# \*\* 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning	and	enaing		
В	Check if applicab	C Name of organization			D Employer identif	ication number
	Addre	ANN'S CHOICE, INC.				
	Name chang	Doing business as			52-2324152	
	Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	er
	Final return	10000 ANN'S CHOICE WAY	ŕ		215-672-2900	)
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	90,598,944.
	Amen return	ded WARMINSTER, PA 18974	-		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: BARB	ARA BISGAIER		for subordinates	s? Yes X No
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
	Websi		3		H(c) Group exemption	on number
K	Form o	organization: X Corporation Trust A	ssociation Other	<b>L</b> Year	of formation: 2001	M State of legal domicile: PA
P	art I	Summary				
	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SENIORS THAT	i
Activities & Governance		SATISFIES THEIR THREE PRIMARY NEEDS.				
rna	2	Check this box if the organization disco	entinued its operations or dispos	sed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body	(Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	7
90	5	Total number of individuals employed in calendar	year 2023 (Part V, line 2a)		5	1339
j‡į	6	Total number of volunteers (estimate if necessary)				643
Ę	7 a	Total unrelated business revenue from Part VIII, co			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			2,218,738.	<del></del>
Ž	9	Program service revenue (Part VIII, line 2g)		79,291,746.	87,495,488.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		181,275.	656,466.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		381,375.	
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		82,073,134.	90,578,678.
	13	Grants and similar amounts paid (Part IX, column (	(A), lines 1-3)		272,920.	228,602.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	<u> </u>
y.	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		36,587,610.	38,227,567.
Expenses	16a	Professional fundraising fees (Part IX, column (A),			0.	0.
X	b	Total fundraising expenses (Part IX, column (D), lin	· · · · · · · · · · · · · · · · · · ·			
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		50,135,531.	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		86,996,061.	
	19	Revenue less expenses. Subtract line 18 from line	12		-4,922,927.	<del></del>
Net Assets or	9			Ве	ginning of Current Year	End of Year
sets	ਰੂ 20	Total assets (Part X, line 16)			383,668,457.	402,798,867.
t As	21	Total liabilities (Part X, line 26)			491,180,072.	
		Net assets or fund balances. Subtract line 21 from	line 20		-107,511,615.	-99,447,311.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return				y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than offic	er) is based on all information of w	nich preparer	has any knowledge.	
		Signature of officer			Doto	
Sig					Date	
He	re	EILEEN ERSTAD, TREASURER Type or print name and title				
		** '	T		Date Check [	PTIN
Γ.		Print/Type preparer's name	Preparer's signature		if if	— <u></u>
Pai		JULIA FLANNERY	JULIA FLANNERY	O	9/27/24 self-emplo	•
	parer	Firm's name RSM US LLP	CIITME 1400		Firm's EIN	42-0714325
USE	Only	Firm's address 100 INTERNATIONAL DRIVE,	SUITE 1400		D. 417	246 0200
_		BALTIMORE, MD 21202			Phone no.410	0-246-9300
		RS discuss this return with the preparer shown abo				X Yes No
LH	4 For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 1	2-21-23		Form <b>330</b> (2023)

	Check if Schedule O contains		art III	X
1	Briefly describe the organization's mi SEE SCHEDULE O			
2	Did the organization undertake any s	ignificant program services during the	year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services			Yes X No
3	Did the organization cease conducting "Yes," describe these changes on S		it conducts, any program services?	Yes X No
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) organ	service accomplishments for each of it izations are required to report the amo	s three largest program services, as meas unt of grants and allocations to others, the	
4a	revenue, if any, for each program ser (Code:) (Expenses \$		228,602. ) (Revenue\$	87,495,488.
		CES NEEDED BY SENIOR RESIDENT	-	
		UNITS, 82 ASSISTED LIVING UNCLES WE		
		NOT LIMITED TO HOUSING, FOOD,		
	-	RVICES, RECREATIONAL AND PAST	· · · · · · · · · · · · · · · · · · ·	
	ACTIVITIES.	,		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
	) (EXPONDED \$	moraling grants or \$	) (November 9	
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	75,875,500.		

# Form 990 (2023) ANN'S CHOICE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	Х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
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,	44.	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		х

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Form 990 (2023)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00 -		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Λ
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M  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? <i>If</i> "Yes," <i>complete</i>	-01		
<b>52</b>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
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	X	
Pai	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023)

ANN'S CHOICE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 1339									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	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						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X						
<b>h</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a								
D	· · · · · · · · · · · · · · · · · · ·	6b								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD								
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5								
·	to file Form 8282?	7с		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa								
h	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									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 11 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 ..... 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure PA List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

IBI KHAN - (410) 242-2880

701 MAIDEN CHOICE LANE, BALTIMORE, MD

21228

Form 990 (2023) ANN'S CHOICE, INC. 52-2324152 Page **7** 

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

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

Х

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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  (A)	(B)	l	IIIZA		C)	ірсп	Satt	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson is	s both	an	compensation	compensation	amount of
	week		cer ar	ia a a	irecto	r/trust	iee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	eord	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (420)	and related
	below	idual	tution	ъ	Key employee	est co loyee	Jer.	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) CHRISTOPHER DONATI	40.00									
EXECUTIVE DIRECTOR				Х				238,561.	0.	22,862.
(2) REV. DR. ZINA JACQUE	0.10									
DIRECTOR	9.30	Х						0.	215,000.	0.
(3) THOMAS WALSH	40.00									
DIRECTOR, FINANCE				Х				177,556.	0.	5,971.
(4) EILEEN G. ERSTAD	0.10									
TREASURER	14.50	Х		Х				0.	167,500.	0.
(5) STEPHANIE L. REEL	0.10									
VICE CHAIR & VICE PRESIDENT	9.90	Х		Х				0.	150,000.	0.
(6) MARY D. COLINS	0.10									
SECRETARY	10.30	Х		Х				0.	150,000.	0.
(7) JENNIFER KUEHL	40.00									
MANAGER, REHABILITATION						Х		127,419.	0.	14,720.
(8) SANDRA RIVERA	40.00									
NURSE PRACTITIONER, EHW						Х		137,529.	0.	4,426.
(9) BRIGID KELLY	40.00									
REHABILITATION ASSISTANT MANAGER						Х		122,159.	0.	14,335.
(10) LISA SICILIA	40.00									
PLANNING AND MOVING CONSULTANT						Х		130,889.	0.	4,808.
(11) BARBARA WOLFGANG	40.00									
ASSISTANT DIRECTOR, NURSING						Х		124,318.	0.	10,220.
(12) BARBARA C. BISGAIER	0.70	1								
CHAIR & PRESIDENT	7.30	Х		Х				0.	110,000.	0.
(13) MICHAEL W. ROSKIEWICZ	0.10	1								
DIRECTOR	9.50	Х						0.	110,000.	0.
(14) PATRICIA M. BROWN	0.10	-								
DIRECTOR	7.60	Х						0.	87,500.	0.
(15) MONTY C. LEONARD	0.10	-								
DIRECTOR	8.40	Х	_					0.	87,500.	0.
(16) PAMELA D. PAULK	0.10	-								
DIRECTOR	8.20	Х	_					0.	87,500.	0.
(17) IAN BROWN	0.10	-						_	<b></b>	_
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) RUSSELL SHARP	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(19) C. JACKSON BAIN	0.10									
DIRECTOR (THRU 3/31/23)	6.60	Х						0.	22,500.	0.
(20) ARNOLD SPEERT	0.10									
DIRECTOR (THRU 3/31/23)	8.10	Х						0.	22,500.	0.
(21) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(22) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0.
(23) JOHN HALL	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(24) NEAL GANTERT	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
1b Subtotal			L			<u> </u>	<u> </u>	1,058,431.	1,340,000.	77,342.
c Total from continuation sheets to Part VI			0.	0.	0.					
d Total (add lines 1b and 1c)			1,058,431.	1,340,000.	77,342.					
u Total (add lines ib and ic)								1,000,401.	1,540,000.	11,542.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LAND, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	11,954,104.
SOUTH COAST IMPROVEMENT COMPANY		
13 MARCONI LN, MARION, MA 02738	CONTRACTOR	1,497,407.
MPK SOLUTIONS		
26 TEABERRY LANE, NEWTOWN, PA 18940	CONTRACTOR	1,391,491.
STEPHEN WILLIAMS FLOORING, INC.		
325 SURREY LANE, HATBORO, PA 19040	FLOORING	865,140.
AEROSEAL WINDOWS AND STOREFRONT		
8350 BRISTOL CT, JESSUP, MD 20794	CONTRACTOR	808,249.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 28		
	<u> </u>	= 000 (aaaa)

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Form 990 (2023) ANN'S CHOIC Part VIII Statement of Revenue

			Check if Schedule O	ontai	ins a r	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
Ω, Ħ		С	Fundraising events			1c	11,905.				
ar jit			B			1d					
nië Bij			Government grants (contri		ſ	1e	199,615.				
Š			All other contributions, gifts,		ı						
bet			similar amounts not included	-		1f	1,958,577.				
草豆		g	Noncash contributions included in I		1	1g \$	10,102.				
Sor		-	Total. Add lines 1a-1f					2,170,097.			
							Business Code				
a l	2	а	RESIDENT FEES				623000	79,498,488.	79,498,488.		
Ş		b	ANCILLARY FEES				623000	6,333,969.	6,333,969.		
Program Service Revenue		С	RESIDENT DEPOSITS				623000	1,661,881.	1,661,881.		
		d	PROCESSING FEES				623000	1,150.	1,150.		
Pg.		е						·			
Pro		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f					87,495,488.			
İ	3										
								528,784.			528,784.
	4	<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond present and present a</li></ul>						·			·
	5		Royalties								
			,			Real	(ii) Personal				
	6	а	Gross rents	6a	2	50,920.					
			Less: rental expenses	6b		0.					
			Rental income or (loss)	6c	2	50,920.					
			Net rental income or (loss)			•	•	250,920.			250,920.
	7		Gross amount from sales of		(i) Se	ecurities	(ii) Other	,			,
	•	_	assets other than inventory	7a	- ' '	49,617.	78,065.				
		b	Less: cost or other basis	<u> </u>		,	,				
<u>o</u>		~		7b		0.	0.				
eun		С	Gain or (loss)	7c		49,617.	78,065.				
ě			Net gain or (loss)			,	, ,	127,682.			127,682.
ther Revenue	Q		Gross income from fundraisir			ot [		, -			,
Ğ.	Ŭ	_	including \$	-	•						
			contributions reported on			·					
			Part IV, line 18		•		25,973.				
		b	Less: direct expenses				,				
			Net income or (loss) from t				,	5,707.			5,707.
	9		Gross income from gaming								,
	J	_	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, le								
		-	and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from s				-1				
$\neg$						<b>.</b>	Business Code				
Snc	11	а									
Miscellaneous Revenue	,	b									
ella		c				_					
Sc			All other revenue								
Σ			<b>Total.</b> Add lines 11a-11d								
	12		Total revenue. See instructio					90,578,678.	87,495,488.	0.	913,093.

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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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 7,800 7,800. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 220,802, 220,802, 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 ..... Compensation of current officers, directors, 444,950 trustees, and key employees ..... 444,950 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,368,814. Other salaries and wages 25,903,175. 4,328,513. 137,126. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 532,046 425,005. 103,599 3,442. 4,519,534 3,540,319, 968,558. 10,657. Other employee benefits 9 2,362,223. 2,012,117. 339,812. 10,294. 10 Payroll taxes 11 Fees for services (nonemployees): 3,779,387. 3,779,387 Management а 511,671. 18,329. 493,342, Legal 132,214. 132,214, Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,210. Investment management fees ..... 11,210. Other. (If line 11g amount exceeds 10% of line 25, 9,014,684 1,677,025 7,337,659 column (A), amount, list line 11g expenses on Sch O.) 3,236,052 3,236,052, Advertising and promotion 12 8,012,689. 7,063,285. 936,839. 12,565. Office expenses 13 Information technology 14 15 Royalties 5,694,281 5,687,668. 6,570 43. 16 Occupancy 164,503, 78,040. 85,206, 1,257. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 2,976,262. 2,974,710, 1,552 20 Payments to affiliates \_\_\_\_\_ 21 15,753,134 15,753,134. 22 Depreciation, depletion, and amortization 968,933. 968,933. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) EQUIPMENT RENTAL 1,665,288. 1,555,693. 109,579 16. CHARITY CARE 843,695, 843,695. RESIDENT RELATIONS 427,063. 130,331. 291,262, 5,470. С d All other expenses е 91,647,235, 75,875,500 15,590,865 180,870. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

## Form 990 (2023) Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,050.	1	2,050.
	2	Savings and temporary cash investments			21,177,383.	2	32,717,283.
	3	Pledges and grants receivable, net			, , .	3	, , ,
	4	Accounts receivable, net		2,890,123.	4	3,067,316.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
"	7	Notes and loans receivable, net		6,511,000.	7	6,547,400.	
Assets	8	Inventories for sale or use			179,773.	8	180,951.
As	9	B			409,600.	9	385,666.
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D		446,326,959.			
	b			161,800,127.	287,227,636.	10c	284,526,832.
	11	Investments - publicly traded securities	, ,	3,450,082.	11	4,314,725.	
	12	Investments - other securities. See Part IV, line		61,647,441.	12	70,957,285.	
	13	Investments - program-related. See Part IV, lin		, ,	13	, ,	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		173,369.	15	99,359.	
	16	Total assets. Add lines 1 through 15 (must ea			383,668,457.	16	402,798,867.
	17	Accounts payable and accrued expenses		1	6,631,565.	17	7,153,030.
	18	Grants payable		, ,	18	, ,	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	93,808,932.	20	91,707,608.		
	21	Escrow or custodial account liability. Complet		1	778,900.	21	996,599.
"	22	Loans and other payables to any current or fo			·		·
Liabilities		trustee, key employee, creator or founder, sub					
Ē		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre			433,120.	23	254,321.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		<u>`</u>	389,527,555.	25	402,134,620.
	26	Total liabilities. Add lines 17 through 25			491,180,072.	26	502,246,178.
		Organizations that follow FASB ASC 958, c	heck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-109,668,960.	27	-102,284,174.
Bal	28	Net assets with donor restrictions		2,157,345.	28	2,836,863.	
pu		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-107,511,615.	32	-99,447,311.	
	33	Total liabilities and net assets/fund balances			383,668,457.	33	402,798,867.

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	90	578,	678.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	91	647,	235.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	068,	557.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		81,	020.			
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	9	051,	841.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	-99	447,	311.			
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 O	.						
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 or	ı a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis	J						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	ule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	l audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

Form 990 (2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

ANN'S CHOICE, INC. 52-2324152 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T T	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2022. If the constant have The averaged test and the support test - 2022 and the support te						
47~	and <b>stop here.</b> The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	au011
<b>L</b>	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT III IE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

## Schedule A (Form 990) 2023 ANN'S CHOICE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	,					
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						<del></del>
	membership fees received. (Do not						
	include any "unusual grants.")	1,357,620.	2,539,283.	2,890,238.	2,218,738.	2,170,097.	11,175,976.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	76,645,894.	76,729,719.	75,741,483.	79,327,036.	87,521,461.	395,965,593.
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						
6	Total. Add lines 1 through 5	78,003,514.	79,269,002.	78,631,721.	81,545,774.	89,691,558.	407,141,569.
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons	105,000.	105,000.	284,000.	190,254.	316,362.	1,000,616.
ı	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	105,000.	105,000.	284,000.	190,254.	316,362.	1,000,616.
	Public support. (Subtract line 7c from line 6.)						406,140,953.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	78,003,514.	79,269,002.	78,631,721.	81,545,774.	89,691,558.	407,141,569.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	591,336.	368,436.	278,083.	527,034.	779,704.	2,544,593.
ı	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	591,336.	368,436.	278,083.	527,034.	779,704.	2,544,593.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,707.		1,707.
	Total support. (Add lines 9, 10c, 11, and 12.)	78,594,850.	79,637,438.	78,909,804.	82,074,515.	90,471,262.	409,687,869.
14	First 5 years. If the Form 990 is for th	· ·		•			on,
e^	check this box and stop here						<u></u>
	Ction C. Computation of Public			olumn /f\\	1	15	99.13 %
	Public support percentage for 2023 (li Public support percentage from 2022	, (,,		.,,		16	,,
-	ction D. Computation of Inves					10	99.20 %
	Investment income percentage for 20			ne 13. column (fl)		17	.62 %
	Investment income percentage from 2					18	.60 %
	a 33 1/3% support tests - 2023. If the					•	
	more than 33 1/3%, check this box ar						X
ı	b 33 1/3% support tests - 2022. If the						nd
	line 18 is not more than 33 1/3%, check	ck this box and sto	<b>op here.</b> The organ	nization qualifies as	s a publicly suppor	rted organization	
20	Private foundation If the organization	n did not chock a k	ov on line 14 10a	or 10h chack thi	e hay and soo inst	ructions	

Schedule A (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152 Page 4

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		la		
b	A family member of a person described on line 11a above?	lb		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		lc		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
2	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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	,		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	- 1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	-110
·	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?			
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).	,		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
			,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Took Appropriate Approp	- 1	' I	N <sub>a</sub>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  2			
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	a		
b	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  2	h		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	,		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4		
		b		
		-		

ANN'S CHOICE, INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
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 instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see
	instructions)	· <del>-</del>		•

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)					
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	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 - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	T	T	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023				
_1_	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3_	Excess distributions carryover, if any, to 2023								
a	From 2018								
<u>b</u>	From 2019								
<u> </u>	From 2020								
	From 2021								
	From 2022								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
<u> </u>	Carryover from 2018 not applied (see instructions)								
_ <u>_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2023. Subtract lines 3h								
0	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3								
•	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
	Excess from 2023								

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	ANN'S C	HOICE,	INC.	52-2324152	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and	4b, 4c, 5 3; Part I\	the explanations required by Part II, line 10; Part II, line 1 a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; lon E, lines 2, 5, and 6. Also complete this part for any ac	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ı C,

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

Employer identification number

	NN'S CHOICE, INC.	52-2324152				
Organization type (check	cone):					
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 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 <b>General Rule</b> or a <b>Special Rule</b> .  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.					
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				
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.						
year, contribution is checked, enter purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•				
For Paperwork Reduction A	act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Name, address, und 2n + 4	\$ 311,362.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$10,102.	Person X Payroll  Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$19,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  \$180,325.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$567,507.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$\$224,590.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$\$	Person X Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

i di t ii	(See instructions). Ose duplicate copies of Part II II a	dultional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SIGNAGE		
		\$	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization		Employer identification number
ANN'S CH	HOICE, INC.		52-2324152
Part III		through <b>(e)</b> and the following line ent haritable, etc., contributions of <b>\$1,000</b> or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Tuesday of 17	
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ANN'S CHOICE, INC.

**Employer identification number** 52 - 2324152

Pa			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		425
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	2c	
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
			<b>.</b>
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4	-)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furti	nerance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·	, p. 31160
а		-	\$
	Assets included in Form 990, Part X		
			Ψ

Sche	dule D (Form 990) 2023 ANN'S CHOIC	E, INC.					52-	2324152	Page 2
	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures, or	Other S	imilar Ass	ets (conti	
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that	make sign	ificant use of	its	
	collection items (check all that apply).								
а	Public exhibition		d 🔲	Loan or exc	change progra	ım			
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and expla	in how th	ey further th	ne organizatio	n's exempt	purpose in F	art XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "\	es" on For	m 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	•	•						
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing t	able:					
								Amoun	<u>t</u>
	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on Fo					-	?	X Yes	U No
Par	If "Yes," explain the arrangement in Part XIII.								X
ı aı	t V Endowment Funds Complete if t	(a) Current year		rior year	(c) Two year		Three years b	ack (a) Four	r years back
4.	Designing of year belongs	(a) Ourient year	(0)1	Tioi yeai	(C) TWO year	3 Dack (u)	Till Co yours be	ack (e) rou	yours back
-	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs  Administrative expenses								
g									
2	Provide the estimated percentage of the curre	ent vear end haland	re (line 1	r column (a	)) pelq as.	I			
a	Board designated or quasi-endowment	•	% %	y, coluitiii (a	mil neid as.				
b	Permanent endowment	%							
c	Term endowment 9								
·	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		ation tha	t are held a	nd administer	ed for the			
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the								•
Par	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or	other	(b) Cost	t or other	<b>(c)</b> Accı	umulated	(d) Boo	k value
		basis (invest	ment)		(other)	depre	ciation		
1a	Land			20	,872,393.			20	,872,393.
b	Buildings			406	,418,022.	153	,137,290.	253	,280,732.
	Leasehold improvements								
d	Equipment				,911,501.		,158,993.		,752,508.
е	Other	. 1		8	,125,043.	1	,503,844.	6	,621,199.

Schedule D (Form 990) 2023

284,526,832.

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

Schedule D (Form 990) 2023 ANN'S CHOICE, IN	c.	Ę	52-2324152	Page 3
Part VII Investments - Other Securities				
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 er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) BENEFICIAL INTEREST IN COMERICA				
(B) LEGACY FOUNDATION	4,790.	END-OF-YEAR MARKET VALUE		
(C) BENEFICIAL INTEREST IN NATIONAL CCRC				
(D) BUSINESS TRUST I	67,446,140.	END-OF-YEAR MARKET VALUE		
(E) FIXED INCOME SECURITIES	3,506,355.	END-OF-YEAR MARKET VALUE		
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	70,957,285.			
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 er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	l			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)	•		1	
(2)				
(3)				
(4)				
(5)				
(6)			1	
(7)			1	
(8)				
(9)			1	
Total. (Column (b) must equal Form 990, Part X, line 15, co	/ (R))			
Part X Other Liabilities	·· 1-//			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability	·	· · · · · · · · · · · · · · · · · · ·	(b) Book	value
(1) Federal income taxes			1	
(2) RESIDENT DEPOSITS (NET)			393,	785,294.
(3) ACCRUED EMPLOYEE HEALTH PLAN			1	941,361.
(4) FUNDS HELD FOR RESIDENTS			_	113,900.

(1) Federal income taxes	
(2) RESIDENT DEPOSITS (NET)	393,785,294.
(3) ACCRUED EMPLOYEE HEALTH PLAN	941,361.
(4) FUNDS HELD FOR RESIDENTS	113,900.
(5) RESIDENT REFUNDS PAYABLE	7,105,097.
(6) DEFERRED MANAGEMENT & MARKETING FEE	188,968.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	402,134,620.
, , , , , , , , , , , , , , , , , , , ,	

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

Part XI Reconciliation of Revenue per Audited Fina		n Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 99  1 Total revenue, gains, and other support per audited financial star			1	99,716,998.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1			•	22,120,220,
a Net unrealized gains (losses) on investments	1 1	81,020.		
b Donated services and use of facilities		,		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		9,072,107.		
e Add lines 2a through 2d			2e	9,153,127.
3 Subtract line 2e from line 1			3	90,563,871.
4 Amounts included on Form 990. Part VIII. line 12. but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	11,210.		
<b>b</b> Other (Describe in Part XIII.)		3,597.		
c Add lines 4a and 4b		,	4c	14,807.
				90,578,678.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, P. Part XII Reconciliation of Expenses per Audited Fine	ancial Statements Wit	h Expenses per P	eturn	· · ·
Complete if the organization answered "Yes" on Form 99				
Total expenses and losses per audited financial statements			1	91,652,694.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		20,266.		
e Add lines 2a through 2d			2e	20,266.
3 Subtract line 2e from line 1			3	91,632,428.
4 Amounts included on Form 990, Part IX, line 25, but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7b	) 4a	11,210.		
<b>b</b> Other (Describe in Part XIII.)	4b	3,597.		
c Add lines 4a and 4b			4c	14,807.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990.	Part I, line 18.)		5	91,647,235.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, lines			; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	to provide any additional info	rmation.		
PART IV, LINE 2B:				
TAKI IV, DINE 2D:				
PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN I	NSTALLMENT PAYMENTS			
PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THO	SE ADVANCE DEPOSITS			
ARE REPORTED ON FORM 990, PART X, LINE 21.				
PART X, LINE 2:				
ANN'S CHOICE ("ACH") IS EXEMPT FROM FEDERAL INCOME T	AXES UNDER SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLI	CABLE STATE INCOME TA	X		
REGULATIONS. MANAGEMENT HAS EVALUATED ACH'S TAX POSI	TIONS AND HAS			
CONCLUDED THAT AGE WAS TAKEN NO THE TAKEN TO THE TAKEN	OM THE TANK TO THE			
CONCLUDED THAT ACH HAS TAKEN NO UNCERTAIN TAX POSITI	ONS THAT WOULD REQUIR	E		
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENT	ıç			
ALCOGNITION ON DIDCHOOME IN THE FINANCIAL STATEMENT	υ,			

Schedule D (Form 990) 2023 ANN'S CHOICE, INC.		52-2324152	Page <b>5</b>
Schedule D (Form 990) 2023 ANN'S CHOICE, INC.  Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES FROM SPECIAL FUNDRAISING EVENTS NETTED ON FORM 990	20,266.		
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS			
TRUST 1	8,853,251.		
UNREALIZED GAIN ON INTEREST SWAP	-44,679.		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	243,269.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	9,072,107.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	3,597.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES FROM SPECIAL FUNDRAISING EVENTS NETTED ON FORM 990			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	3,597.		

### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	
ANN'S CHOICE, INC.						52-2324152	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	eed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

_		le G (Form 990) 2023 ANN'S CHOI	-			-2324152 Page <b>2</b>	
Pa	ırt l						
		of fundraising event contributions and gr		•		s greater than \$5,000.	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events	
					NONE	(add col. (a) through	
			GOLF OUTING	BCF LUNCHEON		col. <b>(c)</b> )	
Φ			(event type)	(event type)	(total number)		
Revenue							
Še	1	Gross receipts	32,213.	5,665.		37,878.	
	2	Less: Contributions	6,240.	5,665.		11,905.	
	3	Gross income (line 1 minus line 2)	25,973.			25,973.	
	4	Cash prizes					
	_		201			201	
	5	Noncash prizes	201.			201.	
ses	_	D 1/6 1111	16 500			16 500	
ber	6	Rent/facility costs	16,508.			16,508.	
Direct Expenses	_			2 070		2 070	
<u>6</u>	′	Food and beverages		2,970.		2,970.	
Ö		Estatainment					
	8	Entertainment		214.		587.	
	40	Other direct expenses				20,266.	
	10	,				5,707.	
Pa	11 irt					3,707.	
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1330, 1 art 14, iii 16 13, 01 1	reported more than		
		ψ10,000 0111 01111 000 <u>LL</u> , iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add	
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue						(,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
R	1	Gross revenue					
	Ė	G10000 10401140					
	2	Cash prizes					
ct Expenses							
beu	3	Noncash prizes					
Ä							
Se	4	Rent/facility costs					
Dire							
	5	Other direct expenses					
			Yes %	Yes %			
	6	Volunteer labor	No No	No	☐ No		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)				
		ter the state(s) in which the organization condu	_				
		the organization licensed to conduct gaming a				Yes No	
b	<b>b</b> If "No," explain:						
	_						
	_						
		ere any of the organization's gaming licenses re			/ear?	Yes No	
b	If "	Yes," explain:					
	_						

Sch	edule G (Form 990) 2023	ANN'S CHOICE,	INC.	52-2324152	Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?	Yes	No
			a trust, or a member of a partnership or other entity formed		
		•		Yes	No
13	Indicate the percentage of gaming				
				13a	%
			es the organization's gaming/special events books and records:		
14	Enter the name and address of the	e person who prepar	es the organization's gaming/special events books and records.		
	Name				
	Address				
15a	Does the organization have a con-	tract with a third par	y from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gam			nt	
	of gaming revenue retained by the				
С	If "Yes," enter name and address	of the third party:			
	Name				
	A alalua a a				
	Address				
16	Gaming manager information:				
10	Gaming manager information.				
	Name				
	Gaming manager compensation	\$			
	aarmig manager compensation	*			
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
	•	r state law to make c	naritable distributions from the gaming proceeds to		
u	retain the state gaming license?		• •	Yes	☐ No
h			law to be distributed to other exempt organizations or spent in the		110
D	organization's own exempt activit	•		ie	
Pa			ar	nd Part III lines 0	9h 10h
			vide any additional information. See instructions.	iu i ait iii, iii les 5,	50, 100,
	100, 100, 10, 414 170, 40	applicable. / lice pie	need any distribution and mornation.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) ANN'S CHOICE, INC.  Supplemental Information (continued)	52-2324152	Page 4
Part IV	Supplemental Information (continued)		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ANN'S CHOICE,	INC.						52-2324152
Part I General Information on Grants an	d Assistance						
Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	n
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part l	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an			e line 1 table				

Schedule I (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	70	220,802.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	L
SCHEDULE I, PART I, LINE 2					
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED Y	EAR-ROUND AT ANN	's			
CHOICE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLO	WABLE DURING THE	TWO			
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WI	LL BE REVIEWED A	ND			
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MU					
ANN'S CHOICE ON OR BEFORE SEPTEMBER 30, OF THE					
·					
YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO AC	HIEVE 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 C	OMPLETED BY THE	END OF			

Page 2

ANN'S CHOICE, INC. 52-2324152

#### Part IV | Supplemental Information

Schedule I (Form 990)

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 2023 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.

Page 2

# SCHEDULE J (Form 990)

# **Compensation Information**

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ANN'S CHOICE, INC. Employer identification number 52-2324152

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

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152

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

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

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

(A) Name and Title		(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER DONATI	(i)	202,071.	32,500.	3,990.	9,150.	13,712.	261,423.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.
(3) THOMAS WALSH	(i)	159,586.	17,000.	970.	5,368.	603.	183,527.	0.
DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0,	0.
(4) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0,	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152	Page 3
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 in	iformation.
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, PART II	
CHRISTOPHER DONATI AND THOMAS WALSH ARE LISTED IN SCHEDULE J, PART II	
AND ARE EMPLOYEES OF ERICKSON SENIOR LIVING ("ESL"), AN UNRELATED	
ORGANIZATION TO ANN'S CHOICE, INC., IN ACCORDANCE WITH THE MANAGEMENT	
AGREEMENT BETWEEN ANN'S CHOICE, 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, ANN'S CHOICE, INC. REIMBURSES ESL FOR THE COST OF	
SERVICES PERFORMED FOR ANN'S CHOICE, INC.	

### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

2023
Open to Public Inspection

Name of the organization

ANN'S CHOICE, INC.

Employer identification number 52-2324152

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	d (e) Iss	ue price	(f) Des	scription	of purpose	( <b>g)</b> De	efeased			(i) Po	
									V	l Na		suer	finar	<del> </del>
VA SMALL BUSINESS FINANCING									Yes	No	Yes	NO	Yes	NO
A AUTHORITY	54-1300845	NONE	10/15/20	96,	842,780.	REFUND C	OF PRIO	R ISSUE		х		х	х	
					-									
В														
С												<u>'</u>		<u> </u>
D														
Part II Proceeds					T		<u> </u>							
A A construction of the construction of			-	<u>4</u> 2,549,176.		В	-	С				D		—
Amount of bonds retired     Amount of bonds legally defeased			***	2,349,170.			-							
3 Total proceeds of issue				6,842,780.										
				-,,										
5 Capitalized interest from proceeds														
• B 1 1 1 1 1														
7 Issuance costs from proceeds				908,692.										
8 Credit enhancement from proceeds														
9 Working capital expenditures from proce	eeds													
10 Capital expenditures from proceeds														
11 Other spent proceeds			9	5,934,088.										
13 Year of substantial completion				2018										
44 144 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No	Yes	No	<u> </u>	Yes	No		Yes	+	No	
14 Were the bonds issued as part of a refu			x											
if issued prior to 2018, a current refundi	<del>'</del>											+		
Were the bonds issued as part of a reful issued prior to 2018, an advance refund		•		x										
16 Has the final allocation of proceeds bee												+		
17 Does the organization maintain adequat												+		
Constaller of constant	e books and records to su		x											

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152 Page 2

Part III Private Business Use

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

Schedule K (Form 990) 2023 ANN'S CHOICE, INC. 52-2324152 Page **3** 

Part IV Arbitrage (continued)								
		A	ı	3		С		)
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?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action			_		_			
		A	I	3	(	Ç		)
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							
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								
ORGANIZATION FROM THE \$381,030,000 VIRGINIA SMALL BUSINESS FINANCING								
AUTHORITY SERIES 2020A, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE								
ORGANIZATION AND CERTAIN OF ITS AFFILIATES.								
PART III, COLUMN A, LINES 4 & 6:								
THE PERCENTAGE IS LESS THAN 3%.								

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection **Employer identification number** 

ANN'S CHOICE, INC.	52-2324152
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 - ANN'S CHOICE, INC. CELEBRATES AGING! GROUNDED IN	
INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND	
OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR	
COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND	
GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.	_
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 COMMONWEALTH OF PENNSYLVANIA.	
FORM 990, PART VI, SECTION A, LINE 1B:	
ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE	
INDEPENDENT.	

Name of the organization **Employer identification number** ANN'S CHOICE, INC. 52-2324152 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? ANN'S CHOICE, 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 JANUARY 1, 2023. THE EXISTING MANAGEMENT AND MARKETING AGREEMENT HAS BEEN AMENDED TO CLARIFY CERTAIN MATTERS. 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 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. CHRISTOPHER DONATI, EXECUTIVE DIRECTOR AND THOMAS WALSH, DIRECTOR, FINANCE, 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.

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

Name of the organization **Employer identification number** ANN'S CHOICE, INC. 52-2324152 FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? ANN'S CHOICE, 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 ANN'S CHOICE, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS." CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY? CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS, CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE

**Employer identification number** Name of the organization ANN'S CHOICE, INC. 52-2324152 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 ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR COMMUNITIES. FORM 990, PART VI, SECTION B, LINE 11B: HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM? THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.

**Employer identification number** Name of the organization ANN'S CHOICE, INC. 52-2324152 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 ANN'S CHOICE, INC.'S AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT INVOLVES A COVERED EMPLOYEE. THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS. FORM 990, PART VI, SECTION B, LINE 15: DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO. EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION? THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT

Name of the organization  ANN'S CHOICE INC.	Employer identification number 52-2324152
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
ANN'S CHOICE, 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 2023 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	_
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	0.1

Name of the organization  ANN'S CHOICE, INC.		Employer identification number 52-2324152
ORGANIZATIONS.		
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIR	ECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL REL	ATED	
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.		
FORM 990, PART VII, SECTION B:		
INDEPENDENT CONTRACTORS COMPENSATION.		
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING I	S FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARE	D COSTS	
ALLOCATED TO THE COMMUNITY, DIRECT AND SHARED COSTS INCLUDE SA	LARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES	SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPE	RATIONS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		_
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS		
TRUST 1	8,853,251.	
UNREALIZED GAIN ON INTEREST SWAP	-44,679.	
CHANGE IN RESTRICTED NET INVESTMENT RETURN	243,269.	
TOTAL TO FORM 990, PART XI, LINE 9	9,051,841.	

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organization ANN'S CHOICE, INC.					Employer identifi 52-2324152	
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-year a	ssets Direct of	(f) controlling ntity
		_					
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more related tax-exe	mpt
	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13) controlled

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled itty?
		,,		501(c)(3))		Yes	No
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
AVERY POINT, INC - 92-2254866							
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
PEABODY, MA 01960	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) 2023

ANN'S CHOICE, INC. 52-2324152

# Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	
CEDAR CREST VILLAGE, INC - 52-2184915	+			(7( ))		Yes	NO
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		l
HOUSTON, TX 77077		MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
FOX RUN VILLAGE, INC - 52-2291271					,		
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
GREENSPRING VILLAGE, INC 52-2095427					,		
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	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
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		l
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
LINDEN PONDS, INC - 14-1849849							
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		l
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		l
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE NW, 7TH	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
FLOOR, WASHINGTON, DC 20006	COMMUNITY	MARYLAND	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		Х
RIDERWOOD VILLAGE, INC - 52-2126753							
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

ANN'S CHOICE, INC. 52-2324152

# Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501(c)(3))		Yes	No
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
WOODLEIGH CHASE, INC - 92-2217836					·		
816 CONNECTICUT AVE NW, 7TH FLOOR	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(	j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		1 ' '		allocations?				1 20 of Schedule	mana	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No							
NATIONAL CCRC BUSINESS TRUST			NATIONAL															
I - 26-6455718, 701 MAIDEN			SENIOR															
CHOICE LANE, BALTIMORE, MD	CHARITABLE		COMMUNITIES,															
21228	BUSINESS TRUST	MD	INC	EXCLUDED	2,095,374.	67,581,774.		x	N/A		x	5.55%						
NATIONAL CCRC STATUTORY TIER																		
IV TRUST - 85-3943847, 701	]																	
MAIDEN CHOICE LANE,	CHARITABLE																	
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		Х	N/A						

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(li contr ent	tion b)(13) rolled tity?
THE TALON BAR COMPANY - 56-2520131		country)		,				Yes	No
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

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

Х

Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
					1d		Х
					1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
					1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
					11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)							
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)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets from related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  1 related organization or specification or specifications or related organization or specifications					1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
					1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s		Х
	Name of related organization Transa	action			lved		
1)							
2)							
3)							
4)							
5)							
6)							
	33 09-28-23			Schedule F	(Forn	n 990)	2023

Schedule R (Form 990) 2023 ANN'S CHOICE, INC.

52-2324152

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000