** 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

ΑI	For the	2023 calendar year, or tax year beginning	and	ending				
	Check if applicable	C Name of organization			D Employer ide	ntific	cation number	
	Addres							
	Name change	Doing business as		52-2095427				
	Initial return	Number and street (or P.O. box if mail is not del 7410 SPRING VALLEY DRIVE	ivered to street address)	Room/suite	E Telephone number 703-923-4600			
	⊥return/ termin ated		7IP or foreign postal code		G Gross receipts \$		100,692,279.	
	Ameno return	, , , , , , , , , , , , , , , , , , , ,	zii oi loreigii postai code		H(a) Is this a grou	ın re		
F	Applic tion		IANIE REEL		for subordin	-		
	pendir	g SAME AS C ABOVE			H(b) Are all subordina		····· = =	
$\overline{\Gamma}$	Гах-ехе	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	∃ ` ´		list. See instructions	
	Websit				H(c) Group exem			
K	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 1997	N	1 State of legal domicile: MD	
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SENIORS T	TAH		
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.						
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	t ass	ets.	
ove.	3	Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,			3	11	
	1 -	Number of independent voting members of the gov				4	7	
es		Total number of individuals employed in calendar y				5	1259	
Ĭ		Total number of volunteers (estimate if necessary)				6	186	
Activities &		Total unrelated business revenue from Part VIII, col				7a	0.	
	l b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		Prior Year	7b	0.	
		Onet in the second seconds (Deat VIIII lies 41)			4,659,2	Ω1	Current Year	
ne	8	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			88,730,3	-	3,352,749. 96,373,415.	
Revenue	9		and 7d)		114,1	-	589,485.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			382,5	-	341,715.	
	1			93,886,3	_	100,657,364.		
		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (A			318,7		283,625.	
	1	Benefits paid to or for members (Part IX, column (A			020,	0.	0.	
	15	Salaries, other compensation, employee benefits (F	36.	47,355,745.				
Expenses	16a		essional fundraising fees (Part IX, column (A), line 11e)					
ben	b	Total fundraising expenses (Part IX, column (D), line					0.	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		64,001,7	40.	70,256,599.	
		Total expenses. Add lines 13-17 (must equal Part I)			108,695,1	10.	117,895,969.	
	1	Revenue less expenses. Subtract line 18 from line			-14,808,7	67.	-17,238,605.	
70.5	3			Ве	ginning of Current Y	ear	End of Year	
Net Assets or	20	Total assets (Part X, line 16)			612,592,2	75.	663,714,948.	
ASS	21	Total liabilities (Part X, line 26)			612,785,6	61.	645,591,825.	
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from	line 20		-193,3	86.	18,123,123.	
	art II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return,			•	of my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.			
		Signature of officer			Doto			
Sig					Date			
Her	е	EILEEN ERSTAD, TREASURER Type or print name and title						
					Date Chec	_k	PTIN	
De!		Print/Type preparer's name JULIA FLANNERY	Preparer's signature JULIA FLANNERY		o con coa	_		
Paid			OOTIV LIVINGKI	μ	1 1 35	employe	42-0714325	
	parer Only	100	SUTTE 1400		Firm's EIN	•	U/1	
USE	Unity	Firm's address 100 INTERNATIONAL DRIVE, S BALTIMORE, MD 21202	70117 1400		Dhone no	410-	-246-9300	
N/a:	, the IF	,	vo2 Soo instructions		i Pilone no.	110		
ivia	y une ir	RS discuss this return with the preparer shown above	re r dee matructions				X Yes No	

	Check if Schedule O contains	-	rt III	X
1	Briefly describe the organization's mi			
	Did the organization undertake any a	ignificant program convices during the	ear which were not listed on the	
2	prior Form 990 or 990-EZ?		ear which were not listed on the	Yes X No
•	If "Yes," describe these new services		tdust	Yes X No
3	If "Yes," describe these changes on	Schedule O.	t conducts, any program services?	·······
4		izations are required to report the amou	s three largest program services, as measure ant of grants and allocations to others, the to	
4a	(Code:) (Expenses \$	101,113,649. including grants of \$ _S SERVICES NEEDED BY SENIOR R	283,625.) (Revenue \$	96,373,415.
		LIVING UNITS, 155 ASSISTED L		
		MEMORY CARE UNITS. THE SERVI		
	TO OUR RESIDENTS INCLUDE, B	UT ARE NOT LIMITED TO HOUSING	, FOOD,	
	MEDICAL, SECURITY AND MAINT	ENANCE SERVICES, RECREATIONAL	AND PASTORAL	
	ACTIVITIES.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
	Other program continue (Describe en	Schodulo ()		
4d	Other program services (Describe on (Expenses \$	•) (Revenue \$)
4e	Total program service expenses	including grants of \$ 101,113,649.) (nevenue φ	J

Form 990 (2023) GREENSPRING VILLAGE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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	Λ	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, , , , , , , , , , , , , , , , , , ,	11a	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	1 Ia		
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l .
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		V v
nn -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	24		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	000	

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Form 990 (2023) GREENSPRING VILLAGE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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	<u> </u>
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	<u> </u>
b	71 7 1 71 1	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	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
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			1
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			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		77	
	(gambling) winnings to prize winners?	1c	X	Щ_

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Form 990 (2023) GREENSPRING VILLAGE, INC.

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	.,,
	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			x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Associate (FRAR)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
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 Output VIII line 10 for public use of old to favilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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		X
	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.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	l	
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	l IIa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	х	
12	on Schedule O how this was done	13	Х	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		450	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	Х	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	-23	
16-				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?	16a		
D	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	401		
800	exempt status with respect to such arrangements?	16b	ļ	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA Outline 01014 and in a copy of this Form 990 is required to be filed	1 >		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	IBI KHAN - (410) 242-2880			
	701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228			

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

X

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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless officer and		ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	Institutional t	, 50	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) MELISSA ROBSON	40.00									
EXECUTIVE DIRECTOR				Х				224,504.	0.	30,568.
(2) REV. DR. ZINA JACQUE	0.10									
DIRECTOR	9.30	Х						0.	215,000.	0.
(3) ISHA MATHIS	40.00									
DIRECTOR, NURSING					Х			158,654.	0.	18,484.
(4) SHERI NIDIFFER	40.00									
REGIONAL DIRECTOR, EHWB					Х			159,243.	0.	11,299.
(5) EILEEN G. ERSTAD	0.10									
TREASURER	14.50	Х		Х				0.	167,500.	0.
(6) SHEILA WILLING	40.00									
SENIOR SALES ASSOCIATE						Х		153,606.	0.	13,307.
(7) DIANA KING	40.00									
DIRECTOR, FINANCE				Х				153,204.	0.	4,578.
(8) KIMBERLY NELSON	40.00									
DIRECTOR, PHILANTHROPY						Х		137,907.	0.	17,328.
(9) RIBCA MERSHA	40.00									
MANAGER, REHABILITATION						Х		140,264.	0.	14,920.
(10) KAREN HALL	40.00									
ASSISTANT ADMIN CONTINUING CARE						Х		141,763.	0.	11,170.
(11) MARGARET BOATENG	40.00									
LICENSED PRACTICAL NURSE						Х		140,835.	0.	9,924.
(12) MARY D. COLINS	0.10									
SECRETARY	10.30	Х		Х				0.	150,000.	0.
(13) STEPHANIE L. REEL	0.40									
CHAIR & PRESIDENT	9.60	Х		Х				0.	150,000.	0.
(14) BARBARA C. BISGAIER	0.10									
DIRECTOR	7.90	Х						0.	110,000.	0.
(15) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(16) MONTY C. LEONARD	0.10									
DIRECTOR	8.40	Х						0.	87,500.	0.
(17) PAMELA D. PAULK	0.10									
DIRECTOR	8.20	Х						0.	87,500.	0.

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	VILLAGE, IN	٠.							52-209542	Page •
Part VII Section A. Officers, Directors, Tre	ıstees, Key Em _l	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ar	la a a	recio	Trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	-	Key employee	st co	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) PATRICIA M. BROWN	0.10									
DIRECTOR	7.60	Х						0.	87,500.	0.
(19) IAN BROWN	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(20) RUSSELL SHARP	0.10									
VICE CHAIR & VP (BEG 4/1/23)	7.80	Х		Х				0.	65,000.	0.
(21) ARNOLD SPEERT	0.10									
DIRECTOR (THRU 3/31/23)	8.10	Х						0.	22,500.	0.
(22) C. JACKSON BAIN	0.10									
PRESIDENT (THRU 3/31/23)	6.60	Х		Х				0.	22,500.	0.
(23) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(24) JOHN HALL	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(25) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0.
(26) NEAL GANTERT	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
1b Subtotal								1,409,980.	1,340,000.	131,578.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,409,980.	1,340,000.	131,578.

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

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

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

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

S 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) Name and business address	(B) Description of services	(C) Compensation
BUCH CONSTRUCTION, INC.		
8155 WESTSIDE BLVD, FULTON, MD 20759	CONSTRUCTION CONTRACTOR	13,096,140.
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	11,659,899.
R.C. LEGNINI COMPANY INC		
46 PENNSYLVANIA AVE, MALVERN, PA 19355	CONSTRUCTION CONTRACTOR	5,953,007.
CYPRESS CONTRACTING, LLC, 23465 ROCK HAVEN		
WAY, #130, STERLING, VA 20166	CONSTRUCTION CONTRACTOR	3,688,026.
THE SHERWIN WILLIAMS CO.		
7721 FULLERTON RD, SPRINGFIELD, VA 22153	PAINTING SERVICES	963,138.
2 Total number of independent contractors (including but not limited to thos	,	
\$100,000 of compensation from the organization 38	5	- 000 ()

36

52-2095427

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 522,767. 1c d Related organizations 1d 1,135,826. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,694,156. 1f 33,896. g Noncash contributions included in lines 1a-1f 3,352,749. h Total. Add lines 1a-1f **Business Code** 2 a RESIDENT FEES 623000 83,172,249. 83,172,249. Program Service Revenue b ANCILLARY FEES 623000 10,684,880. 10,684,880. RESIDENT DEPOSITS 623000 2,511,036. 2,511,036. d PROCESSING FEES 623000 5,250. 5,250. f All other program service revenue 96,373,415. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 241,075 241,075. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 356,267. 6a 6 a Gross rents 0. 6b **b** Less: rental expenses ... 356,267. c Rental income or (loss) 6c 356,267. 356,267. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 20,763. 327,647. assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 20,763. 327,647. c Gain or (loss) ______7c 348,410. 348,410. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 522,767. of contributions reported on line 1c). See 20,000. Part IV, line 18 34,915. **b** Less: direct expenses -14,915 -14,915. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a PANDEMIC RELATED RESID 900099 363 363. b d All other revenue 363 e Total. Add lines 11a-11d 100,657,364. 931,200. 96,373,415. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

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

Do not michalde amounts reported on lines fib, 20, 86, 80, and 710 of Prant VIII. Total expenses Programs service Societies Programs service Societies Programs service Societies Programs service Societies Societi	0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
A color of the c	Do I	·		(B)	(C)	(D)
and domestic governments. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·	lotal expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 2 280,125. 280,125. 280,125. 3 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 18 5 and 16 4 Benefits palt to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of the Compensation of	1	Grants and other assistance to domestic organizations				·
Individuals, Sae Part N, line 22 280,125, 280,125, 380,125		and domestic governments. See Part IV, line 21	3,500.	3,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits pack of or for members Compensation of current officies, directors, trustees, and key employees Today trustees Today	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	280,125.	280,125.		
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Contract of the state o	3	Grants and other assistance to foreign				
## Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Persisten not included above to disqualified persons described in section 4985((x))(ii) and employees Compensation not included associated in section 4985((x))(iii) and employees Persisten plan accruals and contributions (include section 401(x) and 400(b) employer contributions Other employee benefits 5,608,323, 4,699,463, 888,068, 20,792, 100 Other employee benefits 5,608,323, 4,699,463, 888,068, 20,792, 100 Other employees 2,905,440, 2,435,663, 454,107, 15,670, 100 Fees for services (nonemployees): a Management 3,528,472, 3,528,472, 100 Legal		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustoses, and key employees trustoses, and key employees (Compensation not included above to disqualified persons (as offined under section 4958(ft) 1) and persons described in section 4958(ft) 1) and persons described in section 4958(k(3))(8) 7 Other salaries and varyage (Control of the section 4958(ft) 1) and persons described in section 4958(k(3))(8) 8 Pension plan acruals and contributions (include section 40 ft(k) and 40(k)) employer contributions) 9 Other employee benefits (Control of the section 40 ft(k) and 40(k)) employer contributions) 10 Payroli taxes (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions) 11 Fees for services (nonemployees): 12 Agent (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer contributions (Control of the section 40 ft(k) and 40(k)) employer control of the section 40 ft(k) and 40(k) and 4		individuals. See Part IV, lines 15 and 16				
trustees, and keye employees (Compensation not included above to disqualified persons (as defined under section 4958((r))) and persons described in section 4958((r))) and 493((r))	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 498(f(11)) and persons described in section 498(f(11)) and persons described in section 498(c(1)(8)) and persons described in section 498(c(1)(8)) and persons described in section 498(c(1)(8)) and 403(t) employer contributions (include section 401(k) and 403(t) employer contributions) 5, 608, 323. 4, 699, 463. 888, 668. 20, 792. 10 Payroll taxes 2, 905, 440. 2, 435, 663. 454, 107. 15, 670. 11 Fees for services (nonemployees): a Management (nonemployees): a Nonemployees: a Management (nonemployees): a Nonemployees: a	5	•				
persons (as defined under section 4986(h(1)) and persons described in section 4986(h(1)) and persons described in section 4986(h(1)) and persons described in section 4986(h(1)) and ways person plan accruais and contributions (include section 401(h) and 403(h) employee contributions) 775, 425, 659, 630, 111, 379, 4, 416, 90 of the employee benefits 5, 608, 923, 4, 699, 463, 888, 068, 20, 792, 10 payroll taxes 2, 905, 440, 2, 435, 663, 454, 107, 15, 670, 11 Fees for services (nonemployees): a Management 3, 528, 472, 3, 528, 472, 26, 827, 26, 827, 26, 827, 26, 827, 26, 827, 27, 82, 82, 82, 82, 82, 82, 82, 82, 82, 82		trustees, and key employees	760,534.		760,534.	
Persion plan accruals and wages 37,306,023, 32,455,360, 4,669,044, 181,619.	6	· ·				
37,306,023 32,455,360 4,669,044 181,619.						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Chris employee benefits 5,608,323, 4,699,463, 888,068, 20,792. 10 Payroll taxes 2,905,440, 2,435,663, 454,107, 15,670. 15 Feos for services (nonemployees): a Management 3,528,472, 3,528,472. 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 26,827, 27,828,189, 27,828,189, 28,828,1						
Section 401(k) and 403(b) employer contributions 5,608,323.			37,306,023.	32,455,360.	4,669,044.	181,619.
9 Other employee benefits	8		775 405	CEO COO	111 200	4 44 6
10 Payroll taxes	_					
11 Fees for services (nonemployees): a Management						
a Management b Legal 26,827. 26,827. 26,827. c Accounting 58,189. 58,189. d Lobbying e Professional fundriaising services. See Part IV, line 17 f Investment management fees 12,894. 12,894. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 4,067,506. 4,067,506. 3 Office expenses 8,640,878. 7,504,506. 1,106,015. 30,357. 11 Information technology 4,928,140. 4,925,227. 2,913. 12 Royalties 16 Occupancy 4,928,140. 4,925,227. 2,913. 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of affiliates 20 Expenses on line 24e. If line 24e annount, its line 24e expenses on line 24e. If line 24e expenses to line 24e. If line 24e expenses to line 24e. If line 24e expenses on Schedule 0.) a QUITEM RENTAL 1 2,558,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. c RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. d All other expenses. Add lines 1 through 24e 5 Intel functional expenses. Add lines 1 through 24e 5 Intel functional expenses. Add lines 1 through 24e 5 Intel functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) pint costs from a combined equational campaign and fundriasing sociication. Check there			2,303,440.	2,435,003.	454,10/.	10,0/0.
b Legal		` ' ' '	3 520 472	3 528 472		
C Accounting S8,189 S8,189 S8,189 S8,189 C Accounting S8,189 S8,189 S8,189 S8,189 C Accounting S8,189 S8,199 S8,1				3,320,472.	26 827	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 12,894. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 4,067,506. 4,067,506. 1,106,015. 30,357. linformation technology 8,640,878. 7,504,506. 1,106,015. 30,357. linformation technology 9,750,400,7506. 4,067,506. 1,106,015. 30,357. linformation technology 15 Royalties 9,281,400. 4,925,227. 2,913. 17 Travel 120,000,000,000,000,000,000,000,000,000,					,	
e Professional fundraising services. See Part IV, line 17 f Investment management fees			30,103.		30,103.	
The system of the content of the c						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 4,067,506. 4,067,506. 4,067,506. 1,106,015. 30,357. Advertising and promotion 4,067,506. 4,067,506. 1,106,015. 30,357. Information technology Royalties Cocupancy 4,928,140. 4,925,227. 2,913. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Interest 3,500,479, 3,500,479. 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) B CHARTTY CARE RESIDENT RELATIONS Advertising and a combilend educational campaign and fundraising solicitation. Check there in those with the organization reported in column (B) joint costs from a combilined educational campaign and fundraising solicitation. Check there in the flowing Score 8se.246c 5se.720)	_		12 894.		12 894.	
Column (A), amount, list line 11g expenses on Sch 0.) 9,275,640. 1,199,577. 8,076,063.						
12 Advertising and promotion	9	,	9.275.640.	1,199,577.	8,076,063.	
13 Office expenses	12				, , ,	
14				· · ·	1,106,015.	30,357.
15 Royalties			, ,	, ,	, ,	•
16 Occupancy						
17 Travel 145,550. 89,611. 54,107. 1,832. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 54,107. 1,832. 19 Conferences, conventions, and meetings 3,500,479. 3,500,479. 3,500,479. 21 Payments to affiliates 30,692,365. 30,692,365. 30,692,365. 23 Insurance 1,201,477. 1,201,477. 1,201,477. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2,568,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. 864,784. 226,330. 22,699. d e All other expenses 744,540. 495,511. 226,330. 22,699. 25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 117,895,969. 101,113,649. 16,503,922. 278,398.			4,928,140.	4,925,227.	2,913.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest Interest 3,500,479. 3,500,479. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 30,692,365. 31 Insurance 30,692,365. 31 Insurance 11,201,477. 11,201,477. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. 2 CHARITY CARE 364,784. 864,784.	17		145,550.	89,611.	54,107.	1,832.
19 Conferences, conventions, and meetings 20 Interest 3,500,479. 3,500,479. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 30,692,365. 30,692,365. 23 Insurance 1,201,477. 1,201,477. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. c RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. d All other expenses 25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	18					
20 Interest 3,500,479. 3,500,479. 21 Payments to affiliates 30,692,365. 30,692,365. 22 Depreciation, depletion, and amortization 30,692,365. 30,692,365. 23 Insurance 1,201,477. 1,201,477. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. 3 EQUIPMENT RELATIONS 744,540. 495,511. 226,330. 22,699. 4 All other expenses Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		for any federal, state, or local public officials				
Payments to affiliates	19					
Depreciation, depletion, and amortization 30,692,365. 30,692,365. Insurance 1,201,477. 1,201,477. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. c RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. d All other expenses Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	20	Interest	3,500,479.	3,500,479.		
23 Insurance 1,201,477. 1,201,477. 201,477. 220,477. 240 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. c RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. d	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL b CHARITY CARE c RESIDENT RELATIONS d All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. b CHARITY CARE 864,784. 864,784. c RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	23	Insurance	1,201,477.	1,201,477.		
## EQUIPMENT RENTAL 2,568,858. 2,510,393. 57,452. 1,013. ## CHARITY CARE 864,784. 864,784. ## CRESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. ## All other expenses 25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. ## 278,398. 2,510,393. 57,452. 1,013. ## 364,784. 36	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b CHARITY CARE RESIDENT RELATIONS All other expenses Total functional expenses. Add lines 1 through 24e 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) RESIDENT RELATIONS 744,540. 495,511. 226,330. 22,699. 117,895,969. 101,113,649. 16,503,922. 278,398.	а	· · · · · · · · · · · · · · · · · · ·	2,568,858.	2,510,393.	57,452.	1,013.
d	b	CHARITY CARE		864,784.	·	•
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	С	RESIDENT RELATIONS	744,540.	495,511.	226,330.	22,699.
25 Total functional expenses. Add lines 1 through 24e 117,895,969. 101,113,649. 16,503,922. 278,398. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d					
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)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			117,895,969.	101,113,649.	16,503,922.	278,398.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		Check here if following SOP 98-2 (ASC 958-720)				5 990 (2222)

52-2095427

Form 990 (2023)
Part X Balance Sheet

Pal	LA	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			520.	1	200.
	2	Savings and temporary cash investments			26,812,997.	2	35,259,929.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		3,479,707.	4	3,053,425.	
	5	Loans and other receivables from any current	or former of	officer, director,			
		trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			9,999,793.	7	8,484,836.
Assets	8	Inventories for sale or use			196,172.	8	142,805.
ğ	9	Prepaid expenses and deferred charges			349,320.	9	246,840.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	610,408,139.			
	b	Less: accumulated depreciation	. 10b	280,303,383.	331,308,953.	10c	330,104,756.
	11	Investments - publicly traded securities			4,121,139.	11	3,796,159.
	12	Investments - other securities. See Part IV, line	e 11		230,912,702.	12	276,167,080.
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,410,972.	15	6,458,918.
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	612,592,275.	16	663,714,948.
	17	Accounts payable and accrued expenses		10,602,831.	17	11,034,000.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			87,685,303.	20	95,457,119.
	21	Escrow or custodial account liability. Complet	e Part IV of	f Schedule D	2,628,350.	21	1,962,199.
S	22	Loans and other payables to any current or fo	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the	iese persor	ns		22	
_	23	Secured mortgages and notes payable to unre	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			511,869,177.	25	537,138,507.
	26	Total liabilities. Add lines 17 through 25			612,785,661.	26	645,591,825.
"		Organizations that follow FASB ASC 958, c	heck here	X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			-3,856,732.	27	13,919,518.
B	28	Net assets with donor restrictions			3,663,346.	28	4,203,605.
Ĕ		Organizations that do not follow FASB ASC	958, chec	k here			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	40 100 100
Se	32	Total net assets or fund balances			-193,386.	32	18,123,123.
	33	Total liabilities and net assets/fund balances			612,592,275.	33	663,714,948.

Form **990** (2023)

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,	,657,	364.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,	,895,	969.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17	238,	605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-193,	386.
5	Net unrealized gains (losses) on investments	5	1,	073,	980.
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	34,	481,	134.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,	,123,	123.
Pai	t 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

GREENSPRING VILLAGE INC. 52-2095427 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))

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
	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.						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(i) iotai
	Gross income from interest.						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	c and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		
						Calaaduda A	(Farm 000) 0000

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

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

Sec	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 1 1 1	(-,	(-,	(-,	(-,	(-7
	membership fees received. (Do not						
	include any "unusual grants.")	2,879,647.	4,631,013.	3,799,595.	4,659,281.	3,352,749.	19,322,285.
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	90,550,481.	87,011,011.	82,745,167.	88,748,884.	96,393,415.	445,448,958.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	93,430,128.	91,642,024.	86,544,762.	93,408,165.	99,746,164.	464,771,243.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	100,000.	100,000.	214,000.	164,171.	202,515.	780,686.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	100,000.	100,000.	214,000.	164,171.	202,515.	780,686.
	Public support. (Subtract line 7c from line 6.)						463,990,557.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	93,430,128.	91,642,024.	86,544,762.	93,408,165.	99,746,164.	464,771,243.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	539,071.	417,344.	409,858.	489,475.	597,342.	2,453,090.
k	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	539,071.	417,344.	409,858.	489,475.	597,342.	2,453,090.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,707.		363.	3,070.
13	Total support. (Add lines 9, 10c, 11, and 12.)	93,969,199.	92,059,368.	86,957,327.	93,897,640.	100,343,869.	467,227,403.
14	First 5 years. If the Form 990 is for the	· ·					on,
Se	check this box and stop here ction C. Computation of Publi	c Support Per			•••••	•••••	
				olumn (f))		15	99.31 %
16	To Traditio support personnage for 2020 (into 0, octain in (i)), annuou by into 10, octain in (ii)						
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.53 %
	Investment income percentage from 2					18	.53 %
	33 1/3% support tests - 2023. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	-	-		•		x nd
	line 18 is not more than 33 1/3%, chec						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

,		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
··Ia	A (Form	n aan)	2022

Sched	dule A	(Form 990) 2023 GREENSPRING VILLAGE, INC.	52-2095427	F	age 5
Par	t IV	Supporting Organizations (continued)		_	_
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c	:	
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of c			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's of ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ilcers,		
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	oorted		
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
3661	.1011	5. Type it Supporting Organizations		V	T NI -
4	More	a majority of the avantitation's divertors by trustees duving the toy year also a majority of the divertors		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	tne su tion [pported organization(s). D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
·		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	oddus	orted organizations played in this regard.	3		
Sect	ion E	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 inst	ructions).		
а	Ш	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructi	on <u>s).</u>	_
2	Activi	ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	<u>2a</u>		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		$^{\prime\prime}$ the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	<u>2b</u>		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a_		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	OI ITS	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	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							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule 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

GF	REENSPRING VILLAGE, INC.	52-2095427				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
Note: Only a section 501(c	is covered by the General Rule or a Special Rule .	le. See instructions.				
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•				
Special Rules						
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one				
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a general than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	cientific,				
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section sections, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ng requirements of Schedule B (Form 990).	<i>"</i>				
For Paperwork Reduction Ac	et Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

Name of organization

Employer identification number

GREENSPRING VILLAGE, INC.

52-2095427

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$ 202,515.	Person X Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,311.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$\$ 119,543.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$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
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GREENSPRING VILLAGE, INC.

52-2095427

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		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$11,910.	Person X Payroll
(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		\$6,175.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$10,500.	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		\$10,000.	Person X Payroll

Name of organization

Employer identification number

GREENSPRING VILLAGE, INC.

52-2095427

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		\$\$	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		\$\$	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		\$\$	Person X Payroll		
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for		

Name of organization

Employer identification number

52-2095427

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	SIGNAGE						
2							
		\$6,311.	12/31/23				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
Part I		(See Instructions.)					
0	STOCK						
8	-						
		\$5,410.	12/07/23				
(a)		(c)					
No.	(b)	FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
	CAR						
15							
			00.400.400				
		\$	03/08/23				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received				
Part I	Description of noncasti property given	(See instructions.)	Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		<u> </u>					
	-	\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	-	—					
	-	 _{\$}					

Name of organization **Employer identification number** GREENSPRING VILLAGE, INC. 52-2095427 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GREENSPRING VILLAGE, INC.

Employer identification number 52-2095427

Pa		ganizations Maintaining Donor Advise anization answered "Yes" on Form 990, Part IV, lin		r Funds or Ac	counts. Complete if the
	org	anization answered fes on Form 990, Part IV, iii	(a) Donor advised fund	s ((b) Funds and other accounts
4	Total numb	por at and of year	(a) Donor advisod fand	<u> </u>	by raines and other accounts
1 2		per at end of yearvalue of contributions to (during year)			
3		value of grants from (during year)			
4		value at end of year			
5		ganization inform all donors and donor advisors in	writing that the assets held in de	onor advised fund	de
J	-	panization's property, subject to the organization's			
6		ganization inform all grantees, donors, and donor a			
Ū		ple purposes and not for the benefit of the donor o			
		• •		•	
Pai		nservation Easements. Complete if the or			
1	Purpose(s)	of conservation easements held by the organization	on (check all that apply).		
	Pres	ervation of land for public use (for example, recrea	tion or education) Pres	ervation of a histo	orically important land area
	Prot	ection of natural habitat	Pres	ervation of a certi	fied historic structure
	Pres	ervation of open space			
2		lines 2a through 2d if the organization held a qualit	fied conservation contribution ir	the form of a co	
	day of the	tax year.			Held at the End of the Tax Year
а	Total numb	per of conservation easements			2a
b	Total acrea	age restricted by conservation easements			2b
С	Number of	conservation easements on a certified historic stru	ucture included on line 2a		2c
d		conservation easements included on line 2c acqu			
		ic structure listed in the National Register			2d
3	Number of	conservation easements modified, transferred, rel	eased, extinguished, or termina	ted by the organi	zation during the tax
	year				
4		states where property subject to conservation eas			
5		organization have a written policy regarding the per		andling of	
	•	and enforcement of the conservation easements it			
6	Staff and v	rolunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservatio	n easements during the year
7	Amount of	expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements during the year
8	Does each	conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i))
	and sectio	n 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII	, describe how the organization reports conservation	on easements in its revenue and	d expense statem	ent and
		eet, and include, if applicable, the text of the footr	note to the organization's financ	ial statements tha	at describes the
Pai	organization	on's accounting for conservation easements. ganizations Maintaining Collections of	Art. Historical Treasure	s or Other S	imilar Assets
		mplete if the organization answered "Yes" on Form		, o, o. o	mai 7.000to
		nization elected, as permitted under FASB ASC 95		atement and bala	ance sheet works
	ū	prical treasures, or other similar assets held for put	·		
	,	ovide in Part XIII the text of the footnote to its finar	· · · · ·		·
b	· ·	nization elected, as permitted under FASB ASC 95			sheet works of
	_	cal treasures, or other similar assets held for public			
	provide the	e following amounts relating to these items.			
	•	ue included on Form 990, Part VIII, line 1			\$
2	If the organ	nization received or held works of art, historical tre			provide
	-	ng amounts required to be reported under FASB A			
а		ncluded on Form 990, Part VIII, line 1			\$
b		luded in Form 990, Part X			

		(1 01111 000) 1010	VILLAGE, INC.		de al Tra		. 041		2-20954			age 2
	t III	Organizations Maintaining C								(contir	าued)_	
3	_	the organization's acquisition, accessing	on, and other record	s, check a	any of the fo	ollowing that	t make s	ignificant use	of its			
_	Collec	ction items (check all that apply). Public exhibition	d		oon or ovel	aanaa nroar	am.					
a b	H	Scholarly research	e			nange progra						
C	H	Preservation for future generations	•	,								
4	Provid	de a description of the organization's co	ollections and explain	n how the	v further th	e organizatio	nn's exer	nnt nurnose ii	n Part XI	Ш		
5		g the year, did the organization solicit o	•		•	ū			TT GIT XII			
•		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arran										
		reported an amount on Form 990, Par			Ü			,	,	,		
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	diary for co	ontribution	s or other as	sets not	included				
	on Fo	orm 990, Part X?								Yes	X	No
b		s," explain the arrangement in Part XIII										
									P	4moun	t	
С	Begin	ning balance						. 1c				
d	Addit	ions during the year						. 1d				
е	Distril	butions during the year						. 1e				
f	Endin	ng balance						. 1f				
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	stodial acco	unt liabil	ity?	Х	Yes	L	∐ No
		s," explain the arrangement in Part XIII.							<u></u>		X	
Par	τν	Endowment Funds Complete if							- b - al. 4	(-) Fau		h a a l .
			(a) Current year	(a) Pri	or year	(c) Two yea	rs dack	(d) Three years	3 Dack ((e) Four	years	раск
		ning of year balance							-+			
		ibutions							-+			
C		nvestment earnings, gains, and losses							$\overline{}$			
a		s or scholarships							-+			
е		expenditures for facilities										
	•	orograms nistrative expenses							-+			
g		of year balance							$\overline{}$			
2		de the estimated percentage of the curr	rent vear end balance	L e (line 1a	column (a)) held as:						
		d designated or quasi-endowment	•	% %	oolamii (a),	, ricia ao.						
		anent endowment										
		endowment	<u></u> ,,,									
		percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За		nere endowment funds not in the posse	•	ation that	are held an	d administer	ed for th	ne				
		nization by:	· ·								Yes	No
	-	Inrelated organizations?								3a(i)		
										3a(ii)		
b	If "Ye	s" on line 3a(ii), are the related organiza								3b		
4		ribe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	(6	d) Boo	k value	е

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land		21,203,114.		21,203,114.				
b Buildings		552,397,234.	258,894,803.	293,502,431.				
c Leasehold improvements								
d Equipment		23,781,974.	20,522,971.	3,259,003.				
e Other		13,025,817.	885,609.	12,140,208.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))								

Schedule D (Form 990) 2023

(F)

(G) (H)

Part VII Investments - Other Securities	Part VII
---	----------

Tail III									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A) BENEFICIAL INTEREST IN COMERICA									
(B) LEGACY FOUNDATION	78,349.	END-OF-YEAR MARKET VALUE							
(C) BENEFICIAL INTEREST IN NATIONAL CCRC									
(D) BUSINESS TRUST I	259,948,050.	END-OF-YEAR MARKET VALUE							
(E) BENEFICIAL INTEREST IN NATIONAL CCRC									
(F) STATUTORY TIER IV TRUST	13,418,537.	END-OF-YEAR MARKET VALUE							

END-OF-YEAR MARKET VALUE

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.

FIXED INCOME SECURITIES

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

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

2,722,144.

276,167,080.

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RESIDENT DEPOSITS (NET)	525,169,186.
(3)	RESIDENT REFUNDS	10,185,625.
(4)	FUNDS HELD FOR RESIDENTS	433,132.
(5)	CLAIMS RESERVE	1,127,159.
(6)	MARKETING FEE DEFERRED	46,981.
(7)	DEFERRED MANAGEMENT FEE	176,424.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	537,138,507.

^{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

Schedule D (Form 990) 2023 GREENSPRING VILLAGE, INC.			52-209542	27 Page 4
Part XI Reconciliation of Revenue per Audited Fina	ncial Statements Wi	th Revenue per Re	turn	
Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial state	tements		1	135,814,956.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1	2:	1		
a Net unrealized gains (losses) on investments	2a	1,073,980.		
b Donated services and use of facilities	I			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	34,516,049.		
e Add lines 2a through 2d			2e	35,590,029.
3 Subtract line 2e from line 1			3	100,224,927.
4 Amounts included on Form 990, Part VIII, line 12, but not on line		10.004		
a Investment expenses not included on Form 990, Part VIII, line 7b		·		
b Other (Describe in Part XIII.)	4b_	419,543.		422 427
c Add lines 4a and 4b			4c	432,437.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, P. Part XII Reconciliation of Expenses per Audited Final Part XII Reconcil			_	100,657,364.
		itti Expelises per r	16tuiii	
Complete if the organization answered "Yes" on Form 99				117 /98 //7
1 Total expenses and losses per audited financial statements			1	117,498,447.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1		
a Donated services and use of facilities			-	
b Prior year adjustments	I		-	
c Other losses		-384,628.	-	
d Other (Describe in Part XIII.)	·		2e	-384,628.
e Add lines 2a through 2d 3 Subtract line 2e from line 1				117,883,075.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 				
a Investment expenses not included on Form 990, Part VIII, line 7b	1	12,894.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	12,894.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990.				117,895,969.
Part XIII Supplemental Information	rarti, iiric ro.j			, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3.	nes 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	; Part X, line 2	2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	· · · · · · · · · · · · · · · · · · ·	· · · ·		,
PART IV, LINE 2B:				
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:				
GREENSPRING VILLAGE, INC. ("GSV") IS EXEMPT FROM FED	ERAL INCOME TAXES			
INDER GROWTON FOLICANIA OF THE INTERNAL PRIMITING CORE				
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE	AND THE APPLICABLE			
CONTROL TROOMS ON DECLIFACION OF WANTACEMENT HAS BUILDED	ED GGV'G MAY DOGTMI	ONG		
STATE INCOME TAX REGULATIONS. MANAGEMENT HAS EVALUAT	שם GSV S TAX PUSITIO	מאנט		
AND HAS CONCLUDED THAT GSV HAS TAKEN NO UNCERTAIN TA	Y POSTMIONIC שמאש נייסיו	מ.זוו		
THE TAIL CONCEOUDD THAT GOV HAS TAKEN NO UNCERTAIN TA	TODITIONS INAL WO			
REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL S	TATEMENTS			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GREENSPRING VILLAGE, INC. Part XIII Supplemental Information (continued)		52-2095427	Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990	34,915.		
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS			
TRUST	33,652,185.		
UNREALIZED GAIN ON SWAP AGREEMENTS	344,347.		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	484,602.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	34,516,049.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	419,543.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990 ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	34,915.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-419,543. -384,628.		

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

2023

Open to Public Inspection

NG VILLAGE, INC.					52-209542	7
Complete if the organization answert.	red "Y	es" or	ı Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(ii) Activity	or con	itrol of	(iv) Gross receipts from activity	tò (or fı	retained by) undraiser	(vi) Amount paid to (or retained by) organization
	Yes	No				
on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is ex	xempt from re	gistration
	ised funds through any of the following and solicitating Solicitating Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuate organization. (ii) Activity	See Complete if the organization answered "Yart." ised funds through any of the following active Solicitation of Solicitation of Solicitation of Solicitation of Special fundration or oral agreement with any individual (include Part VII) or entity in connection with professicity in the organization. (iii) Activity Yes	Se Complete if the organization answered "Yes" or art. ised funds through any of the following activities. Or activities of solicitation of non-gray special fundraising or or oral agreement with any individual (including of Part VII) or entity in connection with professional fullividuals or entities (fundraisers) pursuant to agreer e organization. (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	Se. Complete if the organization answered "Yes" on Form 990, Part IV, Int. ised funds through any of the following activities. Check all that apply. Part IV Solicitation of non-government grants	See Complete if the organization answered "Yes" on Form 990, Part IV, line 17 art. See Complete if the organization answered "Yes" on Form 990, Part IV, line 17 art. See Gunds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants G	So Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ int. Solicitation of non-government grants Solicitation of non-government grants Solicitation of government grant

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 542,767. 542,767. 1 Gross receipts 2 Less: Contributions 522,767. 522,767. 3 Gross income (line 1 minus line 2) 20,000. 20,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 195. 195. 15,750. 15,750. **7** Food and beverages 13,455. 13,455. 8 Entertainment 5,515. 5,515. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 34,915. -14,915. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 GREENSPRING VILLAGE, INC.	2-209542	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

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

Schedule G	(Form 990) Supplemental Infor	GREENSPRING VILLAGE,	INC.	52-2095427	Page 4
Part IV	Supplemental Infor	mation (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

GREENSPRING VI	LLAGE, INC.						52-2095427					
Part I General Information on Grants an												
1 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	No											
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to D					anization answered "\	es" on Form 990, Part l	IV, line 21, for any					
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1(a) Name and address of examination. (b) FIN. (c) IRC section. (d) Amount of (f) Method of (g) Description of (h) Ruyness of grant												
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	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									

Page 2

Schedule I (Form 990) 2023 GREENSPRING VILLAGE, 1	INC.				52-2095427	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, 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	n assistance
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	134	280,125.	0.			
Part IV Supplemental Information. Provide the information red	บ quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	lditional information.		
SCHEDULE I, PART I, LINE 2						
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR	-ROUND AT GRE	EENSPRING				
VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWA	BLE DURING TH	IE TWO				
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL	BE REVIEWED A	AND				
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST	HAVE BEEN EME	PLOYED BY				
GREENSPRING VILLAGE ON OR BEFORE SEPTEMBER 30, OF	THE START OF	THEIR				
JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALS						
OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER						
	·					
JUNIOR YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST	BE COMPLETED	BY THE				

Part IV Supplemental Information

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

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

NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE

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

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

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

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

EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE

TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES

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

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

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

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

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

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

COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL, SCHOLAR CANDIDATES MUST

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

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

FALL OF 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.

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.

ZUZ3

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.

GREENSPRING VILLAGE, INC.

Employer identification number 52-2095427

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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. Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: Х a 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 **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

GREENSPRING VILLAGE INC. 52-2095427

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

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

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

		(B) Breakdown of W	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)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELISSA ROBSON	(i)	185,516.	35,000.	3,988.	7,526.	23,042.	255,072.	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) ISHA MATHIS	(i)	139,381.	18,110.	1,163.	4,655.	13,829.	177,138.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHERI NIDIFFER	(i)	139,763.	18,600.	880.	4,817.	6,482.	170,542.	0.
REGIONAL DIRECTOR, EHWB	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
(6) SHEILA WILLING	(i)	144,021.	9,423.	162.	4,525.	8,782.	166,913.	0.
SENIOR SALES ASSOCIATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA KING	(i)	136,016.	16,500.	688.	4,104.	474.	157,782.	0.
DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMBERLY NELSON	(i)	119,631.	17,192.	1,084.	4,218.	13,110.	155,235.	0.
DIRECTOR, PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RIBCA MERSHA	(i)	129,474.	9,767.	1,023.	4,111.	10,809.	155,184.	0.
MANAGER, REHABILITATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KAREN HALL	(i)	135,487.	5,620.	656.	3,626.	7,544.	152,933.	0.
ASSISTANT ADMIN CONTINUING CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARGARET BOATENG	(i)	139,175.	1,200.	460.	3,666.	6,258.	150,759.	0.
LICENSED PRACTICAL NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 GREENSPRING VILLAGE, INC.	52-2095427	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 comp	olete this part for any additional information.	
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:		
MELISSA ROBSON AND DIANA KING ARE LISTED IN SCHEDULE J, PART II AND ARE		
EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED		
ORGANIZATION TO GREENSPRING VILLAGE, INC., IN ACCORDANCE WITH THE		
MANAGEMENT AGREEMENT BETWEEN GREENSPRING VILLAGE, INC. AND ESL. SEE		
SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3.		
THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THE FORM		
W-2S. UNDER THE MANAGEMENT AGREEMENT, GREENSPRING VILLAGE, INC.		
REIMBURSES ESL FOR THE COST OF SERVICES PERFORMED FOR GREENSPRING		
VILLAGE, 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

Part I Bond Issues

GREENSPRING VILLAGE, INC.

Employer identification number 52-2095427

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	e price (f) Description		(g) De	efeased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
VA SMALL BUSINESS FINANCING													
A AUTHORITY	54-1300845	NONE	10/15/20	65,8	05,683.R	REFUND OF PR	IOR ISSUE		Х		Х	X	<u> </u>
VA SMALL BUSINESS FINANCING													
B AUTHORITY	54-1300845	NONE	10/15/20	35,1	.57,012.N	NEW MONEY			Х		Х	Х	
С													<u> </u>
D													L
Part II Proceeds													
			A			В	С				D		
				,081,671.		165,274.							
2 Amount of bonds legally defeased													
3 Total proceeds of issue			***	,805,683.		35,157,012.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
•				615 466		155 010							
•				617,466.		157,012.							
-													
Working capital expenditures from proc				000 000									
10 Capital expenditures from proceeds			45	,000,000.	35,000,000.								
				,188,217.									
				2020		2023							
13 Year of substantial completion								N		V	-	N1 -	
14 More the hands issued as part of a refu	ading ignue of the every	handa (ar	Yes	No	Yes	No	Yes	No		Yes	+	No	—
14 Were the bonds issued as part of a refulif issued prior to 2018, a current refunding	-		x			x							
15 Were the bonds issued as part of a refu						^A					+		
issued prior to 2018, an advance refund	-	•		х		x							
16 Has the final allocation of proceeds bee			37		x						+		
17 Does the organization maintain adequate		nnort the					+				+		
final allocation of proceeds?			x		x								

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 GREENSPRING VILLAGE, INC. 52-2095427 Page 2

Par	t III Private Business Use								
			A	E	3		O)
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		Х				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	Х		Х					
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х		Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х		Х					
	Are there any research agreements that may result in private business use of								
	bond-financed property?		х		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?		Х		Х				
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		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?	X		Х					
Par	t IV Arbitrage								I
			A	E	3		С)
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		х				
2	If "No" to line 1, did the following apply?		•				•		•
a	Rebate not due yet?	Х		Х					
	Exception to rebate?		Х		Х				
	No rebate due?		Х		Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х		Х					

Schedule K (Form 990) 2023 GREENSPRING VILLAGE, INC. 52-2095427 Page 3

Part IV Arbitrage (co	ntinued)
-----------------------	----------

	Ą		В		C		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х	Х					
b Name of provider			TRUIST BAN	IK				
c Term of hedge			1	L2.0000000				
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				Х				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		Х					
Part V Procedures To Undertake Corrective Action								

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

Α		E	3			D		
Yes	No	Yes	No	Yes	No	Yes	No	
Х		Х						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

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 II, LINE 3, COLUMN (B):

THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO THE ORGANIZATION FROM THE \$118,800,000 VIRGINIA SMALL BUSINESS FINANCING AUTHORITY SERIES 2020B, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE ORGANIZATION AND CERTAIN OF ITS AFFILIATES. SERIES B WAS ISSUED AS A DRAWDOWN BOND AND THE SERIES A & B ARE PART OF THE SAME ISSUE.

PART III, LINES 4 & 6, COLUMNS A & B:

THE PERCENTAGE IS LESS THAN 3%.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

GREENSPRING VILLAGE, INC.

Employer identification number 52-2095427

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amoun	ITS
1	Art - Works of art			, ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	Х	8	22,175.	FAIR MARKET VALUE		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	1	5,410.	FAIR MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts				L		
25	Other (SIGNAGE)	Х	1	6,311.	BOOK VALUE		
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organization of Forms 8283 rece	=	•			1	1
	for which the organization completed Form 828	is, Part V, L	onee Acknowleag	ement 29			1
200	During the year did the organization receive by	contributio	n any proporty ron	orted in Dort I lines 1 throug	ib 20 +bat it	Yes	No.
Sua	During the year, did the organization receive by must hold for at least 3 years from the date of the				I		
	exempt purposes for the entire holding period?		•	·		30a	х
h	If "Yes," describe the arrangement in Part II.					30a	
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	х
	Does the organization hire or use third parties of					-	†
JEU	contributions?		_			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is ched	cked,		
	describe in Part II.	(-, -0.	71	(-y 5/104	, , , , , , , , , , , , , , , , , , ,		

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

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GREENSPRING VILLAGE INC

Employer identification number 52-2095427

GREENDIKING VIEENCE, INC.	32 2033427
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND	
ACCEPTANCE. WELCOME HOME!	
VISION STATEMENT - GREENSPRING VILLAGE, INC. CELEBRATES AGING! GROUNDED	
IN INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND	
OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR	
COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND	
GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.	
FORM 990, PART VI, SECTION A, LINE 1A:	
IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE	
GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN	
EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.	
UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO	
AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,	
PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY	
EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF	
THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS	
RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF	
THE STATE OF MARYLAND.	
FORM 990, PART VI, SECTION A, LINE 1B:	
ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE	

Name of the organization **Employer identification number** GREENSPRING VILLAGE, INC. 52-2095427 THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM THE ORGANIZATION OR FROM A RELATED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 3: DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR TRUSTEES. OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON? GREENSPRING VILLAGE, INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF 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 ORGANIZATION ENTERED INTO A DEVELOPMENT SERVICES AGREEMENT DATED AS OF DECEMBER 16, 2021 WITH ERICKSON LIVING DEVELOPMENT, LLC, AN AFFILIATE OF ESL, TO RESPOSITION HUNTER'S CROSSING CLUBHOUSE. 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. MELISSA

Name of the organization **Employer identification number** GREENSPRING VILLAGE, INC. 52-2095427 ROBSON, EXECUTIVE DIRECTOR AND DIANA KING, 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. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? GREENSPRING VILLAGE. INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES. INC. ("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING ORGANIZATION" WITH RESPECT TO GREENSPRING VILLAGE, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY?

Employer identification number Name of the organization GREENSPRING VILLAGE, INC. 52-2095427 CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER THAN GOVERNANCE COSTS OF THE MEMBER). AUTHORIZING THE FILING OF ANY BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE OF BUSINESS JUST INVOLVING THE ORGANIZATION. AND SELECTION OF THE MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY; PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE 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

Employer identification number Name of the organization GREENSPRING VILLAGE, INC. 52-2095427 GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY? ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER GREENSPRING VILLAGE. INC.'S AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS. FORM 990, PART VI, SECTION B, LINE 15: DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION

Employer identification number Name of the organization GREENSPRING VILLAGE, INC. 52-2095427 THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF GREENSPRING VILLAGE, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE PROCESS. METRICS. AND COMPARABLES THAT WERE USED IN DETERMINING THE RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 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

Name of the organization GREENSPRING VILLAGE, INC.	Employer identification number 52-2095427
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION	N 6104(D).
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
ORGANIZATIONS.	
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIREC	CTORS IS
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELAT	TED
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.	
FORM 990, PART VII, SECTION B:	
INDEPENDENT CONTRACTORS COMPENSATION.	
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS	FOR
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED	COSTS
ALLOCATED TO THE COMMUNITY, DIRECT AND SHARED COSTS INCLUDE SALA	ARIES
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES S	SUCH AS
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERA	ATIONS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS	
TRUST I	33,652,185.
UNREALIZED GAIN ON SWAP AGREEMENTS	344,347.
CHANGE IN RESTRICTED NET INVESTMENT RETURN	484,602.
TOTAL TO FORM 990, PART XI, LINE 9	34,481,134.

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GREENSPRING VILLA		52-2095427						
Part I Identification of Disregarded Entities. Cor	mplete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			(d) (e) al income End-of-year as		ssets Direct o		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	npt	
(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	1	(f) ct controlling entity		g) 512(b)(13 rolled tity?
NW's STORE THE SO SOUTHOR				501(c)(3))			Yes	No
ANN'S CHOICE, INC - 52-2095427 10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATION	AL SENIOR		
WARMINSTER PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10		ITIES, INC		х
ASHBY PONDS, INC - 20-5609803						,		
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATION	AL SENIOR		

MARYLAND

MARYLAND

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LINE 10

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

92-2205771. 816 CONNECTICUT AVE. NW. 7TH FL. CONTINUING CARE RETIREMENT

COMMUNITY

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CONTINUING CARE RETIREMENT

Schedule R (Form 990) 2023

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COMMUNITIES, INC

NATIONAL SENIOR

NATIONAL SENIOR

COMMUNITIES, INC

COMMUNITIES, INC

1000 AVERY POINT WAY

RICHMOND, VA 23233

WASHINGTON DC 20006

20147

BETHESDA NSC RETIREMENT COMMUNITY INC

AVERY POINT, INC - 92-2254866

ASHBURN, VA

GREENSPRING VILLAGE, INC. 52-2095427

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 501(c)(3))	(f) Direct controlling entity	contr organiz	zation?
BROOKSBY VILLAGE, INC - 52-2126755				(7())		Yes	No
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
CEDAR CREST VILLAGE, INC - 52-2184915					,		
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
EAGLE'S TRACE, INC - 03-0498683					,		
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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
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		
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		
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MARIS GROVE, INC - 55-0878964							
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
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							1
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		1
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

GREENSPRING VILLAGE, INC. 52-2095427

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		X
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 FL	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	h)	(i)	(j)	(k)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, inco	(related, unrelated, excluded from tax under	of total Share of		amount in box 20 of Schedule		amount in box 20 of Schedule		mana partr	iging 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	8,056,815.	240,633,892.		x	N/A		x	21.60%					
NATIONAL CCRC STATUTORY TIER			NATIONAL														
IV TRUST - 85-3943847, 701]		SENIOR														
MAIDEN CHOICE LANE,	CHARITABLE		COMMUNITIES,														
BALTIMORE, MD 21228	BUSINESS TRUST	MD	INC	EXCLUDED	-123,422.	13,043,836.		x	N/A		х	32.50%					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	ent	tion b)(13) rolled tity?
THE TALON BAR COMPANY - 56-2520131 701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER							163	INO
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	ТX	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

1a

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "`	Yes" on F	Form 990,	Part IV, line	34, 35b	, or 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
					1r		X
					1 s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	_ (b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	ivoivea		
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(1)							
(2)							
(2)							
(3)							
(3)							
(4)							
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(5)							
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(6)							
	09-28-23		<u> </u>	Schedule	R (For	n 990)	2023
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52-2095427

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Disprop	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocatio	amount in box 2) managin partner	ownership
•		country)	sections 512-514)	Yes No		assets	Yes I	(Form 1065)	Yes No	7
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