |                       |             |
| DIRECTOR OF FINANCE (THRU 6/20/21)   |                      |                               |                   | x           |              |                                 |          | 69,348.                        |                   | ٥.     |             | 5,40                  | 01.         |
| (21) DIANA KING  | 40.00                |                               |                   |             |              |                                 |          | ,                              |                   |        |             |                       |             |
| DIRECTOR OF FINANCE (BEG 8/23/21)  |                      |                               |                   | x           |              |                                 |          | 47,534.                        |                   | ٥.     |             | Ĩ                     | 12.         |
| (22) JOHN HALL   | 0.50                 |                               |                   |             |              |                                 |          | ,                              |                   |        |             |                       |             |
| ASSISTANT TREASURER  | 6.50                 |                               |                   | x           |              |                                 |          | 0.                             |                   | ٥.     |             |                       | Ο.          |
| (23) CHRIS RATHMANN  | 0.50                 |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| ASSISTANT TREASURER  | 7.50                 |                               |                   | x           |              |                                 |          | 0.                             |                   | ٥.     |             |                       | Ο.          |
| (24) NEAL GANTERT  | 0.50                 |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| ASSISTANT TREASURER  | 6.50                 |                               |                   | x           |              |                                 |          | 0.                             |                   | ٥.     |             |                       | Ο.          |
| (25) MARK EMBLEY   | 0.50                 |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| ASSISTANT TREASURER (BEG 10/27/21)   | 6.50                 |                               |                   | x           |              |                                 |          | 0.                             |                   | ٥.     |             |                       | Ο.          |
|  |                      |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
|  |                      |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| 1b Subtotal  |                      |                               |                   |             |              | J                               |          | 1,371,435.                     | 1,330,            | 000.   |             | 112,53                | 34.         |
| c Total from continuation sheets to Part VI  | I, Section A         |                               |                   |             |              | 1                               |          | 0.                             |                   | ٥.     |             |                       | 0.          |
| d Total (add lines 1b and 1c)  |                      |                               |                   |             |              | ]                               |          | 1,371,435.                     | 1,330,            | 000.   |             | 112,53                | 34.         |
| 2 Total number of individuals (including but n   | ot limited to th     | ose                           | liste             | d ab        | ove          | ) who                           | o re     | eceived more than \$100,       | 000 of reportable | Э      |             |                       |             |
| compensation from the organization   |                      |                               |                   |             |              |                                 |          |                                |                   |        |             |                       | 27          |
|  |                      |                               |                   |             |              |                                 |          |                                |                   | ſ      |             | Yes I                 | No          |
| <b>3</b> Did the organization list any <b>former</b> officer,                                      | -                    |                               | •                 | •           |              |                                 |          | , , ,                          |                   |        |             |                       |             |
| line 1a? If "Yes," complete Schedule J for s   |                      |                               |                   |             |              |                                 |          |                                |                   |        | 3           |                       | X           |
| 4 For any individual listed on line 1a, is the su  |                      |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| and related organizations greater than \$150   |                      |                               |                   |             |              |                                 |          |                                |                   | ·····  | 4           | X                     | _           |
| 5 Did any person listed on line 1a receive or a  |                      |                               |                   |             |              |                                 |          |                                |                   |        | _           |                       | 37          |
| rendered to the organization? <i>If</i> "Yes." com   | plete Schedule       | e J f                         | or sı             | ıch i       | oers         | on .                            |          |                                |                   |        | 5           | ·                     | X           |
| Section B. Independent Contractors   | magazatad ina        |                               | nda               |             | two          | otor                            | o +4     | ast reasined more than (       | 100 000 of com    |        | ion fro     |                       |             |
| 1 Complete this table for your five highest con<br>the examination. Repeat componentiation for the |                      |                               |                   |             |              |                                 |          |                                |                   | Jensal |             | 111                   |             |
| the organization. Report compensation for t  | ine calendar ye      | ear e                         |                   | ig w        |              |                                 | 1111     |                                | ear.              |        |             | ,                     |             |
| (A)<br>Name and business   | address              |                               |                   |             |              |                                 |          | <b>(B)</b><br>Description of s | ervices           | С      | (C<br>ompen |                       |             |
| ERICKSON SENIOR LIVING, LLC  |                      |                               |                   |             |              |                                 | _        |                                |                   |        |             |                       |             |
| 701 MAIDEN CHOICE LANE, BALTIMORE, MI  | D 21228              |                               |                   |             |              |                                 |          | MANAGEMENT - SEE S             | сн. о             |        | 10          | 885,35                | 57.         |
| PLANO-COUDON, LLC  |                      |                               |                   |             |              |                                 |          |                                |                   |        | ,           |                       |             |
| 2101 WASHINGTON BLVD, BALTIMORE, MD :  | 21230                |                               |                   |             |              |                                 |          | CONTRACTOR                     |                   |        | 5           | 828,84                | 45.         |
| BUCH CONSTRUCTION, INC.  |                      |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| 11292 BUCH WAY, LAUREL, MD 20723   |                      |                               |                   |             |              |                                 |          | BUILDER                        |                   |        | 4           | 886,72                | 22.         |
| CYPRESS CONTRACTING, LLC, 23465 ROCK   | HAVEN                |                               |                   |             |              |                                 |          |                                |                   |        | ,           | ,                     |             |
| WAY, #130, STERLING, VA 20166  |                      |                               |                   |             |              |                                 |          | CONSTRUCTION CONTR             | ACTOR             |        | З,          | 668,48                | 85.         |
| POSITIVE GENERAL CONTRACTORS INC., 2   | 277                  |                               |                   |             |              |                                 |          |                                |                   |        |             |                       |             |
| BEL PRE ROAD, STE 200, SILVER SPRING   | , MD                 |                               |                   |             |              |                                 |          | CONTRACTOR                     |                   |        | З,          | 063,11                | 14.         |

Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 24

|   | 990<br>t VI |   |                                   |              | RING VILL          |         | , 110.                                  |                     |                   | 52-209542        | 7 Pag          |
|---|-------------|---|-----------------------------------|--------------|--------------------|---------|---|---------------------|-------------------|------------------|----------------|
|   |             | _ | Check if Schedule O               |              |                    | 260     | or note to any line                     | a in this Part VIII |                   |                  | ſ              |
|   |             |   |                                   | 50111        |                    | 130     |   | (A)                 | (B)               | (C)              | (D)            |
|   |             |   |                                   |              |                    |         |   | Total revenue       | Related or exempt | Unrelated        | Revenue exclu  |
|   |             |   |                                   |              |                    |         |   |                     | function revenue  | business revenue | from tax und   |
|   |             |   |                                   |              |                    |         |   |                     |                   |                  | sections 512 - |
| s to  | 1 a         | а | Federated campaigns               |              | 1a                 |         |   |                     |                   |                  |                |
| 5   | ŀ           | b | Membership dues                   |              | 1b                 |         |   |                     |                   |                  |                |
| ŽĔ  |             | С | Fundraising events                |              | 1c                 |         | 396,934.                                |                     |                   |                  |                |
| Ϋ́  |             |   | Related organizations             |              |                    |         | , |                     |                   |                  |                |
| ila i   |             |   | -                                 |              |                    |         | 1,171,739.                              |                     |                   |                  |                |
| Σ.  |             |   | Government grants (contr          |              |                    |         |   |                     |                   |                  |                |
| Other Revenue Other Revenue and Other Similar Amounts | 1           |   | All other contributions, gifts,   |              |                    |         |   |                     |                   |                  |                |
|   |             |   | similar amounts not included      | abov         | /e <b>1f</b>       |         | 2,230,922.                              |                     |                   |                  |                |
| P   | 9           | g | Noncash contributions included in | lines 1      | la-1f <b>1g</b> \$ |         |   |                     |                   |                  |                |
| an  | ł           | h | Total. Add lines 1a-1f            |              |                    |         | 🕨                                       | 3,799,595.          |                   |                  |                |
|   |             |   |                                   |              |                    |         | Business Code                           |                     |                   |                  |                |
| ,   | 2 8         | а | RESIDENT FEES                     |              |                    |         | 623000                                  | 70,849,086.         | 70,849,086.       |                  |                |
|   | _           |   | ANCILLARY FEES                    |              |                    |         | 623000                                  | 10,146,187.         | 10,146,187.       |                  |                |
| ne  | -           |   | RESIDENT DEPOSITS                 |              |                    | _       | 623000                                  | 1,733,444.          | 1,733,444.        |                  |                |
| ven   |             | • | PROCESSING FEES                   |              |                    | _       | 623000                                  | 11,450.             | 11,450.           |                  |                |
| e e   |             |   | TROCEDSTING LEES                  |              |                    |         | 023000                                  | 11,450.             | 11,430.           |                  |                |
| 2   |             | е |                                   |              |                    |         |   |                     |                   |                  |                |
| -   | 1           | f | All other program service         | reve         | nue                |         |   |                     |                   |                  |                |
|   | 9           | g | Total. Add lines 2a-2f            |              |                    |         | 🕨                                       | 82,740,167.         |                   |                  |                |
|   | 3           |   | Investment income (includ         | ding         | dividends, ir      | itere   | st, and                                 |                     |                   |                  |                |
|   |             |   | other similar amounts)            | 0            |                    |         |   | 39,302.             |                   |                  | 39,3           |
|   | 4           |   | Income from investment of         |              |                    |         |   | ,                   |                   |                  | ,              |
|   | 5           |   |                                   |              | •                  | •       | · · · ·                                 |                     |                   |                  |                |
|   | 5           |   | Royalties                         |              | (i) Real           |         |   |                     |                   |                  |                |
|   |             |   |                                   |              |                    |         | (ii) Personal                           |                     |                   |                  |                |
|   | 6 a         | а | Gross rents                       | 6a           | 370,5              |         |   |                     |                   |                  |                |
|   | I           | b | Less: rental expenses             | 6b           |                    | 0.      |   |                     |                   |                  |                |
|   | C           | С | Rental income or (loss)           | 6c           | 370,5              | 56.     |   |                     |                   |                  |                |
|   |             | d | Net rental income or (loss        | )            |                    |         | 🕨                                       | 370,556.            |                   |                  | 370,5          |
|   | 7 :         | а | Gross amount from sales of        |              | (i) Securiti       | es      | (ii) Other                              |                     |                   |                  |                |
|   |             |   | assets other than inventory       | 7a           | 2,7                | 81.     | 4,187.                                  |                     |                   |                  |                |
|   |             | h | Less: cost or other basis         | 10           | ,                  |         | ,                                       |                     |                   |                  |                |
|   | •           |   |                                   |              |                    | Ο.      | ٥.                                      |                     |                   |                  |                |
| ň   |             |   | and sales expenses                | 7b           | 0.7                |         |   |                     |                   |                  |                |
| š   |             |   | Gain or (loss)                    | 7c           | 2,7                |         | 4,187.                                  |                     |                   |                  |                |
| ž   | 0           | d | Net gain or (loss)                |              |                    |         | ····· •                                 | 6,968.              |                   |                  | 6,9            |
| Jer   | 8 8         |   | Gross income from fundraisi       |              | •                  |         |   |                     |                   |                  |                |
| 5   |             |   | including \$                      | <u>396</u> , | 934. of            |         |   |                     |                   |                  |                |
|   |             |   | contributions reported on         | line         | 1c). See           |         |   |                     |                   |                  |                |
|   |             |   | Part IV, line 18                  |              | -                  | 8a      | 5,000.                                  |                     |                   |                  |                |
|   |             |   | Less: direct expenses             |              |                    | 8b      | 5,625.                                  |                     |                   |                  |                |
|   |             |   |                                   |              |                    |         | 5,020.                                  | -625.               |                   |                  | - 6            |
|   |             |   | Net income or (loss) from         |              |                    | ۲S<br>ا | ▶                                       | -020.               |                   |                  | -0             |
|   | 9 a         | а | Gross income from gamin           | -            |                    |         |   |                     |                   |                  |                |
|   |             |   | Part IV, line 19                  |              |                    | 9a      |   |                     |                   |                  |                |
|   | ł           | b | Less: direct expenses             |              |                    | 9b      |   |                     |                   |                  |                |
|   |             |   | Net income or (loss) from         |              |                    | s       | ►                                       |                     |                   |                  |                |
|   |             |   | Gross sales of inventory, I       | -            | -                  |         |   |                     |                   |                  |                |
|   |             | ~ | and allowances                    |              |                    | 10a     |   |                     |                   |                  |                |
|   |             | h |                                   |              |                    | 10a     |   |                     |                   |                  |                |
|   |             |   | Less: cost of goods sold          |              |                    | ·       | 1                                       |                     |                   |                  |                |
| $\rightarrow$   | (           | С | Net income or (loss) from         | sales        | s of inventor      | у       | ▶                                       |                     |                   |                  |                |
| ,   |             |   |                                   |              |                    |         | Business Code                           |                     |                   |                  |                |
| 2<br>0  | 11 a        | а | PANDEMIC RELATED RE               | SID          |                    |         | 900099                                  | 2,707.              |                   |                  | 2,7            |
| n n   | I           | b |                                   |              |                    |         |   |                     |                   |                  |                |
|   |             | С |                                   |              |                    | _       |   |                     |                   |                  |                |
|   |             |   |                                   |              |                    |         |   |                     |                   |                  |                |
| Bevenu  |             |   | All other revenue                 |              |                    |         |   |                     |                   |                  |                |
| Revenue   | (           | d | All other revenue                 |              |                    |         |   | 2,707.              |                   |                  |                |

#### GREENSPRING VILLAGE, INC. 52-2095427 Page 10 Form 990 (2021) 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 response or note to any line in this Part IX **(D)** Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 7,000. 7,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 332,546. 332,546, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 693,731. 693,731, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 32,622,648. 27,602,755. 4,831,267. 188,626. 7 8 Pension plan accruals and contributions (include 985,842, section 401(k) and 403(b) employer contributions) 844,892. 135,273 5,677. 5,994,680, 5,171,205. 803,753 19,722. Other employee benefits 9 2,475,986. 2,069,658. 392,549 13,779. 10 Payroll taxes 11 Fees for services (nonemployees): 3,358,015 3,358,015. Management а 15,569. 15,569, b Legal 51,931. 51,931. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 15,215. Investment management fees 15,215. f Other. (If line 11g amount exceeds 10% of line 25, g 7,296,521, 391,658. 6,904,863 column (A), amount, list line 11g expenses on Sch 0.) 3,746,163, 3,746,163, Advertising and promotion 12

7,810,691.

6,793,717.

1,003,551.

138 70,407,

24,440,

179,502,

15,122,189

| 15 | Royalties  |              |             |  |
|----|--|--------------|-------------|--|
| 16 | Occupancy  | 4,531,631.   | 4,531,493.  |  |
| 17 | Travel   | 101,222.     | 30,815.     |  |
| 18 | Payments of travel or entertainment expenses   |              |             |  |
|    | for any federal, state, or local public officials  |              |             |  |
| 19 | Conferences, conventions, and meetings   |              |             |  |
| 20 | Interest   | 2,063,662.   | 2,063,662.  |  |
| 21 | Payments to affiliates   |              |             |  |
| 22 | Depreciation, depletion, and amortization  | 25,440,455.  | 25,440,455. |  |
| 23 | Insurance  | 914,357.     | 914,357.    |  |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |              |             |  |
| а  | EQUIPMENT RENTAL   | 2,294,689.   | 2,269,789.  |  |
| b  | CHARITY CARE   | 908,688.     | 908,688.    |  |
| с  | RESIDENT RELATIONS   | 294,145.     | 106,880.    |  |
| d  |  |              |             |  |
| е  | All other expenses   |              |             |  |
| 25 | Total functional expenses. Add lines 1 through 24e   | 101,955,387. | 86,583,748. |  |
| 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 Figure if following SOP 98-2 (ASC 958-720)  |              |             |  |

Office expenses

Information technology

13

14

460.

7,763.

249,450.

13,423.

| GREENSPRING | VILLAGE, | INC. |
|-------------|----------|------|
|             |          |      |

|        |     | Check if Schedule O contains a response or not       | e to any     | ine in this Part X |                                 |          |                           |
|--------|-----|--|--------------|--------------------|---------------------------------|----------|---------------------------|
|        |     |  |              |                    | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|        | 1   | Cash - non-interest-bearing                          | 1,325.       | 1                  | 1,32                            |          |                           |
|        | 2   | Savings and temporary cash investments               |              |                    | 16,359,382.                     | 2        | 16,647,43                 |
|        | 3   | Pledges and grants receivable, net                   |              |                    |                                 | 3        |                           |
|        | 4   | Accounts receivable, net                             |              |                    | 4,460,334.                      | 4        | 2,972,06                  |
|        | 5   | Loans and other receivables from any current or      | former o     | fficer, director,  |                                 |          |                           |
|        |     | trustee, key employee, creator or founder, subst     | antial co    | ntributor, or 35%  |                                 |          |                           |
|        |     | controlled entity or family member of any of the     | se persor    | IS                 |                                 | 5        |                           |
|        | 6   | Loans and other receivables from other disquali      | fied pers    | ons (as defined    |                                 |          |                           |
|        |     | under section 4958(f)(1)), and persons described     | l in sectio  | on 4958(c)(3)(B)   |                                 | 6        |                           |
| 2      | 7   | Notes and loans receivable, net                      |              |                    | 5,312,766.                      | 7        | 6,904,8                   |
| 212000 | 8   | Inventories for sale or use                          |              |                    | 734,836.                        | 8        | 292,7                     |
| 2      | 9   | <b>–</b>   |              |                    | 278,347.                        | 9        | 327,72                    |
|        | 10a | Land, buildings, and equipment: cost or other        |              |                    |                                 |          |                           |
|        |     | basis. Complete Part VI of Schedule D                | 10a          | 572,542,543.       |                                 |          |                           |
|        | b   | Less: accumulated depreciation                       | 10b          | 234,337,543.       | 341,665,889.                    | 10c      | 338,205,00                |
|        | 11  | Investments - publicly traded securities             |              |                    | 4,757,233.                      | 11       | 5,221,3                   |
|        | 12  | Investments - other securities. See Part IV, line    |              |                    | 234,619,836.                    | 12       | 263,489,5                 |
|        | 13  | Investments - program-related. See Part IV, line     |              |                    |                                 | 13       |                           |
|        | 14  | Intangible assets                                    |              |                    |                                 | 14       |                           |
|        | 15  | Other assets. See Part IV, line 11                   | 183,115.     | 15                 | 1,184,5                         |          |                           |
|        | 16  | Total assets. Add lines 1 through 15 (must equ       | 608,373,063. | 16                 | 635,246,5                       |          |                           |
|        | 17  | Accounts payable and accrued expenses                |              |                    | 8,664,376.                      | 17       | 9,039,1                   |
|        | 18  | Grants payable                                       |              |                    |                                 | 18       |                           |
|        | 19  | Deferred revenue                                     |              |                    | 19                              |          |                           |
|        | 20  | Tax-exempt bond liabilities                          |              | 67,566,176.        | 20                              | 79,413,4 |                           |
|        | 21  | Escrow or custodial account liability. Complete      |              |                    | 1,370,750.                      | 21       | 2,453,5                   |
|        | 22  | Loans and other payables to any current or form      |              | l l                |                                 |          |                           |
|        |     | trustee, key employee, creator or founder, subs      |              |                    |                                 |          |                           |
|        |     | controlled entity or family member of any of the     |              |                    |                                 | 22       |                           |
| Ĩ      | 23  | Secured mortgages and notes payable to unrela        |              |                    |                                 | 23       |                           |
|        | 24  | Unsecured notes and loans payable to unrelated       |              | ſ                  |                                 | 24       |                           |
|        | 25  | Other liabilities (including federal income tax, pa  |              | ſ                  |                                 |          |                           |
|        |     | parties, and other liabilities not included on lines | -            |                    |                                 |          |                           |
|        |     | of Schedule D  | ,            |                    | 485,820,585.                    | 25       | 491,756,1                 |
|        | 26  | Total liabilities. Add lines 17 through 25           |              |                    | 563,421,887.                    | 26       | 582,662,3                 |
|        |     | Organizations that follow FASB ASC 958, che          | ck here      | ► X                |                                 |          |                           |
| ß      |     | and complete lines 27, 28, 32, and 33.               |              |                    |                                 |          |                           |
|        | 27  |  |              |                    | 41,163,774.                     | 27       | 48,290,5                  |
|        | 28  | Net assets with donor restrictions                   |              |                    | 3,787,402.                      | 28       | 4,293,6                   |
|        |     | Organizations that do not follow FASB ASC 9          |              |                    |                                 |          |                           |
|        |     | and complete lines 29 through 33.                    | ,            |                    |                                 |          |                           |
| 5      | 29  | Capital stock or trust principal, or current funds   |              |                    |                                 | 29       |                           |
|        | 30  | Paid-in or capital surplus, or land, building, or ed |              |                    |                                 | 30       |                           |
|        | 31  | Retained earnings, endowment, accumulated in         |              |                    |                                 | 31       |                           |
|        | 32  | Total net assets or fund balances                    |              |                    | 44,951,176.                     | 32       | 52,584,20                 |
| -      | 33  | Total liabilities and net assets/fund balances       |              |                    | 608,373,063.                    | 33       | 635,246,5                 |

NODDING VILLAGE

Form 990 (2021)
Part X Balance Sheet

Form 990 (2021)

| Form | 990 (2021) GREENSPRING VILLAGE, INC.  | 52-20954  | 27      | Pa    | <sub>ge</sub> 12 |
|------|---|-----------|---------|-------|------------------|
|      | rt XI Reconciliation of Net Assets  |           |         |       | 4                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |         |       | X                |
|      |   |           |         |       |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 86      | ,958, | 670.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 101     | ,955, | 387.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | -14     | ,996, | 717.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 44      | ,951, | 176.             |
| 5    | Net unrealized gains (losses) on investments  | 5         |         | -69,  | 954.             |
| 6    | Donated services and use of facilities  | 6         |         |       |                  |
| 7    | Investment expenses   | 7         |         |       |                  |
| 8    | Prior period adjustments  | 8         |         |       |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         | 22,     | ,699, | 703.             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |         |       |                  |
|      | column (B))   | 10        | 52,     | ,584, | 208.             |
| Pa   | rt XII Financial Statements and Reporting   |           |         |       |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           | <u></u> |       |                  |
|      |   |           |         | Yes   | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |         |       |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | О.        |         |       |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a      |       | х                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |         |       |                  |
|      | separate basis, consolidated basis, or both:  |           |         |       |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |         |       |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b      | X     |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |         |       |                  |
|      | consolidated basis, or both:  |           |         |       |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |           |         |       |                  |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,    |         |       |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c      | X     |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O.  |         |       |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |         |       |                  |
|      | Act and OMB Circular A-133?   |           | 3a      | Х     |                  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit  |         |       |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b      | Х     |                  |
|      |   |           |         | 000   |                  |

Form **990** (2021)

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Form990 for instructions and the latest information.

| OMB No. 1545-004 | 7 |
|------------------|---|
| 2021             |   |

**Open to Public** 

. Inspection

| Department of the Treasury |                    |
|----------------------------|--------------------|
| Internal Revenue Service   | Go to www.irs.gov/ |

|  | organization |
|--|--------------|
|  |              |
|  |              |
|  |              |

| Name of the organization  |  |                             |                             | Employer       | r identification number                         |
|---|--|-----------------------------|-----------------------------|----------------|---|
|   | G VILLAGE, INC.                              |                             |                             |                | 52-2095427                                      |
| Part I Reason for Public Char                                   | ity Status. (All organizati                  | ons must complete tl        | his part.) See instructi    | ons.           |   |
| The organization is not a private foundation                    | because it is: (For lines 1 thr              | ough 12, check only         | one box.)                   |                |   |
| <b>1</b> A church, convention of churche                        | s, or association of churches                | s described in section      | on 170(b)(1)(A)(i).         |                |   |
| 2 A school described in section 1                               | /0(b)(1)(A)(ii). (Attach Sched               | lule E (Form 990).)         |                             |                |   |
| <b>3</b> A hospital or a cooperative hosp                       |  |                             | )(b)(1)(A)(iii).            |                |   |
| <b>4</b> A medical research organization                        | •  |                             |                             | A)(iii). Enter | the hospital's name.                            |
| city, and state:  |  |                             |                             |                | ,   |
| <b>5</b> An organization operated for the                       | benefit of a college or unive                | rsity owned or operat       | ed by a governmental        | unit describe  | ed in   |
| section 170(b)(1)(A)(iv). (Compl                                |  |                             |                             |                |   |
| 6 A federal, state, or local governm                            |  | scribod in <b>soction 1</b> | 70(h)(1)(A)(y)              |                |   |
| 7 An organization that normally rec                             | -  |                             |                             | the general    | public described in                             |
| · · · · · · · · · · · · · · · · ·                               |  | s support norma gove        |                             | the general    |   |
| section 170(b)(1)(A)(vi). (Comple                               |  | malata Dart II )            |                             |                |   |
| 8 A community trust described in s                              |  |                             |                             |                |   |
| 9 An agricultural research organiza                             |  |                             |                             |                |   |
| or university or a non-land-grant o                             | college of agriculture (see ins              | structions). Enter the      | name, city, and state       | of the college | eor   |
| university:   |  | <u></u>                     |                             |                |   |
| 10 X An organization that normally rec                          |  |                             |                             | -              |   |
| activities related to its exempt fu                             | · •  |                             |                             |                |   |
| income and unrelated business t                                 |  | 511 tax) from busines       | sses acquired by the c      | rganization a  | after June 30, 1975.                            |
| See section 509(a)(2). (Complet                                 |  |                             |                             |                |   |
| <b>11</b> An organization organized and o                       | •  | •                           |                             |                | _   |
| 12 An organization organized and o                              |  | •                           |                             | 2              |   |
| more publicly supported organiza                                |  |                             |                             |                | Check the box on                                |
| lines 12a through 12d that descr                                |  | -                           |                             | •              |   |
| a Type I. A supporting organizat                                |  | • • •                       |                             |                |   |
| the supported organization(s) t                                 |  |                             | of the directors or trus    | ees of the su  | upporting                                       |
| organization. You must comp                                     |  |                             |                             |                |   |
| <b>b Type II.</b> A supporting organization                     | -  |                             |                             |                | -   |
| control or management of the                                    |  |                             | ns that control or mar      | age the supp   | ported  |
| organization(s). <b>You must con</b>                            | •  |                             |                             |                |   |
| c Type III functionally integrate                               |  | -                           |                             | ally integrate | ed with,  |
| its supported organization(s) (s                                | •  | -                           |                             |                |   |
| d Type III non-functionally integ                               |  | -                           |                             | -              |   |
| that is not functionally integrate                              | ed. The organization general                 | ly must satisfy a distr     | ibution requirement a       | nd an attentiv | veness  |
| requirement (see instructions).                                 | •  |                             |                             |                |   |
| e Check this box if the organizat                               |  |                             |                             | e II, Type III |   |
| functionally integrated, or Type                                | , ,  | ed supporting organiz       | ation.                      |                | []  |
| f Enter the number of supported organi                          |  |                             |                             |                |   |
| g Provide the following information about (i) Name of supported | ut the supported organizatio                 |                             | anization listed (v) Amount | of monetary    | (vi) Amount of other                            |
| organization  | (iii) Ein (iiii) Type of or<br>(described or | lines 1-10                  | ing document?               | instructions)  | (vi) Amount of other support (see instructions) |
|   | above (see in:                               | structions)) Yes            | No support (see             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |
| Total   |  |                             |                             |                |   |
|   |  |                             |                             |                |   |

| Schedule A | (Form | 990 | 202  |
|------------|-------|-----|------|
|            |       | 000 | 1202 |

| Sch  | edule A (Form 990) 2021 GRI  | ENSPRING VIL      | LAGE INC            |                      |                        | 52-209542 | 27 Page <b>2</b> |
|------|--|-------------------|---------------------|----------------------|------------------------|-----------|------------------|
|      | rt II Support Schedule for O   |                   |                     | Sections 170(        | b)(1)(A)(iv) and       |           | i age z          |
|      | (Complete only if you checked  | -                 |                     | •                    |                        |           |                  |
|      | fails to qualify under the tests l   |                   |                     |                      | in failed to quality ( |           | ngamzation       |
| Sec  | tion A. Public Support   | ,                 |                     | ,                    |                        |           |                  |
|      |  | (a) 2017          | (b) 2019            | (a) 2010             | (4) 2020               | (a) 2021  |                  |
|      | ndar year (or fiscal year beginning in)                                    | <b>(a)</b> 2017   | (b) 2018            | (c) 2019             | (d) 2020               | (e) 2021  | <b>(f)</b> Total |
|      | Gifts, grants, contributions, and membership fees received. (Do not        |                   |                     |                      |                        |           |                  |
|      | include any "unusual grants.")   |                   |                     |                      |                        |           |                  |
| •    |  |                   |                     |                      |                        |           |                  |
| 2    | Tax revenues levied for the organ-<br>ization's benefit and either paid to |                   |                     |                      |                        |           |                  |
|      | or expended on its behalf  |                   |                     |                      |                        |           |                  |
| 3    | The value of services or facilities  |                   |                     |                      |                        |           |                  |
| 3    | furnished by a governmental unit to  |                   |                     |                      |                        |           |                  |
|      | the organization without charge  |                   |                     |                      |                        |           |                  |
| 4    | Total. Add lines 1 through 3   |                   |                     |                      |                        |           |                  |
|      | The portion of total contributions   |                   |                     |                      |                        |           |                  |
| Ū    | by each person (other than a   |                   |                     |                      |                        |           |                  |
|      | governmental unit or publicly  |                   |                     |                      |                        |           |                  |
|      | supported organization) included   |                   |                     |                      |                        |           |                  |
|      | on line 1 that exceeds 2% of the   |                   |                     |                      |                        |           |                  |
|      | amount shown on line 11,   |                   |                     |                      |                        |           |                  |
|      | column (f)   |                   |                     |                      |                        |           |                  |
| 6    | Public support. Subtract line 5 from line 4.                               |                   |                     |                      |                        |           |                  |
| Sec  | tion B. Total Support  |                   |                     |                      |                        |           |                  |
| Cale | ndar year (or fiscal year beginning in) 🕨 📘                                | <b>(a)</b> 2017   | <b>(b)</b> 2018     | <b>(c)</b> 2019      | (d) 2020               | (e) 2021  | <b>(f)</b> Total |
| 7    | Amounts from line 4  |                   |                     |                      |                        |           |                  |
| 8    | Gross income from interest,  |                   |                     |                      |                        |           |                  |
|      | dividends, payments received on  |                   |                     |                      |                        |           |                  |
|      | securities loans, rents, royalties,  |                   |                     |                      |                        |           |                  |
|      | and income from similar sources  |                   |                     |                      |                        |           |                  |
| 9    | Net income from unrelated business   |                   |                     |                      |                        |           |                  |
|      | activities, whether or not the   |                   |                     |                      |                        |           |                  |
|      | business is regularly carried on   |                   |                     |                      |                        |           |                  |
| 10   | Other income. Do not include gain  |                   |                     |                      |                        |           |                  |
|      | or loss from the sale of capital   |                   |                     |                      |                        |           |                  |
|      | assets (Explain in Part VI.)   |                   |                     |                      |                        |           |                  |
| 11   | Total support. Add lines 7 through 10                                      |                   |                     |                      |                        |           |                  |
| 12   | Gross receipts from related activities, e                                  | -                 |                     |                      |                        | 12        |                  |
| 13   | First 5 years. If the Form 990 is for the                                  | organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5    | 501(c)(3) |                  |
|      | organization, check this box and stop                                      |                   |                     |                      |                        |           |                  |
|      | tion C. Computation of Public  |                   | -                   |                      |                        | г         |                  |
|      | Public support percentage for 2021 (lin                                    |                   |                     |                      |                        | 14        | %                |
|      | Public support percentage from 2020 S                                      |                   |                     |                      |                        | 15        | %                |
| 16a  | 33 1/3% support test - 2021. If the or                                     |                   |                     |                      |                        |           |                  |
|      | stop here. The organization qualifies a                                    | s a publicly supp | orted organizatior  | ۱<br>                |                        |           | ▶∟               |

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

## 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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,279,792. 727,367 2,879,647 4,631,013. 3,799,595. 13,317,414. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 86,840,569 89,752,895 90,550,481 87,011,011. 82,745,167. 436,900,123. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 88,120,361 90,480,262, 93,430,128, 91,642,024. 86,544,762, 450,217,537. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 100,000 100,000 100,000 100,000, 214,000 614,000. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 100 000 100,000 100,000 100,000, 214,000 614 000 449,603,537. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 88,120,361 90,480,262 93,430,128 91,642,024 86,544,762 450,217,537. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 702,365, 562,481 539,071, 417.344. 409.858. 2,631,119. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 702,365 562,481 539,071 417,344 409,858 2,631,119. c Add lines 10a and 10b 11 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 2,707 2,707. assets (Explain in Part VI.) 93,969,199. 92,059,368. 86,957,327. 452,851,363. 88,822,726. 91,042,743. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.28 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.24 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .58 17 % .65 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes No

## 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

132024 01-04-21

| Part IV    | Supportin     | g Organizations | (continu | ued)    |
|------------|---------------|-----------------|----------|---------|
| Schedule A | (Form 990) 20 | 21 GREENS       | SPRING   | VILLAGE |

Yes

1

2

No

No

|     | Yes | No         |
|-----|-----|------------|
|     |     |            |
|     |     |            |
| 11a |     |            |
| 11b |     |            |
|     |     |            |
| 11c |     |            |
|     | 11b | 11a<br>11b |

INC.

| 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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.</i> |  |
|---|--|--|
| 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. Section C. Type II Supporting Organizations

|   |  |   | Yes | 1 |
|---|--|---|-----|---|
| 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 experience   | 1 |     |   |

# Section D. All Type III Supporting Organizations

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

### Section 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).
- a 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 g | governmental entity. | Describe in Part VI how | vou supported a governmenta | l entitv (see instructions). |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **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.*

2a

2b

3a

Yes No

| Sche | edule A (Form 990) 2021 GREENSPRING VILLAGE, INC.                            | 52-2095427      | Page 6                           |                          |          |
|------|--|-----------------|----------------------------------|--------------------------|----------|
| _    | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Organiz      | zations                          |                          | 0        |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N  | ov. 20, 1970 ( <i>explain in</i> | Part VI). See instru     | uctions. |
|      | All other Type III non-functionally integrated supporting organizations mu   |                 | •                                |                          |          |
| Sect | ion A - Adjusted Net Income  |                 | (A) Prior Year                   | (B) Current (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<br>(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):            |                 |                                  |                          |          |
| a    | Average monthly value of securities  | 1a              |                                  |                          |          |
| b    | Average monthly cash balances  | 1b              |                                  |                          |          |
| C    | Fair market value of other non-exempt-use assets                             | 1c              |                                  |                          |          |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d              |                                  |                          |          |
| 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 Ye               | ear      |
| 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-function | ally integrated | I Type III supporting orga       | inization (see           |          |
|      | instructions   |                 |                                  |                          |          |

instructions).

Schedule A (Form 990) 2021

| Sche | dule A (Form 990) 2021 GREENSPRING VILLAGE                      |                               |                                       |      | 52-2095427 Page <b>7</b>                  |
|------|---|-------------------------------|---------------------------------------|------|---|
| Pa   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | nizations (continu                    | ied) |   |
| Sect | ion D - Distributions   |                               |                                       |      | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe       |                               | 1                                     |      |   |
| 2    | Amounts paid to perform activity that directly furthers exemp   |                               |                                       |      |   |
|      | organizations, in excess of income from activity                |                               | 2                                     |      |   |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                                     | 3    |   |
| 4    | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4    |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - pr   | 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 | he 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   |   |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2021 | IS   | (iii)<br>Distributable<br>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                 |                               |                                       |      |   |
| а    | From 2016   |                               |                                       |      |   |
| b    | From 2017   |                               |                                       |      |   |
| с    | From 2018   |                               |                                       |      |   |
| d    | From 2019   |                               |                                       |      |   |
| е    | From 2020   |                               |                                       |      |   |
| f    | Total of lines 3a through 3e                                    |                               |                                       |      |   |
| g    | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| h    | Applied to 2021 distributable amount                            |                               |                                       |      |   |
| i    | Carryover from 2016 not applied (see instructions)              |                               |                                       |      |   |
| j_   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |   |
| 4    | Distributions for 2021 from Section D,                          |                               |                                       |      |   |
|      | line 7: \$  |                               |                                       |      |   |
| а    | 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:  |                               |                                       |      |   |
| a    | Excess from 2017  |                               |                                       |      |   |
| b    | Excess from 2018  |                               |                                       |      |   |
| C    | Excess from 2019  |                               |                                       |      |   |
| d    | Excess from 2020  |                               |                                       |      |   |
| е    | Excess from 2021  |                               |                                       |      |   |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021   | GREENSPRING VI                                    | LLAGE, II                  | NC.                           |                                     |  | 52-20                                | 95427                            | Page <b>8</b> |
|------------|---|---|----------------------------|-------------------------------|-------------------------------------|--|--------------------------------------|----------------------------------|---------------|
| Part VI    | Supplemental Infor<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D,<br>Section D, lines 5, 6, and<br>(See instructions.) | , 2, 3b, 3c, 4b, 4c, 5a<br>lines 2 and 3; Part IV | , 6, 9a, 9b,<br>Section E, | 9c, 11a, 11<br>, lines 1c, 2a | b, and 11c; Par<br>a, 2b, 3a, and 3 | t IV, Section B, I<br>b; Part V, line 1; | nes 1 and 2; Pa<br>Part V, Section I | rt IV, Section<br>3, line 1e; Pa | C.            |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |
|            |   |   |                            |                               |                                     |  |                                      |                                  |               |

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

# 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

52-2095427

| Organization type (chec | Organization type (check one):                                |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Filers of:              | Section:  |  |  |  |  |
| Form 990 or 990-EZ      | X 501(c)( <sup>3</sup> ) (enter number) organization          |  |  |  |  |
|                         | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a |  |  |  |  |
|                         |   |  |  |  |  |

GREENSPRING VILLAGE INC

|             | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |

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

#### General Rule

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

| Name of o  | rganization  |                          | Employer identification number   |
|------------|--|--------------------------|--|
| GREENSPR   | ING VILLAGE, INC.  |                          | 52-2095427   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed.       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 1          |  | \$214                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 2          |  | \$742                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 3          |  | \$260                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 4          |  | \$204                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 5          |  | \$25                     | Person       X         Payroll       Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributio | (d)<br>ons Type of contribution  |
| 6          |  |                          | Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.) |

| Name of or | ganization  | Employer identification number |  |  |  |
|------------|---|--------------------------------|--|--|--|
| GREENSPR   | ING VILLAGE, INC.   |                                | 52-2095427   |  |  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed.           |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
| 7          |   | \$13                           | ,000. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
| 8          |   | \$7                            | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
| 9          |   | \$10                           | ,000. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
|            |   | _ \$5                          | ,000. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
| 11         |   | _ \$5                          | ,000. Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio       | (d)<br>ns Type of contribution   |  |  |
| 12         |   | -                              | ,000. Person X<br>Payroll (Complete Part II for<br>noncash contributions.)               |  |  |

Page **2** 

| Name of organization |  |                         |        | Employer identification number   |  |  |
|----------------------|--|-------------------------|--------|--|--|--|
| GREENSPR             | RING VILLAGE, INC.   |                         | 5      | 2-2095427  |  |  |
| Part I               | Contributors (see instructions). Use duplicate copies of Part I if additio | nal space is needed.    |        |  |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
| 13                   |  | - \$                    | 5,003. | Person       X         Payroll       Image: Complete Part II for noncash contributions.) |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
| 14                   |  | -<br>_ \$\$             | 9,435. | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)       |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
|                      |  | - \$                    |        | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
|                      |  | -<br>_ \$               |        | Person Payroll Noncash (Complete Part II for noncash contributions.)                     |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
|                      |  | - \$\$                  |        | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |  |  |
| (a)<br>No.           | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributi | ons    | (d)<br>Type of contribution  |  |  |
|                      |  | _ \$                    |        | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)         |  |  |

| Schedule I                   | B (Form 990) (2021)  |   | Page <b>3</b>                  |
|------------------------------|--|---|--------------------------------|
| Name of o                    | rganization  |   | Employer identification number |
| GREENSPR                     | RING VILLAGE, INC.   |   | 52-2095427                     |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Par | rt II if additional space is needed           |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | EIVIV (or estimate)                           |                                |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |  | \$  |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate<br>(See instructions. |                                |
|                              |  | s   |                                |

| Schedule                  | B (Form 990) (2021)           |   | Page <b>4</b>   |
|---------------------------|-------------------------------|---|---|
| Name of o                 | rganization                   |   | Employer identification number  |
| GREENSPE                  | RING VILLAGE, INC.            |   | 52-2095427  |
| Part III                  |                               | ) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les | on 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>For organizations |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held   |
|                           |                               |   |   |
|                           |                               | (e) Transfer of gift  |   |
|                           | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee  |
|                           |                               |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held   |
|                           |                               |   |   |
|                           |                               | (e) Transfer of gift  |   |
|                           | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee  |
|                           |                               |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held   |
|                           |                               | (e) Transfer of gift  | _   |
|                           | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee  |
|                           |                               |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held   |
|                           |                               |   |   |
|                           | <b>.</b>                      | (e) Transfer of gift  |   |
|                           | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee  |
|                           |                               |   |   |

| SCHEDULE D<br>(Form 990) Supplemental Financial Statemer<br>Complete if the organization answered "Yes" on Form 9 |   |   |   |                              |                              |                   | <u>3 No. 154</u> | 15-0047  |
|---|---|---|---|------------------------------|------------------------------|-------------------|------------------|----------|
|   |   | Part IV, line 6, 7, 8, 9, 10,   | 11a, 11b, 11c, 11d, <sup>-</sup>              |                              |                              |                   |                  | Public   |
|   | tment of the Treasury<br>Il Revenue Service | ►Go to www.irs.gov/Form99   | Attach to Form 990.<br>00 for instructions an | d the latest information.    | Open to Public<br>Inspection |                   |                  |          |
| Nam   | e of the organizat                          | ion<br>GREENSPRING VILLAGE, INC.  |   |                              | Employ                       | eridenti<br>52-20 |                  | number   |
| Pa  | rt I Organiz                                | ations Maintaining Donor Advised  | d Funds or Other                              | Similar Funds or Ac          | counts.                      |                   |                  |          |
|   |   | on answered "Yes" on Form 990, Part IV, line                              |   |                              |                              |                   |                  |          |
|   |   |   | <b>(a)</b> Donor advi                         | ised funds (                 | <b>b)</b> Funds a            | and other         | accoun           | ts       |
| 1   | Total number at e                           | nd of year  |   |                              |                              |                   |                  |          |
| 2   |   | of contributions to (during year)   |   |                              |                              |                   |                  |          |
| 3   | Aggregate value of                          | of grants from (during year)  |   |                              |                              |                   |                  |          |
| 4   | Aggregate value a                           | at end of year  |   |                              |                              |                   |                  |          |
| 5   | -   | on inform all donors and donor advisors in w                              | -   |                              |                              |                   |                  |          |
| _   |   | on's property, subject to the organization's e                            |   |                              |                              | 🗀 Y               | Yes              | No No    |
| 6   | •   | on inform all grantees, donors, and donor ac                              | •   |                              | •                            |                   |                  |          |
|   |   | poses and not for the benefit of the donor or                             |   | , , ,                        | •                            | ┌┐、               |                  |          |
| Pa  |   | vate benefit?<br>vation Easements. Complete if the org                    |   |                              |                              | [] !              | Yes              | No       |
| 1   |   | servation easements held by the organizatio                               |   |                              |                              |                   |                  |          |
| •   |   | n of land for public use (for example, recreat                            | · · · · · ·                                   | Preservation of a histo      | rically imp                  | ortant la         | nd area          |          |
|   |   | of natural habitat  |   | Preservation of a certi      | , ,                          |                   |                  |          |
|   |   | n of open space   | L   |                              |                              |                   |                  |          |
| 2   |   | through 2d if the organization held a qualifi                             | ed conservation contr                         | ibution in the form of a cor | nservation                   | easemer           | nt on the        | ast      |
|   | day of the tax yea                          | r.  |   |                              | Hel                          | ld at the E       | nd of the        | Tax Year |
| а   | Total number of c                           | onservation easements   |   |                              | 2a                           |                   |                  |          |
| b   | Total acreage rest                          | tricted by conservation easements   |   |                              | 2b                           |                   |                  |          |
| с   | Number of conser                            | rvation easements on a certified historic stru                            | icture included in (a)                        |                              | 2c                           |                   |                  |          |
| d   | Number of conser                            | rvation easements included in (c) acquired a                              | fter 7/25/06, and not o                       | on a historic structure      |                              |                   |                  |          |
|   |   | nal Register  |   |                              | 2d                           |                   |                  |          |
| 3   | Number of conserver year                    | rvation easements modified, transferred, rele                             | eased, extinguished, o                        | r terminated by the organiz  | zation duri                  | ng the ta         | x                |          |
| 4   |   | where property subject to conservation ease                               | ement is located                              |                              |                              |                   |                  |          |
| 5   |   | ation have a written policy regarding the peri-                           | -   | ection, handling of          |                              |                   |                  |          |
|   | U U   | forcement of the conservation easements it                                |   | , U                          |                              |                   | Yes              | No No    |
| 6   | Staff and voluntee                          | er hours devoted to monitoring, inspecting, ł                             |   |                              |                              |                   | ) the yea        | ar       |
|   | ▶   |   |   |                              |                              |                   |                  |          |
| 7   | Amount of expense                           | ses incurred in monitoring, inspecting, handl                             | ling of violations, and                       | enforcing conservation eas   | sements du                   | uring the         | year             |          |
|   | ►\$   |   |   |                              |                              |                   |                  |          |
| 8   | Does each conser                            | rvation easement reported on line 2(d) above                              | • •   |                              |                              |                   |                  |          |
|   | and section 170(h                           |   |   |                              |                              | LIY               | Yes              | └── No   |
| 9   |   | be how the organization reports conservatio                               |   |                              |                              |                   |                  |          |
|   |   | d include, if applicable, the text of the footnot                         | ote to the organization                       | n's financial statements tha | t describe                   | es the            |                  |          |
| Pa  |   | counting for conservation easements.<br>ations Maintaining Collections of | Art, Historical Ti                            | reasures, or Other S         | imilar A                     | ssets.            |                  |          |
|   | Complete i                                  | if the organization answered "Yes" on Form                                | 990, Part IV, line 8.                         |                              |                              |                   |                  |          |
| 1a  | If the organization                         | elected, as permitted under FASB ASC 958                                  | B, not to report in its re                    | evenue statement and bala    | nce sheet                    | works             |                  |          |
|   | of art, historical tr                       | easures, or other similar assets held for pub                             | lic exhibition, educatio                      | on, or research in furtheran | ce of publ                   | ic                |                  |          |
|   | service, provide ir                         | Part XIII the text of the footnote to its finance                         | cial statements that d                        | escribes these items.        |                              |                   |                  |          |
| b   | If the organization                         | elected, as permitted under FASB ASC 958                                  | 3, to report in its rever                     | ue statement and balance     | sheet wor                    | rks of            |                  |          |
|   | art, historical treas                       | sures, or other similar assets held for public                            | exhibition, education,                        | or research in furtherance   | of public :                  | service,          |                  |          |
|   | provide the follow                          | ing amounts relating to these items:                                      |   |                              |                              |                   |                  |          |

|   | 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 treasures, or other similar assets for financial gain, pr | ovic | le |  |
|   | the following amounts required to be reported under FASB ASC 958 relating to these items:                               |      |    |  |
| а | Revenue included on Form 990, Part VIII, line 1   |      | \$ |  |
| b | Assets included in Form 990, Part X   |      | \$ |  |

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| Sche     |   | G VILLAGE, INC.                 |                         |                          |               |                            | 52-209       |                   | Page <b>2</b> |
|----------|---|---------------------------------|-------------------------|--------------------------|---------------|----------------------------|--------------|-------------------|---------------|
| Pa       | rt III Organizations Maintaining C  | ollections of Ar                | rt, Historical Tr       | easures, or              | Other \$      | Similar                    | r Assets     | (continu          | ied)          |
| 3        | Using the organization's acquisition, accession                                     | on, and other record            | ls, check any of the    | following that           | make sigr     | nificant u                 | use of its   |                   |               |
|          | collection items (check all that apply):  |                                 |                         |                          |               |                            |              |                   |               |
| а        | Public exhibition   | (                               | d 📃 Loan or ex          | change progra            | m             |                            |              |                   |               |
| b        | Scholarly research  |                                 | e 🗌 Other               |                          |               |                            |              |                   |               |
| с        | Preservation for future generations   |                                 |                         |                          |               |                            |              |                   |               |
| 4        | Provide a description of the organization's co                                      | ollections and explai           | n how they further      | the organizatio          | n's exemp     | t purpos                   | se in Part   | XIII.             |               |
| 5        | During the year, did the organization solicit o                                     | r receive donations             | of art, historical trea | asures, or othe          | r similar a   | ssets                      |              |                   |               |
|          | to be sold to raise funds rather than to be ma                                      |                                 |                         |                          |               |                            |              | Yes               | No            |
| Pa       | <b>t IV</b> Escrow and Custodial Arrang   | gements. Compl                  | ete if the organizati   | on answered ""           | Yes" on F     | orm 990                    | , Part IV, I | ine 9, or         |               |
|          | reported an amount on Form 990, Pa  | rt X, line 21.                  |                         |                          |               |                            |              |                   |               |
| 1a       | Is the organization an agent, trustee, custodi                                      | an or other intermed            | liary for contribution  | ns or other ass          | ets not ind   | cluded                     |              | _                 |               |
|          | on Form 990, Part X?  |                                 |                         |                          |               |                            |              | Yes               | X No          |
| b        | If "Yes," explain the arrangement in Part XIII                                      | and complete the fo             | llowing table:          |                          |               |                            |              |                   |               |
|          |   |                                 |                         |                          |               |                            |              | Amount            |               |
| с        | Beginning balance   |                                 |                         |                          |               | 1c                         |              |                   |               |
| d        | Additions during the year   |                                 |                         |                          |               | 1d                         |              |                   |               |
| е        | Distributions during the year   |                                 |                         |                          |               | 1e                         |              |                   |               |
| f        | Ending balance  |                                 |                         |                          |               | 1f                         |              | _                 |               |
| 2a       | Did the organization include an amount on Fe  | orm 990, Part X, line           | e 21, for escrow or o   | custodial accou          | int liability | ?                          | X            | Yes               | No No         |
|          | If "Yes," explain the arrangement in Part XIII.                                     |                                 |                         |                          |               |                            |              |                   | X             |
| Pa       | rt V Endowment Funds. Complete i  |                                 |                         |                          |               |                            |              |                   |               |
|          |   | (a) Current year                | (b) Prior year          | (c) Two years            | s back (c     | i) Three y                 | ears back    | <b>(e)</b> Four y | ears back     |
| 1a       | Beginning of year balance   |                                 |                         | -                        |               |                            |              |                   |               |
| b        | Contributions   |                                 |                         | _                        |               |                            |              |                   |               |
| С        | Net investment earnings, gains, and losses  |                                 |                         |                          |               |                            |              |                   |               |
| d        | Grants or scholarships  |                                 |                         | _                        |               |                            |              |                   |               |
| е        | Other expenditures for facilities   |                                 |                         |                          |               |                            |              |                   |               |
|          | and programs  |                                 |                         | -                        |               |                            |              |                   |               |
| f        | Administrative expenses   |                                 |                         | _                        |               |                            |              |                   |               |
| g        | End of year balance   |                                 |                         |                          |               |                            |              |                   |               |
| 2        | Provide the estimated percentage of the curr  | •                               | e (line 1g, column (    | a)) held as:             |               |                            |              |                   |               |
| а        | Board designated or quasi-endowment   |                                 | %                       |                          |               |                            |              |                   |               |
| b        | Permanent endowment   |                                 |                         |                          |               |                            |              |                   |               |
| С        |   | %                               |                         |                          |               |                            |              |                   |               |
|          | The percentages on lines 2a, 2b, and 2c sho   |                                 |                         |                          |               |                            |              |                   |               |
| 3a       | Are there endowment funds not in the posse  | ssion of the organiza           | ation that are held a   | and administere          | ed for the    | organiza                   | ation        |                   |               |
|          | by:   |                                 |                         |                          |               |                            |              |                   | res No        |
|          | (i) Unrelated organizations   |                                 |                         |                          |               |                            |              | 3a(i)             | <u> </u>      |
|          | (ii) Related organizations  |                                 |                         |                          |               |                            |              | 3a(ii)            | <u> </u>      |
|          | If "Yes" on line 3a(ii), are the related organiza                                   |                                 |                         | ·                        |               |                            |              | 3b                |               |
| 4<br>Dai | Describe in Part XIII the intended uses of the<br>rt VI Land, Buildings, and Equipm |                                 | wment funds.            |                          |               |                            |              |                   |               |
| 1 4      | Complete if the organization answere  |                                 | Dert IV line 11a        | See Form 990             | Dart X lin    | no 10                      |              |                   |               |
|          |   |                                 |                         | ,                        |               |                            |              | (-1) D            |               |
|          | Description of property   | (a) Cost or o<br>basis (investi |                         | st or other<br>s (other) |               | umulate<br>eciation        | ea           | <b>(d)</b> Book   | value         |
| 4 -      | Land  |                                 |                         | 1,203,114.               | uepi          | COLATION                   |              | <b>)</b> 1 1      | 03,114.       |
|          | Land  |                                 |                         | 3,772,024.               | 21            | 2,724,                     | 080          | '                 | 47,944.       |
|          | Buildings   |                                 |                         | 5,112,024.               | 21            | <i>°,′ ′ <sup>4</sup>,</i> |              | 291,0             | -1,944.       |
|          | Leasehold improvements  |                                 |                         | 4,654,428.               | 2             | 0,884,                     | 679          | 2 7               | 69,749.       |
|          | Equipment   |                                 |                         | 2,912,977.               | 2             | 728,                       |              |                   | .84,193.      |
|          | Other   |                                 |                         | , ,                      |               |                            | ····         | '                 | 205,000.      |
| iota     | I. Add lines 1a through 1e. <i>(Column (d) must e</i>                               | qual Form 990, Part             | X, column (B), líne     | 1UC.)                    |               |                            |              | 550,2             | 55,000.       |

Schedule D (Form 990) 2021

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) BENEFICIAL INTEREST IN COMERICA                                  |                |   |
| (B) LEGACY FOUNDATION  | 83,693.        | END-OF-YEAR MARKET VALUE                                  |
| (C) BENEFICIAL INTEREST IN NATIONAL CCRC                             |                |   |
| (D) BUSINESS TRUST I   | 253,256,887.   | END-OF-YEAR MARKET VALUE                                  |
| (E) BENEFICIAL INTEREST IN NATIONAL CCRC                             |                |   |
| (F) STATUTORY TIER IV TRUST  | 6,448,840.     | END-OF-YEAR MARKET VALUE                                  |
| (G) FIXED INCOME SECURITIES  | 3,700,122.     | END-OF-YEAR MARKET VALUE                                  |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨   | 263,489,542.   |   |

### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) 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. (a) Description of liability (b) Book value

| 1.     | (u) becomption of nubinty                                   |              |
|--------|---|--------------|
| (1)    | Federal income taxes  |              |
| (2)    | RESIDENT DEPOSITS (NET)                                     | 472,945,038. |
| (3)    | RESIDENT REFUNDS  | 16,944,161.  |
| (4)    | FUNDS HELD FOR RESIDENTS                                    | 376,316.     |
| (5)    | CLAIMS RESERVE  | 1,140,143.   |
| (6)    | UNCLAIMED PROPERTY  | 17,141.      |
| (7)    | MARKETING FEE DEFERRED                                      | 46,981.      |
| (8)    | DEFERRED MANAGEMENT FEE                                     | 167,901.     |
| (9)    | CAPITAL LEASE   | 118,478.     |
| Total. | (Column (b) must equal Form 990. Part X. col. (B) line 25.) | 491,756,159. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

| Sche | dule D (Form 990) 2021 GREENSPRING VILLAGE, INC.                                 |           |                | 52-20954 | 427 Page <b>4</b> |
|------|--|-----------|----------------|----------|-------------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stateme                    | nts With  | Revenue 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        | 109,850,399.      |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                |          |                   |
| а    | Net unrealized gains (losses) on investments                                     | 2a        | -69,954.       |          |                   |
| b    | Donated services and use of facilities   | 2b        |                |          |                   |
| с    | Recoveries of prior year grants  |           |                |          |                   |
| d    | Other (Describe in Part XIII.)   |           | 22,961,683.    |          |                   |
| е    | Add lines 2a through 2d  |           |                | 2e       | 22,891,729.       |
| 3    | Subtract line 2e from line 1   |           |                | 3        | 86,958,670.       |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                |          |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |          |                   |
| b    | Other (Describe in Part XIII.)   | 4b        |                |          |                   |
| с    |  |           |                | 4c       | ٥.                |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  |           |                | 5        | 86,958,670.       |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stateme                  | ents With | Expenses per R | leturn.  |                   |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |          |                   |
| 1    | Total expenses and losses per audited financial statements                       |           |                | 1        | 101,970,012.      |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                |          |                   |
| а    | Donated services and use of facilities   | 2a        |                |          |                   |
| b    | Prior year adjustments   | 2b        |                |          |                   |
| с    | Other losses   | 2c        |                |          |                   |
| d    | Other (Describe in Part XIII.)   |           | 14,625.        |          |                   |
| е    | Add lines 2a through 2d  |           |                | 2e       | 14,625.           |
| 3    | Subtract line 2e from line 1   |           |                | 3        | 101,955,387.      |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                |          |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |          |                   |
| b    | Other (Describe in Part XIII.)   | 4b        |                |          |                   |
| с    | Add lines <b>4a</b> and <b>4b</b>  |           |                | 4c       | 0.                |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |                | 5        | 101,955,387.      |
| Pa   | rt XIII Supplemental Information.  |           |                |          |                   |

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

PART IV, LINE 2B:

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:

GREENSPRING VILLAGE, INC. ("GSV") IS EXEMPT FROM FEDERAL INCOME TAXES

#### UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE

STATE INCOME TAX REGULATIONS. MANAGEMENT HAS EVALUATED GSV'S TAX POSITIONS

AND HAS CONCLUDED THAT GSV HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

| Schedule D (Form 990) 2021 GREENSPRING VILLAGE, INC.     |             | 52-2095427 | Page 5 |
|--|-------------|------------|--------|
| Part XIII Supplemental Information (continued)           |             |            |        |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:                    |             |            |        |
| SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON |             |            |        |
| FORM 990   | 5,625.      |            |        |
| CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS  |             |            |        |
| TRUST  | 21,950,424. |            |        |
| UNREALIZED GAIN ON SWAP AGREEMENTS                       | 1,005,634.  |            |        |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                    | 22,961,683. |            |        |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:                   |             |            |        |
| SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON |             |            |        |
| FORM 990   | 5,625.      |            |        |
| REVERSAL OF PRIOR AMORTIZATION                           | 9,000.      |            |        |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D                   | 14,625.     |            |        |
|  |             |            |        |
|  |             |            |        |
|  |             |            |        |
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| SCHEDULE G   | Suppleme                    | ntal Information Regarding   | Fund                     | Iraisi              | ng or Gaming A                   | ctiv   | ities                         | OMB No. 1545-0047                  |
|--|-----------------------------|--|--------------------------|---------------------|----------------------------------|--------|-------------------------------|------------------------------------|
| (Form 990)   |                             | e organization answered "Yes" on<br>organization entered more than \$1 |                          |                     |                                  | or 19, | or if the                     | 2021                               |
| Department of the Treasury                           |                             | Attach to Form 990   |                          |                     |                                  |        |                               | Open to Public                     |
| Internal Revenue Service<br>Name of the organization |                             | to www.irs.gov/Form990 for instr                                       | uction                   | s and               | the latest informati             | on.    | Employer i                    | Inspection<br>dentification number |
| Name of the organization                             |                             | G VILLAGE, INC.  |                          |                     |                                  |        | 52-2095                       |                                    |
| Part I Fundrais                                      |                             | Complete if the organization answe                                     | ered "Y                  | es" or              | n Form 990, Part IV, I           | ine 1  | 7. Form 990-                  | EZ filers are not                  |
|  | complete this part          |  |                          |                     |                                  |        |                               |                                    |
|  | •                           | ed funds through any of the followir                                   | •                        |                     |                                  |        |                               |                                    |
| a Mail solicitat                                     | ions<br>email solicitations |  |                          |                     | overnment grants<br>nment grants |        |                               |                                    |
| c Phone solici                                       |                             | g Specia   |                          |                     |                                  |        |                               |                                    |
| d 🔲 In-person so                                     | licitations                 |  |                          | 0                   |                                  |        |                               |                                    |
| •  |                             | r oral agreement with any individual                                   | •                        | Ũ                   |                                  | tees,  |                               |                                    |
|  |                             | art VII) or entity in connection with p                                |                          |                     | e                                | ho fuu |                               | es No                              |
| compensated at le                                    |                             | viduals or entities (fundraisers) pursu<br>organization.               | iant to                  | agreer              | nents under which th             | ne iui | ioraiser is to                | be                                 |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
| (i) Name and addres                                  |                             | (ii) Activity  | (iii)<br>fundr<br>have c | Did<br>aiser        | (iv) Gross receipts              | tò (   | Amount paid<br>or retained by |                                    |
| or entity (func                                      | Iraiser)                    |  | or cor                   | itrol of<br>utions? | from activity                    |        | fundraiser<br>ted in col. (i) | organization                       |
|  |                             |  | Yes                      | No                  |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               | +                                  |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
| Total  |                             |  |                          | ►                   |                                  |        |                               |                                    |
| 3 List all states in whi                             | ch the organizatio          | n is registered or licensed to solicit                                 | contrib                  | utions              | or has been notified             | it is  | exempt from                   | registration                       |
| or licensing.  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               | <u> </u>                           |
|  |                             |  |                          |                     |                                  |        |                               |                                    |
|  |                             |  |                          |                     |                                  |        |                               |                                    |

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

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    |   | (a) Event #1<br>SUMMERFEST LUAU | (b) Event #2 | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|---|---------------------------------|--------------|--------------------------|--|
| ۵               |    |   | (event type)                    | (event type) | (total number)           |  |
| Revenue         | 1  | Gross receipts                              | 401,934.                        |              |                          | 401,934.   |
|                 | 2  | Less: Contributions                         | 396,934.                        |              |                          | 396,934.   |
|                 | 3  | Gross income (line 1 minus line 2)          | 5,000.                          |              |                          | 5,000.   |
|                 | 4  | Cash prizes                                 |                                 |              |                          |  |
| ő               | 5  | Noncash prizes                              |                                 |              |                          |  |
| bense           | 6  | Rent/facility costs                         |                                 |              |                          |  |
| Direct Expenses | 7  | Food and beverages                          | 4,125.                          |              |                          | 4,125.   |
| ā               | 8  | Entertainment                               | 1,500.                          |              |                          | 1,500.   |
|                 | 9  | Other direct expenses                       |                                 |              |                          |  |
|                 | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d)               |              | ►                        | 5,625.   |
| Pa              | 11 |   | ine 3, column (d)               |              | <b>&gt;</b>              | -625.  |

\$15,000 on Form 990-EZ, line 6a.

| Revenue         |                          |                               | <b>(a)</b> Bingo        | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------|-------------------------------|-------------------------|--|---------------------|---|
| Rev             | 1 Gross revenue          |                               |                         |  |                     |   |
| ses             | <b>2</b> Cash prizes     |                               |                         |  |                     |   |
| zpens           | <b>3</b> Noncash prizes  |                               |                         |  |                     |   |
| Direct Expenses | 4 Rent/facility costs    |                               |                         |  |                     |   |
|                 | 5 Other direct exper     | nses                          |                         |  |                     |   |
|                 | 6 Volunteer labor        |                               | └── Yes %<br>└── No     | └── Yes %<br>└── No                              | └── Yes %<br>└── No |   |
|                 |                          | mmary. Add lines 2 through    |                         |  |                     |   |
|                 | 8 Net gaming incom       | ne summary. Subtract line 7   | from line 1, column (d) |  | ····· •             |   |
| 9               | Enter the state(s) in wl | hich the organization conduc  | cts gaming activities:  |  |                     |   |
| a               |                          | ensed to conduct gaming act   |                         |  |                     | Yes No  |
| b               | If "No," explain:        |                               |                         |  |                     |   |
|                 |                          |                               |                         |  |                     |   |
|                 | , ,                      | ization's gaming licenses rev |                         | • •  | /ear?               | Yes No  |
|                 |                          |                               |                         |  |                     |   |

| Sch | nedule G (Form 990) 2021            | GREENSPRING VILLAG              | E, INC.  | 52-20954        | 27     | Page    | e 3 |
|-----|-------------------------------------|---------------------------------|--|-----------------|--------|---------|-----|
|     |                                     |                                 | embers?  |                 | Yes    |         | No  |
|     | Is the organization a grantor, ber  | neficiary or trustee of a trust | , or a member of a partnership or other entity formed  |                 | Yes    |         | No  |
| 13  | Indicate the percentage of gamir    |                                 |  |                 |        |         |     |
|     |                                     |                                 |  | 13a             |        |         | %   |
|     |                                     |                                 |  |                 |        |         | %   |
| 14  | Enter the name and address of the   | he person who prepares the      | e organization's gaming/special events books and records:  |                 |        |         |     |
|     | Name                                |                                 |  |                 |        |         |     |
|     | Address ►                           |                                 |  |                 |        |         |     |
| 15a | a Does the organization have a co   | ntract with a third party fron  | n whom the organization receives gaming revenue?   |                 | Yes    |         | No  |
| I   | o If "Yes," enter the amount of gar | ning revenue received by th     | e organization 🕨 💲 and the amou  | nt              |        |         |     |
|     | of gaming revenue retained by th    | ne third party 🕨 \$             |  |                 |        |         |     |
| (   | c If "Yes," enter name and address  | s of the third party:           |  |                 |        |         |     |
|     | Name                                |                                 |  |                 |        |         |     |
|     | Address 🕨                           |                                 |  |                 |        |         |     |
| 16  | Gaming manager information:         |                                 |  |                 |        |         |     |
|     | Name 🕨                              |                                 |  |                 |        |         |     |
|     | Gaming manager compensation         | ▶ \$                            |  |                 |        |         |     |
|     | Description of services provided    |                                 |  |                 |        |         |     |
|     |                                     | -                               |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     | Director/officer                    | Employee                        | Independent contractor   |                 |        |         |     |
| 17  | Mandatory distributions:            |                                 |  |                 |        |         |     |
| á   |                                     | er state law to make charital   | ble distributions from the gaming proceeds to  |                 | 1      |         |     |
|     | retain the state gaming license?    |                                 |  |                 | Yes    |         | No  |
| I   |                                     | •                               | be distributed to other exempt organizations or spent in   | the             |        |         |     |
| De  | organization's own exempt activity  |                                 | \$<br>Ianations required by Part I, line 2b, columns (iii) and (v); a  |                 |        | 0 10    |     |
|     |                                     |                                 | nariations required by Part 1, line 2b, columns (iii) and (v); a uny additional information. See instructions. | nd Part III, II | nes 9, | 90, 100 | ),  |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |
|     |                                     |                                 |  |                 |        |         |     |

| SCHEDULE I<br>(Form 990) |  | Go            | irants and Oth<br>vernments, an<br>ete if the organization | nd Individua             | <b>ls in the Ŭni</b><br>' on Form 990, Pa | ted States  |                                       | OMB No. 1545-0047                            |
|--------------------------|--|---------------|--|--------------------------|---|---|---------------------------------------|--|
| Internal Revenue Service |  |               | Go to www.ir   |                          | or the latest inform                      | nation.   |                                       | Inspection                                   |
| Name of the organization | ON<br>GREENSPRING V                                  | ILLAGE, INC.  |  |                          |   |   |                                       | Employer identification number<br>52-2095427 |
| Part I General In        | formation on Grants a                                | nd Assistance |  |                          |   |   |                                       |  |
| -                        | ation maintain records t<br>ward the grants or assis |               | -  |                          |   | -   |                                       |  |
|                          | IV the organization's pro                            |               |  |                          |   |   | / II = 000 =                          |  |
|                          | d Other Assistance to<br>nat received more than S    |               |  |                          |   | anization answered "N   | es" on Form 990, Par                  | t IV, line 21, for any                       |
| 1 (a) Name and ad        | dress of organization<br>rernment                    | (b) EIN       | (c) IRC section<br>(if applicable)                         | (d) Amount of cash grant | (e) Amount of<br>noncash<br>assistance    | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance        |
|                          |  |               |  |                          |   |   |                                       |  |
|                          |  |               |  |                          |   |   |                                       |  |
|                          | er of section 501(c)(3) a                            |               |  | e line 1 table           |   |   |                                       |  |
|                          | er of other organizations<br>Reduction Act Notice    |               |  |                          |   |   |                                       | Schedule I (Form 990) 2021                   |

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                           | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
|   |                          |                                 |                                       |   |                                       |
| EDUCATIONAL SCHOLARSHIPS - SEE PART IV                    | 160                      | 332,546.                        | 0.                                    |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
|   |                          |                                 |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information | required in Part I, lin  | e 2; Part III, column           | (b); and any other ac                 | ditional information.   |                                       |

SCHEDULE I, PART I, LINE 2

SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT GREENSPRING

VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE TWO

YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED AND

DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN EMPLOYED BY

GREENSPRING VILLAGE ON OR BEFORE SEPTEMBER 30, OF THE START OF THEIR

JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700 HOURS

OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE 1, OF THEIR

JUNIOR YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE

GREENSPRING VILLAGE, INC.

END OF THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY).

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.

| sc  | HEDULE J                                     | ULE J Compensation Information   |  |                |                 | 1545-004 | 47    |
|-----|--|--|--|----------------|-----------------|----------|-------|
| (Fo | rm 990)                                      |  | rustees, Key Employees, and Highest                          |                | 2021            |          |       |
|     |  |  | ated Employees<br>rered "Yes" on Form 990, Part IV, line 23. |                | 20              |          |       |
|     | tment of the Treasury                        | ► Attach   | to Form 990.   | C              | pen to<br>Inspe |          | ic    |
|     | al Revenue Service<br>ne of the organizatior |  | r instructions and the latest information.                   | Employer ident |                 |          | mhor  |
| man | le of the organization                       | GREENSPRING VILLAGE, INC.  |  | 52-2095        |                 | Jii nui  | libei |
| Pa  | rt I Question                                | Regarding Compensation   |  | 52-2095        | 42/             |          |       |
|     | ducotion.                                    | regulary compendation  |  |                |                 | Yes      | No    |
| 1a  | Check the appropri                           | ate box(es) if the organization provided any of the  | e following to or for a person listed on Form                | 990            |                 | 165      | NO    |
|     |  | ine 1a. Complete Part III to provide any relevant  |  | 550,           |                 |          |       |
|     | First-class or c                             |  | Housing allowance or residence for person                    | nal use        |                 |          |       |
|     | Travel for com                               |  | Payments for business use of personal res                    |                |                 |          |       |
|     |  | ation and gross-up payments  | Health or social club dues or initiation fees                |                |                 |          |       |
|     |  | pending account  | <br>Personal services (such as maid, chauffeu                | ır, chef)      |                 |          |       |
|     |  |  |  | , ,            |                 |          |       |
| b   | If any of the boxes                          | on line 1a are checked, did the organization follo   | w a written policy regarding payment or                      |                |                 |          |       |
|     | reimbursement or p                           | rovision of all of the expenses described above?   | If "No," complete Part III to explain                        |                | 1b              |          |       |
| 2   |  | require substantiation prior to reimbursing or al  |  |                |                 |          |       |
|     | trustees, and office                         | s, including the CEO/Executive Director, regardi   | ing the items checked on line 1a?                            |                | 2               |          |       |
|     |  |  |  |                |                 |          |       |
| 3   | Indicate which, if ar                        | y, of the following the organization used to estal   | blish the compensation of the organization's                 |                |                 |          |       |
|     | CEO/Executive Dire                           | ctor. Check all that apply. Do not check any box   | kes for methods used by a related organization               | on to          |                 |          |       |
|     | establish compensa                           | tion of the CEO/Executive Director, but explain i  | in Part III.   |                |                 |          |       |
|     | Compensation                                 | committee  | Written employment contract                                  |                |                 |          |       |
|     | X Independent c                              | ompensation consultant   | Compensation survey or study                                 |                |                 |          |       |
|     | Form 990 of o                                | her organizations  | Approval by the board or compensation c                      | ommittee       |                 |          |       |
|     |  |  |  |                |                 |          |       |
| 4   |  | any person listed on Form 990, Part VII, Section   | A, line 1a, with respect to the filing                       |                |                 |          |       |
|     | organization or a re                         | -  |  |                |                 |          |       |
|     |  |  |  |                | 4a              | Х        |       |
|     |  | eive payment from a supplemental nonqualified  |  |                | 4b              |          | X     |
| С   |  | eive payment from an equity-based compensatio  |  |                | 4c              |          | X     |
|     | If "Yes" to any of lin                       | es 4a-c, list the persons and provide the applica  | ble amounts for each item in Part III.                       |                |                 |          |       |
|     | Only another Fodde                           | (2) = E(1(a))(A) and $E(1(a))(2(a)) =$   | iot complete lines 5.0                                       |                |                 |          |       |
| F   |  | (3), 501(c)(4), and 501(c)(29) organizations mu<br>n Form 990, Part VII, Section A, line 1a, did the o |  | n.             |                 |          |       |
| 5   |  |  | organization pay or accrue any compensatio                   | n              |                 |          |       |
| ~   | contingent on the re                         |  |  |                | 5a              |          | x     |
|     |  | ation?   |  |                | 5a<br>5b        |          | X     |
| U   |  | ation?<br>r 5b, describe in Part III.  |  |                | 55              |          |       |
| 6   |  | n Form 990, Part VII, Section A, line 1a, did the  | organization pay or accrue any compensatio                   | n              |                 |          |       |
| Ŭ   | contingent on the n                          |  | organization pay of accrediany compensatio                   |                |                 |          |       |
| а   | -  |  |  |                | 6a              |          | x     |
|     |  | ation?   |  |                | 6b              |          | x     |
| ~   |  | r 6b, describe in Part III.  |  |                |                 |          |       |
| 7   |  | n Form 990, Part VII, Section A, line 1a, did the  | organization provide any nonfixed payments                   |                |                 |          |       |
| -   |  | es 5 and 6? If "Yes," describe in Part III   |  |                | 7               | х        |       |
| 8   |  | eported on Form 990, Part VII, paid or accrued   |  |                | -               |          |       |
| -   |  | ption described in Regulations section 53.4958-4   |  |                | 8               |          | х     |
| 9   |  | d the organization also follow the rebuttable pre  |  |                |                 |          |       |
| -   |  | 53.4958-6(c)?  |  |                | 9               |          |       |
| LHA |  | eduction Act Notice, see the Instructions for F  |  | Schedule       |                 | n 990)   | 2021  |

52-2095427

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

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

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

|                             |      | (B) Breakdown of W       | -2 and/or 1099-MIS0<br>compensation       | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|-----------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title          |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) CHANDRA KUMAR           | (i)  | 178,300.                 | 43,500.                                   | 2,986.                                    | 750.                              | 15,325.                 | 240,861.                           | ٥.  |
| EXECUTIVE DIRECTOR          | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | ٥.  |
| (2) SHEILA WILLING          | (i)  | 159,417.                 | 8,369.                                    | 159.                                      | 4,228.                            | 8,943.                  | 181,116.                           | 0.  |
| SALES COUNSELOR             | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) 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.  |
| (4) ISHA MATHIS             | (i)  | 128,464.                 | 23,215.                                   | 1,160.                                    | 4,453.                            | 12,120.                 | 169,412.                           | 0.  |
| DIRECTOR, NURSING           | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (5) LAUREN ASKEY            | (i)  | 139,482.                 | 7,074.                                    | 215.                                      | 3,560.                            | 12,660.                 | 162,991.                           | 0.  |
| PERSONAL MOVING CONSULTANT  | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (6) SHERI NIDIFFER          | (i)  | 127,015.                 | 22,515.                                   | 917.                                      | 4,791.                            | 5,925.                  | 161,163.                           | 0.  |
| REGIONAL DIRECTOR, EHWB     | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (7) ZINA JACQUE             | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| VICE CHAIR & VICE PRESIDENT | (ii) | 156,667.                 | 0.  | 0.  | 0.                                | 0.                      | 156,667.                           | 0.  |
| (8) MARY DONNELLY           | (i)  | 131,982.                 | 6,745.                                    | 184.                                      | 3,397.                            | 13,947.                 | 156,255.                           | 0.  |
| SALES COUNSELOR             | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
| _                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |
|                             | (i)  |                          |   |   |                                   |                         |                                    |   |
|                             | (ii) |                          |   |   |                                   |                         |                                    |   |

#### 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:

CHANDRA KUMAR IS LISTED IN SCHEDULE J, PART II AND IS AN EMPLOYEE OF

ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED ORGANIZATION TO

GREENSPRING VILLAGE, INC., IN ACCORDANCE WITH THE MANAGEMENT AGREEMENT

BETWEEN GREENSPRING 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 FORM W-2. UNDER THE MANAGEMENT

AGREEMENT, GREENSPRING VILLAGE, INC. REIMBURSES ESL FOR THE COST OF

SERVICES PERFORMED FOR GREENSPRING VILLAGE, INC.

| SCHED<br>(Form 9<br>Departmer<br>Internal Re | <b>990)</b><br>nt of the Treasury                             | Complete if the orga           | nization answere | any additional in | 990, Part IV,<br>formation in           | line 24a. F<br>Part VI. | Provide descrip | tions,        |        |         | C               | 20  | 1545-00<br><b>)21</b><br>o Pub<br>tion |     |
|--|---|--------------------------------|------------------|-------------------|---|-------------------------|-----------------|---------------|--------|---------|-----------------|-----|--|-----|
| Name o                                       | of the organization   |                                |                  |                   |   |                         |                 |               |        | -       | identif         |     | n num                                  | ber |
|  |   | NG VILLAGE, INC.               |                  |                   |   |                         |                 |               |        | 52-20   | 9542            | 7   |  |     |
| Part I                                       | Bond Issues   |                                | 1                | T                 |   |                         |                 |               |        |         |                 |     |  |     |
|  | (a) Issuer name   | (b) Issuer EIN                 | (c) CUSIP #      | (d) Date issued   | (e) Issu                                | le price                | (f) Description | on of purpose | (g) De | efeased | (h) On<br>of is |     | (i) Po<br>finan                        |     |
|  |   |                                |                  |                   |   |                         |                 |               | Yes    | No      | Yes             | No  | Yes                                    |     |
| VA   | SMALL BUSINESS FINANCING                                      |                                |                  |                   |   |                         |                 |               | 100    |         | 100             | 110 | 100                                    | 110 |
| A AUT  | THORITY   | 54-1300845                     | NONE             | 10/15/20          | 65,8                                    | 05,683.                 | REFUND OF PR    | IOR ISSUE     |        | x       |                 | х   | x                                      |     |
|  | SMALL BUSINESS FINANCING                                      |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| B AUT  | THORITY   | 54-1300845                     | NONE             | 10/15/20          | 35,1                                    | 57,012.                 | NEW MONEY       |               |        | x       |                 | х   | x                                      |     |
|  |   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| С  |   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
|  |   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| D  |   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| Part II                                      | Proceeds  |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
|  |   |                                |                  | A                 |   |                         | В               | C             |        |         |                 | D   |  |     |
|  |   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
|  | mount of bonds legally defeased                               |                                |                  |                   | 0.05 (0.0                               |                         | 25 455 040      |               |        |         |                 |     |  |     |
| -  |   |                                |                  |                   | ,805,683.                               |                         | 35,157,012.     |               |        |         |                 |     |  |     |
|  | -   |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
|  | apitalized interest from proceeds                             |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| -  |   |                                |                  |                   | 617,466.                                |                         | 157,012.        |               |        |         |                 |     |  |     |
| -  | suance costs from proceeds<br>redit enhancement from proceeds |                                |                  |                   | 017,400.                                |                         | 137,012.        |               |        |         |                 |     |  |     |
|  | orking capital expenditures from placeeds                     |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
|  | apital expenditures from proceeds                             |                                |                  |                   | ,000,000.                               |                         | 15,107,357.     |               |        |         |                 |     |  |     |
|  |   |                                |                  | 45                | , |                         |                 |               |        |         |                 |     |  |     |
| -  |   |                                |                  |                   | , , .                                   |                         | 19,892,643.     |               |        |         |                 |     |  |     |
| -  | ear of substantial completion                                 |                                |                  |                   | 2020                                    |                         |                 |               |        |         |                 |     |  |     |
|  | · · · · · · · · · · · · · · · · · · ·                         |                                |                  | Yes               | No                                      | Yes                     | No              | Yes           | No     |         | Yes             |     | No                                     |     |
| 14 W   | /ere the bonds issued as part of a re                         | efunding issue of tax-exempt b | oonds (or,       |                   |   |                         |                 |               |        |         |                 |     |  |     |
| if   | issued prior to 2018, a current refu                          | nding issue)?                  | · · ·            | Х                 |   |                         | x               |               |        |         |                 |     |  |     |
|  | /ere the bonds issued as part of a r                          |                                |                  |                   |   |                         |                 |               |        |         |                 |     |  |     |
| is   | sued prior to 2018, an advance refu                           | unding issue)?                 |                  |                   | Х                                       |                         | x               |               |        |         |                 |     |  |     |
| <b>16</b> H                                  | as the final allocation of proceeds b                         | peen made?                     |                  | х                 |   |                         | x               |               |        |         |                 |     |  |     |
| <b>17</b> D                                  | oes the organization maintain adeq                            | uate books and records to sup  | oport the        |                   |   |                         |                 |               |        |         |                 |     |  |     |
| fir  | nal allocation of proceeds?                                   |                                |                  | Х                 |   | Х                       |                 |               |        |         |                 |     |  |     |

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

Schedule K (Form 990) 2021

#### GREENSPRING VILLAGE, INC. Schedule K (Form 990) 2021

sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the

requirements under Regulations sections 1.141-12 and 1.145-2?

1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "Yes" to line 2c, provide in Part VI the date the rebate computation was

| Sch      | edule K (Form 990) 2021 GREENSPRING VILLAGE, INC.   |           |          | 52-2 | 2095427  |     |          |          | Page 2   |
|----------|---|-----------|----------|------|----------|-----|----------|----------|----------|
| Pa       | rt III Private Business Use   |           |          |      |          | 1   |          |          |          |
|          |   | · · · · · | <u>A</u> |      | B        |     | ç        | <b>[</b> | 2        |
| 1        | Was the organization a partner in a partnership, or a member of an LLC,                   | Yes       | No       | Yes  | No       | Yes | No       | Yes      | No       |
|          | which owned property financed by tax-exempt bonds?  |           | X        |      | X        |     |          |          |          |
| 2        | Are there any lease arrangements that may result in private business use of               |           |          |      |          |     |          |          |          |
|          | bond-financed property?   | Х         |          | х    |          |     |          |          |          |
| 3a       | Are there any management or service contracts that may result in private                  |           |          |      |          |     |          |          |          |
|          | business use of bond-financed property?   | х         |          | Х    |          |     |          |          |          |
| b        | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside |           |          |      |          |     |          |          |          |
|          | counsel to review any management or service contracts relating to the financed property?  | х         |          | х    |          |     |          |          |          |
| C        | Are there any research agreements that may result in private business use of              |           |          |      |          |     |          |          |          |
|          | bond-financed property?   |           | x        |      | x        |     |          |          |          |
| d        | If "Yes" to line 3c, does the organization routinely engage bond counsel or other         |           |          |      |          |     |          |          |          |
|          | outside counsel to review any research agreements relating to the financed property?      |           |          |      |          |     |          |          |          |
| 4        | Enter the percentage of financed property used in a private business use by entities      |           |          |      | 1        |     | 1        |          | <u>.</u> |
| -        | other than a section 501(c)(3) organization or a state or local government                |           | %        |      | %        |     | %        |          | %        |
| 5        | Enter the percentage of financed property used in a private business use as a             |           | /0       |      | /0       |     | /0       |          | ///      |
| Ŭ        | result of unrelated trade or business activity carried on by your organization,           |           |          |      |          |     |          |          |          |
|          | another section 501(c)(3) organization, or a state or local government                    |           | %        |      | %        |     | %        |          | %        |
| 6        |   |           | <u>%</u> |      | <u> </u> |     | <u>%</u> |          | <u> </u> |
|          | Does the bond issue meet the private security or payment test?                            |           | X        |      | <br>X    |     | 70       |          | 70       |
|          |   |           |          |      |          |     |          |          |          |
| 89       | Has there been a sale or disposition of any of the bond-financed property to a non-       |           | x        |      | x        |     |          |          |          |
| <u> </u> | governmental person other than a 501(c)(3) organization since the bonds were issued?      |           | <u>^</u> |      | A        |     | 1        |          | L        |
| b        | If "Yes" to line 8a, enter the percentage of bond-financed property sold or               |           |          |      |          |     |          |          |          |
|          | disposed of   |           | %        |      | %        |     | %        | <b> </b> | %        |
| С        | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations                |           |          |      |          |     |          |          |          |
|          |   |           |          |      |          |     |          |          |          |

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Yes

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No

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52-2095427

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Yes

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No

Yes

Page 2

132122 10-08-21

Part IV Arbitrage

a Rebate not due yet?

**b** Exception to rebate?

c No rebate due?

performed

Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply?

**3** Is the bond issue a variable rate issue?

Schedule K (Form 990) 2021

D

No

Yes

#### GREENSPRING VILLAGE, INC. Schedule K (Form 990) 2021

| Part IV Arbitrage (continued)   | A B           |                | <b>•</b> 1 |            | <u> </u> | D  |     |    |
|---|---------------|----------------|------------|------------|----------|----|-----|----|
| 4a Has the organization or the governmental issuer entered into a qualified                   | Yes           | No             | Yes        | No         | Yes      | No | Yes | No |
| hedge with respect to the bond issue?   | Tes           | X              | X          | NO         | 162      |    | Tes |    |
| b Name of provider  | <u> </u>      |                | TRUIST BAN | NK I       |          |    |     |    |
| c Term of hedge   | <u> </u>      |                |            | 12.0000000 |          |    |     |    |
| d Was the hedge superintegrated?  | <u> </u>      |                |            | x          |          |    |     |    |
| e Was the hedge terminated?   | <u> </u>      |                |            | x          |          |    |     |    |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?                    |               | x              |            | x          |          |    |     |    |
| b Name of provider  |               |                |            |            |          |    |     |    |
| c Term of GIC   |               |                |            |            |          |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |               |                |            |            |          |    |     |    |
| <ul> <li>6 Were any gross proceeds invested beyond an available temporary period?</li> </ul>  |               | X              |            | x          |          |    |     |    |
| <ul> <li>7 Has the organization established written procedures to monitor the</li> </ul>      |               |                |            |            |          |    |     |    |
| requirements of section 148?  | x             |                | x          |            |          |    |     |    |
| Part V Procedures To Undertake Corrective Action  | <u>I</u>      |                |            | 11         |          |    |     |    |
|   |               | A              |            | в          |          | c  | ſ   | 2  |
| Has the organization established written procedures to ensure that violations                 | Yes           | No             | Yes        | No         | Yes      | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the                   |               |                |            |            |          |    |     |    |
| voluntary closing agreement program if self-remediation isn't available under                 |               |                |            |            |          |    |     |    |
| applicable regulations?   | x             |                | х          |            |          |    |     |    |
| Part VI Supplemental Information. Provide additional information for responses to questions   | s on Schedule | e K. See instr | uctions.   | •          |          | •  |     |    |
| PART I, LINE A, COLUMN (C):   |               |                |            |            |          |    |     |    |
| CUSIP #'S 928104NC8, 928104ND6  |               |                |            |            |          |    |     |    |
|   |               |                |            |            |          |    |     |    |
| PART II, LINE 3, COLUMN (A):  |               |                |            |            |          |    |     |    |
| THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO THE                       |               |                |            |            |          |    |     |    |
| RGANIZATION FROM THE \$381,030,000 VIRGINIA SMALL BUSINESS FINANCING                          |               |                |            |            |          |    |     |    |
| AUTHORITY SERIES 2020A, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE                           |               |                |            |            |          |    |     |    |
| DRGANIZATION AND CERTAIN OF ITS AFFILIATES.   |               |                |            |            |          |    |     |    |
|   |               |                |            |            |          |    |     |    |
| PART II, LINE 3, COLUMN (B):  |               |                |            |            |          |    |     |    |
| THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO THE                       |               |                |            |            |          |    |     |    |
|   |               |                |            |            |          |    |     |    |
| DRGANIZATION FROM THE \$118,800,000 VIRGINIA SMALL BUSINESS FINANCING                         |               |                |            |            |          |    |     |    |
|   |               |                |            |            |          |    |     |    |
| DRGANIZATION FROM THE \$118,800,000 VIRGINIA SMALL BUSINESS FINANCING                         |               |                |            |            |          |    |     |    |

PART III, LINES 4 & 6, COLUMNS A & B: THE PERCENTAGE IS LESS THAN 3%.

52-2095427

Page 3

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# 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.



Employer identification number 52–2095427

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 - GREENSPRING VILLAGE, INC. CELEBRATES AGING! GROUNDED

GREENSPRING VILLAGE, INC.

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.

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

INDEPENDENT.

| Schedule O (Form 990) 2021 | Page <b>2</b>                  |
|----------------------------|--------------------------------|
| Name of the organization   | Employer identification number |
| GREENSPRING VILLAGE, INC.  | 52-2095427                     |
|                            |                                |

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?

GREENSPRING 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.

TAX-EXEMPT BONDS HAVE BEEN ISSUED FOR THE BENEFIT OF THE ORGANIZATION, AND

THE MANAGEMENT AGREEMENT COMPLIES WITH REV. PROC. 2017-13.

THE ORGANIZATION ENTERED INTO A DEVELOPMENT SERVICES AGREEMENT DATED AS OF

DECEMBER 16, 2021 WITH ERICKSON LIVING DEVELOPMENT, LLC, AN AFFILIATE OF

ESL, TO RESPOSITION HUNTER'S CROSSING CLUBHOUSE.

| Schedule O (Form 990) 2021  | Page <b>2</b>                             |
|---|---|
| Name of the organization GREENSPRING VILLAGE, INC.                          | Employer identification number 52-2095427 |
| 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. CHANDRA KUMAR, |   |
| EXECUTIVE DIRECTOR, CODY BURNS, DIRECTOR OF FINANCE (THRU 6/20/21), AND     |   |
| DIANA KING, DIRECTOR OF FINANCE (BEG 8/23/21), ARE LEASED EMPLOYEES FROM    |   |
| THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT   |   |
| COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, 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.

| Schedule O (Form 990) 2021 | Page 2                         |
|----------------------------|--------------------------------|
| Name of the organization   | Employer identification number |
| GREENSPRING VILLAGE, INC.  | 52-2095427                     |

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?

GREENSPRING 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 GREENSPRING 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?

| Schedule O (Form 990) 2021   |  |
|--|--|
| Name of the organization<br>GREENSPRING VILLAGE, INC.                          | Employer identification number<br>52-2095427 |
|  |  |
| 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      |  |
|  |  |
| 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     |  |
| OPANTANTON'A NAATTA (OTTAD TINN ) DEDAT IN ANNTATION NITTY IN NAATT OP         |  |
| 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    |  |
| THE ONORMALIZATION AND ONE OF MORE RELIFIED ENTITIES OF 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

| lame of the organization  | Employer identification number |
|---------------------------|--------------------------------|
| GREENSPRING VILLAGE, INC. | 52-2095427                     |

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

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE

COMPLIANCE WITH THE POLICY?

ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A

POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER GREENSPRING 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?

| Schedule O (Form 990) 2021   | Page 2                                    |
|--|---|
| Name of the organization   | Employer identification number 52–2095427 |
| GREENSPRING VILLAGE, INC.  | 52-2095427                                |
| 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 |   |
| GREENSPRING 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 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).

| Name of the organization  | Employer identification numbe |
|---|-------------------------------|
| GREENSPRING VILLAGE, INC.   | 52-2095427                    |
|   |                               |
| FORM 990, PART VII, SECTION A:  |                               |
| REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED          |                               |
| DRGANIZATIONS.  |                               |
|   |                               |
| THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS |                               |
| FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED      |                               |
| DRGANIZATIONS 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  |                               |
|   |                               |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS

| TRUST I                                      | 21,950,424. |  |
|--|-------------|--|
| UNREALIZED GAIN ON SWAP AGREEMENTS           | 1,005,634.  |  |
| REVERSAL OF PRIOR AMORTIZATION               | -9,000.     |  |
| CAPITAL CONTRIBUTION TO RELATED ORGANIZATION | -247,355.   |  |
| TOTAL TO FORM 990, PART XI, LINE 9           | 22,699,703. |  |

| SCF      | IEDULE R | Ì |
|----------|----------|---|
| <b>/</b> |          |   |

(Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-2095427

Department of the Treasury Internal Revenue Service

GREENSPRING VILLAGE, INC.

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

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

Part II 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)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity |     | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|-------------------------------|--|-------------------------------------|-----|--|
|  |                                |   |                               | 501(c)(3))   |                                     | Yes | No   |
| 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                     |     |  |
| POMPTON PLAINS, NJ 07444                                 | COMMUNITY                      | MARYLAND  | 501(C)(3)                     | LINE 10  | COMMUNITIES, INC                    |     | х  |
| EAGLE'S TRACE, INC - 03-0498683                          |                                |   |                               |  |                                     |     |  |
| 14703 EAGLE VISTA DRIVE                                  | CONTINUING CARE RETIREMENT     |   |                               |  | NATIONAL SENIOR                     |     |  |
| HOUSTON, TX 77077  | 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

Part II Continuation of Identification of Related Tax-Exempt Organizations

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | cy Legal domicile (state or foreign country) |           | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | contr<br>organia | <b>g)</b><br>512(b)(13)<br>rolled<br>zation? |
|---|--------------------------------|--|-----------|---|-------------------------------------|------------------|--|
| FOX RUN VILLAGE, INC - 52-2291271                               |                                |  |           |   |                                     | Yes              | No   |
| 41000 13 MILE ROAD  | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| NOVI MI 48377   | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | x  |
| ANN'S CHOICE, INC - 52-2095427                                  |                                |  |           |   | ,                                   |                  |  |
| 10000 ANN'S CHOICE WAY  | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| WARMINSTER, PA 18974  | COMMUNITY                      | PENNSYLVANIA                                 | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | х  |
| HIGHLAND SPRINGS, INC - 51-0536892                              |                                |  |           |   | ,                                   |                  |  |
| 8000 FRANKFORD ROAD   | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| DALLAS, TX 75252  | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | х  |
| LINDEN PONDS, INC - 14-1849849                                  |                                |  |           |   |                                     |                  |  |
| 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                                   |                                |  |           |   |                                     |                  |  |
| 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 -                              |                                |  |           |   |                                     |                  |  |
| 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                             |                                |  |           |   |                                     |                  |  |
| 8800 WALTHER BOULEVARD  | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| PARKVILLE, MD 21234   | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | x  |
| RIDERWOOD VILLAGE, INC - 52-2126753                             |                                |  |           |   |                                     |                  |  |
| 3110 GRACEFIELD ROAD  | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| SILVER SPRING, MD 20904   | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | x  |
| SEABROOK VILLAGE, INC - 52-2126751                              |                                |  |           |   |                                     |                  |  |
| 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                               |                                |  |           |   |                                     |                  |  |
| 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                                    |                                |  |           |   |                                     |                  |  |
| 3235 MILL VISTA ROAD  | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| HIGHLANDS RANCH, CO 80129                                       | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | х  |
| LANTERN HILL, INC 37-1742780                                    |                                |  |           |   |                                     |                  |  |
| 535 MOUNTAIN AVENUE   | CONTINUING CARE RETIREMENT     |  |           |   | NATIONAL SENIOR                     |                  |  |
| NEW PROVIDENCE, NJ 07974  | COMMUNITY                      | MARYLAND                                     | 501(C)(3) | LINE 10   | COMMUNITIES, INC                    |                  | x  |

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

| (a)  | (b)              | (c)                                       | (d)                          | (e)   | (f)                   | (g)                               | ()  | n)                  | (i)                             | (j)              | (k)    |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---------------------------------|------------------|--------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>tions? | amount in box<br>20 of Schedule | managi<br>partne |        |
|  |                  | country)                                  |                              | sections 512-514)   |                       |                                   | Yes | No                  | K-1 (Form 1065)                 | Yes              | o      |
| NATIONAL CCRC BUSINESS TRUST                   |                  |   | NATIONAL                     |   |                       |                                   |     |                     |                                 |                  |        |
| I - 26-6455718, 701 MAIDEN                     |                  |   | SENIOR                       |   |                       |                                   |     |                     |                                 |                  |        |
| CHOICE LANE, BALTIMORE, MD                     | CHARITABLE       |   | COMMUNITIES,                 |   |                       |                                   |     |                     |                                 |                  |        |
| 21228  | BUSINESS TRUST   | MD  | INC                          | EXCLUDED  | 25,150,091.           | 211,009,716.                      |     | x                   | N/A                             | x                | 22.62% |
| NATIONAL CCRC STATUTORY TIER                   |                  |   | NATIONAL                     |   |                       |                                   |     |                     |                                 |                  |        |
| IV TRUST - 85-3943847, 701                     | 1                |   | SENIOR                       |   |                       |                                   |     |                     |                                 |                  |        |
| MAIDEN CHOICE LANE,                            | CHARITABLE       |   | COMMUNITIES,                 |   |                       |                                   |     |                     |                                 |                  |        |
| BALTIMORE, MD 21228                            | BUSINESS TRUST   | MD  | INC                          | EXCLUDED  | 56,807.               | 6,545,545.                        |     | x                   | N/A                             | x                | 32.50% |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |
|  |                  |   |                              |   |                       |                                   |     |                     |                                 |                  |        |

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | 512(<br>cont | (i)<br>ction<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|--|--|--|---|---------------------------------------|--------------|---|
|  |                                | country)                                      |  |  |  | 400010  |                                       | 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   |
|  |                                |   |  |  |  |   |                                       |              |   |
|  |                                |   |  |  |  |   |                                       |              |   |
|  |                                |   |  |  |  |   |                                       |              |   |

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

| lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |            | Yes | s N |
|---|------------|-----|-----|
| 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   | 1a         |     | 2   |
| b Gift, grant, or capital contribution to related organization(s)   |            | X   |     |
| c Gift, grant, or capital contribution from related organization(s)   |            |     |     |
| 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)  | 1f         |     |     |
| g Sale of assets to related organization(s)   | 1g         |     |     |
| h Purchase of assets from related organization(s)   | <b>1</b> h |     |     |
| i Exchange of assets with related organization(s)   | <u>1i</u>  |     |     |
| j Lease of facilities, equipment, or other assets to related organization(s)  |            |     |     |
| k Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     |     |
| Performance of services or membership or fundraising solicitations for related organization(s)  |            |     |     |
| n Performance of services or membership or fundraising solicitations by related organization(s)   | 4          | x   |     |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n         |     |     |
| o Sharing of paid employees with related organization(s)  |            |     |     |
| p Reimbursement paid to related organization(s) for expenses  | <u>1p</u>  | x   |     |
| a Reimbursement paid by related organization(s) for expenses  |            |     | +   |
| r Other transfer of cash or property to related organization(s)   | 1r         |     |     |
| s Other transfer of cash or property from related organization(s)   |            |     |     |

| Name of rela | (a)<br>ted organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|--------------|-------------------------|---|-------------------------------|--|
| (1)          |                         |   |                               |  |
| (2)          |                         |   |                               |  |
| <u>(3)</u>   |                         |   |                               |  |
| <u>(4)</u>   |                         |   |                               |  |
| (5)          |                         |   |                               |  |
| <u>(6)</u>   |                         |   |                               |  |

#### Schedule R (Form 990) 2021 GREENSPRING VILLAGE, INC.

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)                    | (b)                | (c)               | (d)  | 6                                    | "     | (f)      | (g)         | 6              | n)                       | (i)  | (j)       | (k)       |
|------------------------|--------------------|-------------------|--|--------------------------------------|-------|----------|-------------|----------------|--------------------------|--|-----------|-----------|
| Name, address, and EIN | Primary activity   | Legal domicile    | Predominant income   | Are<br>Are<br>partne<br>501 (<br>org | all   | Share of | Share of    |                | opor-                    | Code V-UBI   | General o |           |
| of entity              | i initiary doubley | (state or foreign | (related, unrelated,   | 501(                                 | c)(3) | total    | end-of-year | tion<br>alloca | ropor-<br>nate<br>tions? | amount in box 20   | managin   | ownership |
| ,                      |                    | country)          | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Yes                                  |       | income   |             |                | No                       | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) |           | - ·       |
|                        |                    | -                 |  | 165                                  | NO    |          |             | 163            |                          | (************  | 165 140   |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           | ļ         |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   |  |                                      |       |          |             |                |                          |  |           |           |
|                        |                    |                   | 1  | 1                                    |       |          |             | 1              | 1                        | 1  |           | 1         |

Schedule R (Form 990) 2021

GREENSPRING VILLAGE, INC.

### Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

NATIONAL CCRC BUSINESS TRUST I

DIRECT CONTROLLING ENTITY: NATIONAL SENIOR COMMUNITIES, INC

NAME OF RELATED ORGANIZATION:

NATIONAL CCRC STATUTORY TIER IV TRUST

DIRECT CONTROLLING ENTITY: NATIONAL SENIOR COMMUNITIES, INC