# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

A I	For the	2023 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Emp	oloyer ident	ificatio	n number	
	Addres	MARIS GROVE, INC.							
F	Name change				1 .	55-087896	4		
F	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Tele	phone numl	per		
F	Final return/	100 MARIS GROVE WAY		0-459-10					
	termin- ated	City or town, state or province, country, and 2	<b>G</b> Gross	receipts \$		89,394,265.			
	Ameno				H(a) Is	this a group	return		
	Application	F Name and address of principal officer: DANDA	RA BISGAIER		foi	r subordinat	es?	Yes X No	
	pendin	SAME AS C ABOVE			H(b) Are	all subordinate	s included	Yes No	
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	lf'	'No," attach	a list. S	See instructions	
J	Websit	e: WWW.NATIONALSENIORCOMMUNITIES.ORG			<b>H(c)</b> Gr	oup exemp	tion nur	mber	
K	orm of	organization: X Corporation Trust Ass	sociation Other	<b>L</b> Year	of formati	on: 2005	M Stat	e of legal domicile: PA	
Pi	art I	Summary							
	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SE	NIORS THA	ΥT		
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.							
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25%	% of its net a	assets.		
ove	3	Number of voting members of the governing body (	Part VI, line 1a)			<u>L</u>	3	11	
		Number of independent voting members of the gov	erning body (Part VI, line 1b)			L	4	7	
es &	5	Total number of individuals employed in calendar ye	ear 2023 (Part V, line 2a)				5	1442	
ζŧ	6	Total number of volunteers (estimate if necessary)					6	113	
Activities	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			<u>7</u>	'a	0.	
_	b	Net unrelated business taxable income from Form S	990-T, Part I, line 11				'b	0.	
						r Year		Current Year	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				1,329,200		1,576,107.	
enc	9					8,434,148		87,034,911.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			1	7,042,615		545,104.	
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				241,662	_	231,771.	
		Total revenue - add lines 8 through 11 (must equal l			9	7,047,625		89,387,893.	
	1	Grants and similar amounts paid (Part IX, column (A				113,022		118,033.	
	1	Benefits paid to or for members (Part IX, column (A)					).	0.	
es	15	Salaries, other compensation, employee benefits (P			3	4,995,690		37,563,393.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	ne 11e)			<u> </u>	).	0.	
Š	_b	Total fundraising expenses (Part IX, column (D), line	•		0	0 070 073		F0 016 140	
	''	Other expenses (Part IX, column (A), lines 11a-11d,				0,279,873	_	59,816,149.	
		Total expenses. Add lines 13-17 (must equal Part IX				5,388,585	_	97,497,575.	
	19	Revenue less expenses. Subtract line 18 from line 1	2			8 , 3 4 0 , 9 6 0 F Current Yea		-8,109,682.	
Net Assets or		Tatal assats (Dart V. Pass 40)		100		6,153,110		End of Year 368,714,127.	
SSE	20	Total assets (Part X, line 16)				6,323,110		438,725,096.	
let /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from l	ino 00			0,323,171 0,170,061	_	-70,010,969.	
P	22 art II	Signature Block	IIIIe 20			0,170,001	••	70,010,505.	
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents and t	o the hest of	mv know	ledge and helief it is	
	-	t, and complete. Declaration of preparer (other than officer					iny kilovi	nougo and bonoi, it is	
	,	, and sompton book and or property (only than only)	, ie saesa en an internation et in	non proparor	The arry in				
Sig	n	Signature of officer			I	Date			
Her		EILEEN ERSTAD, TREASURER							
	Ŭ	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN	
Paid	d	**	JULIA FLANNERY	o	9/27/24	if self-em	ployed P	00928918	
	parer	Firm's name RSM US LLP				Firm's EIN	,	714325	
	Only	Firm's address 100 INTERNATIONAL DRIVE, S	UITE 1400			3 =			
	•	BALTIMORE, MD 21202				Phone no.43	10-246	-9300	
Ma	v the IF	RS discuss this return with the preparer shown above	ve? See instructions					X Yes No	

<u>Form</u>	990 (2023) MARIS GRO			55-0878964	Page <b>2</b>
	rt III Statement of Program S				
	Check if Schedule O contains a	response or note to any line in this F	Part III		X
1	Briefly describe the organization's mis SEE SCHEDULE O	sion:			
2	Did the organization undertake any sig				
	prior Form 990 or 990-EZ?  If "Yes," describe these new services of				es X No
3	Did the organization cease conducting If "Yes," describe these changes on S		v it conducts, any program services?	Ye	es X No
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organiz revenue, if any, for each program servi	ervice accomplishments for each of ations are required to report the amo			
4a	(Code: ) (Expenses \$	83,445,674. including grants of \$		nue\$87,0	34,911.
	MARIS GROVE PROVIDES SERVICE		· · · · · · · · · · · · · · · · · · ·		
	1,278 INDEPENDENT LIVING UNI	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	NURSING BEDS AND 44 MEMORY C				
	RESIDENTS INCLUDE, BUT ARE N				
	SECURITY AND MAINTENANCE SER	VICES, RECREATIONAL AND PAS	STORAL ACTIVITES.		
4b	(Code:) (Expenses \$	including grants of \$	) (Reve	enue \$	
160	(Code:) (Expenses #	melading grants of \$\psi\$			
	-				
	-				
4-	/0		) (2	•	
4c	(Code: ) (Expenses \$	including grants of \$	) (Reve	enue \$	/
	-				
4d	Other program services (Describe on S	Schedule ()			
4u	(Expenses \$	•	) (Revenue \$	١	
4e	Total program service expenses	including grants of \$83,445,674.	) (nevenue \$	J	
70	rotal program scrince expenses	,,			

Form 990 (2023) MARIS GROVE, INC.

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<del>  ^</del>
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		A
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	
10	If "Yes," complete Schedule D, Part IV	9		
10		10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
• •	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	I Ia		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	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	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			,
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		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	asinostio government on rate is, solianing y, into 1: II Tes, Complete ochequie I. Parts Land II	41		1

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, , ,	23	х	
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u>-</u> -		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x
00	, , ,	-21		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	L_
35 a	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 67			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	O 0/ 0 [			

Form 990 (2023)

MARIS GROVE, INC.

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	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)			
<b>5</b> 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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	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		
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.			
a	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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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			
	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
4-	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	4-		
	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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure PA List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records IBI KHAN - (410) 242-2880 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228

Form 990 (2023) MARIS GROVE, INC. 55-0878964 Page **7** 

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

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

#### 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)	J		((	C) ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ba Ba		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1\ MAIDEEN HEGELED	line)	Ĕ	Ë	5	Αę	훈	요			
(1) MAUREEN HECKLER EXECUTIVE DIRECTOR	40.00	1		х				292,588.	0.	0 528
(2) REV. DR. ZINA JACQUE	0.10			_				232,300.	0.	9,528.
VICE CHAIR & VICE PRESIDENT	9.30	x		x				0.	215,000.	0.
(3) RANDALL COX	40.00	1						· · ·	213,000.	
DIRECTOR, FINANCE	10.00	1		x				157,317.	0.	16,070.
(4) EILEEN G. ERSTAD	0.10							207,027.	-	
TREASURER	14.50	x		х				0.	167,500.	0.
(5) CASEY KAMINSKI	40.00								,	
DIRECTOR, NURSING		1			Х			163,736.	0.	2,441.
(6) JAN SCHECHTER	40.00							·		· ·
PERSONAL MOVING CONSULTANT						x		142,717.	0.	15,711.
(7) MARY D. COLINS	0.10									
SECRETARY	10.30	х		х				0.	150,000.	0.
(8) STEPHANIE L. REEL	0.10									
DIRECTOR	9.90	Х						0.	150,000.	0.
(9) KIMBERLY DILL	40.00									
SALES COUNSELOR						Х		129,691.	0.	15,772.
(10) KIM HUNTER	40.00	]								
ASST DIRECTOR, NURSING						Х		132,843.	0.	6,673.
(11) PAGONA NARUN	40.00	1								
PHYSICAL THERAPIST						Х		134,506.	0.	424.
(12) ELIZABETH MEREDITH	40.00	4							_	
ASSISTANT ADMIN CONTINUING CARE	+					Х		124,984.	0.	9,630.
(13) BARBARA C. BISGAIER	0.50	l								
CHAIR & PRESIDENT	7.50	Х		Х				0.	110,000.	0.
(14) MICHAEL W. ROSKIEWICZ	0.10	<b>∤</b>							110 000	
DIRECTOR	9.50	Х						0.	110,000.	0.
(15) MONTY C. LEONARD	0.10	-						0.	97 F00	0
(16) PAMELA D. PAULK	8.40	Х						0.	87,500.	0.
DIRECTOR	8.20	х						0.	87,500.	_
(17) PATRICIA M. BROWN	0.10	_						0.	07,500.	0.
DIRECTOR	7.60	х						0.	87,500.	0.
	1 7.00	1>		<u> </u>				ı	37,300.	Form <b>990</b> (2022)

Form **990** (2023)

Form 990 (2023) MARIS GROVE, INC. 55-0878964 Page **8** 

Part VII   Section A. Officers, Directors, Tru		oloy	ees,			ghes	t Co		,	T
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) IAN BROWN	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(19) RUSSELL SHARP	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(20) ARNOLD SPEERT	0.20									
DIRECTOR (THRU 3/31/23)	8.00	Х						0.	22,500.	0.
(21) C. JACKSON BAIN	0.20									
DIRECTOR (THRU 3/31/23)	6.50	Х						0.	22,500.	0.
(22) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(23) JOHN HALL	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(24) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0.
(25) NEAL GANTERT	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
1b Subtotal								1,278,382.	1,340,000.	76,249.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,278,382.	1,340,000.	76,249.

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

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

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	11,414,382.
CROWN FLOORING CO, 3045 MCCANN FARM DR,		
STE 101, GARNET VALLEY, PA 19060	FLOORING	1,723,915.
M.R. JOHNSON ENTERPRISES, INC.		
108 SKYVIEW DR, COATESVILLE, PA 19320	BUILDING CONTRACTOR	1,365,522.
R.C. LEGNINI COMPANY, INC.		
46 PENNSYLVANIA AVE, MALVERN, PA 19355	BUILDING CONTRACTOR	736,039.
PIC RITE MANAGEMENT & CONSULTING INC		
234 W BROAD ST #C, HATFIELD, PA 19440	CONSULTING SERVICES	660,792.
2 Total number of independent contractors (including but not limited to the	se listed above) who received more than	
\$100,000 of compensation from the organization 2	22	
		= 000 (2222)

30

Form 990 (2023) MARIS GROVE
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a re	esponse (	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								Tarrottori Tovorido	Buominoso reventas	sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
ran		b	Membership dues		1b					
P,G		С	Fundraising events		1c	535.				
a ii			Related organizations		1d					
s, G		е	Government grants (contribution	ons)	1e	734,491.				
ion		f	All other contributions, gifts, grant	ts, and						
but			similar amounts not included abov	/e	1f	841,081.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1	la-1f	1g \$	10,448.				
a Se		h	Total. Add lines 1a-1f				1,576,107.			
						Business Code				
ĕ	2	а	RESIDENT FEES			623000	77,130,585.	77,130,585.		
r Š		b	ANCILLARY FEES			623000	6,971,000.	6,971,000.		
Seg		С	RESIDENT DEPOSITS			623000	2,929,876.	2,929,876.		
Program Service Revenue		d	PROCESSING FEES			623000	3,450.	3,450.		
ogr B		е								
P		f	All other program service rever	nue						
		g	Total. Add lines 2a-2f				87,034,911.			
	3	;	Investment income (including	dividend	ds, intere	st, and				
		other similar amounts)					544,901.			544,901.
	4		Income from investment of tax-exempt bond p							
	5	,	Royalties							
				(i)	Real	(ii) Personal				
	6	а	Gross rents 6a	21	9,102.					
		b	Less: rental expenses 6b		0.					
		С	Rental income or (loss) 6c	21	9,102.					
		d	Net rental income or (loss)				219,102.			219,102.
	7	а	Gross amount from sales of	(i) Sed	curities	(ii) Other				
			assets other than inventory <b>7a</b>		203.					
		b	Less: cost or other basis							
ne			and sales expenses 7b		0.					
her Revenue		С	Gain or (loss) <b>7c</b>		203.					
Re		d	Net gain or (loss)		·····		203.			203.
her	8	а	Gross income from fundraising even	ents (no	ot					
ᅙ			including \$	535.	of					
			contributions reported on line	,	- 1					
			Part IV, line 18		<u>8a</u>	4,665.				
						250.				
			Net income or (loss) from fund				4,415.			4,415.
	9	а	Gross income from gaming act			40.440				
			Part IV, line 19			12,143.				
						6,122.	5 001			6 001
			Net income or (loss) from gami	-	vities	T	6,021.			6,021.
	10	а	Gross sales of inventory, less r							
			and allowances							
			Less: cost of goods sold							
_		С	Net income or (loss) from sales	s of inve	entory	Duning C				
Sī	٠.		DANDENTO DELACTO DECTO			Business Code	2 222			2 222
eor Te	11	a	PANDEMIC RELATED RESID			900099	2,233.			2,233.
llan ⁄en		b								
Miscellaneous Revenue		C	All adds an usus and the							
Ξ̈́			All other revenue				2,233.			
	40		Total Add lines 11a-11d				2,233. 89,387,893.	87,034,911.	0.	776,875.
	12		<b>Total revenue</b> . See instructions				05,301,033.	0,,00±,311.	ı	110,013.

### 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).

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do I	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	13,633.	13,633.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	104,400.	104,400.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	641,680.		641,680.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,894,638.	25,610,983.	4,212,503.	71,152.
8	Pension plan accruals and contributions (include	E40 400	404 540	101 310	0.053
_	section 401(k) and 403(b) employer contributions)	548,133.	424,748. 3,153,272.	121,312.	2,073.
9	Other employee benefits	4,024,716.		863,055.	8,389.
10	Payroll taxes	2,454,226.	2,084,840.	364,087.	5,299.
11	Fees for services (nonemployees):	3,547,908.	3 547 908		
	Management	44,178.	3,547,908.	44,178.	
	Legal	121,817.		121,817.	
	Accounting	121,017.		121,017.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15.		15.	
	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
9	column (A), amount, list line 11g expenses on Sch O.)	8,531,065.	2,295,609.	6,235,456.	
12	Advertising and promotion	1,702,253.	1,702,253.	, ,	
13	Office expenses	8,248,116.	7,189,947.	1,050,811.	7,358.
14	Information technology				
15	Royalties				
16	Occupancy	20,244,934.	20,221,270.	23,653.	11.
17	Travel	26,841.	12,277.	14,564.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,650.	9,650.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,048,307.	13,048,307.		
23	Insurance	1,039,348.	1,039,348.		
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 O.)				
a	EQUIPMENT RENTAL	2,331,371.	2,319,703.	11,668.	
b	CHARITY CARE	505,809.	505,809.	, ,	
c	RESIDENT RELATIONS	414,537.	161,717.	250,495.	2,325.
d		,	,	,	,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	97,497,575.	83,445,674.	13,955,294.	96,607.
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)				
					E 000 (2222)

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or I	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,250.	1	0.		
	2	Savings and temporary cash investments			17,210,822.	2	25,558,882.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			1,317,917.	4	839,239.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			344,429,690.	7	5,986,100.
Assets	8	Inventories for sale or use		193,005.	8	174,188.	
As	9	Duran sid some server and defermed also are			2,706,365.	9	2,781,512.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	<b>I</b>	43,422,706.			
	b	Less: accumulated depreciation		20,661,526.	267,882,785.	10c	22,761,180.
	11	Investments - publicly traded securities	2,403,524.	11	2,716,418.		
	12	Investments - other securities. See Part IV, lin	7,752.	12	8,195.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	307,888,413.		
	16	Total assets. Add lines 1 through 15 (must e	636,153,110.	16	368,714,127.		
	17	Accounts payable and accrued expenses			8,183,995.	17	12,703,548.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			1,284,400.	21	2,061,300.
ý	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
abil		controlled entity or family member of any of the	hese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unr	elated thi			23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			706,854,776.	25	423,960,248.
	26	Total liabilities. Add lines 17 through 25			716,323,171.	26	438,725,096.
		Organizations that follow FASB ASC 958, o	heck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			-83,050,350.	27	-73,086,699.
Ва	28	Net assets with donor restrictions	2,880,289.	28	3,075,730.		
pur		Organizations that do not follow FASB ASC	958, che	eck here			
편		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	or other funds		31		
Net	32	Total net assets or fund balances			-80,170,061.	32	-70,010,969.
	33	Total liabilities and net assets/fund balances			636,153,110.	33	368,714,127.

Form 990 (2023) MARIS GROVE, INC. 55-0878964 Page **12** 

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,	387,	893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,	497,	575.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,	109,	682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-80,	170,	061.
5	Net unrealized gains (losses) on investments	5			68.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	17,	955,	812.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		312,	894.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-70,	010,	969.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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				
	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 Sch	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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

		MARIS	GROVE, INC.					55-0878964
Pa	art I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch					)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	$\Box$	A medical research organiz					•	the hospital's name.
·		city, and state:		,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
J		section 170(b)(1)(A)(iv). (0		logo or armyoromy ownion	or operat	ou by a go	vorminorital armi accords	5 <b>4</b> 111
6		A federal, state, or local go		ontal unit described in	soction 17	70(h)(1)(A)	(v)	
7		, ,	ŭ				• •	aublic described in
′		An organization that norma		itiai part of its support if	om a gove	mmeman	unit or from the general [	public described in
_		section 170(b)(1)(A)(vi). (C		AVAV-1) (Olate Davi				
8	$\mathbb{H}$	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
	T77	university:						
10	X	An organization that norma						
		activities related to its exen		•				•
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Co	•					
11	Ш	An organization organized a	•	•	•			
12		An organization organized a	•	•	•		•	• •
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а	ı		anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.				
b	, L		anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by have	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	;		grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d	ı 🗀		<b>integrated.</b> A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attentiv	veness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е	,	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
9		vide the following information						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

332021 12-21-23

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

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

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

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

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

Se	ction A. Public Support	ciow, picase comp	icic i ait ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not			, ,			,,
	include any "unusual grants.")	968,593.	1,463,634.	2,691,142.	1,329,200.	1,576,107.	8,028,676.
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	66,064,969.	68,425,223.	71,460,295.	78,434,148.	87,051,719.	371,436,354.
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	67,033,562.	69,888,857.	74,151,437.	79,763,348.	88,627,826.	379,465,030.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	125,000.	125,000.	388,000.	258,025.	224,058.	1,120,083.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	125,000.	125,000.	388,000.	258,025.	224,058.	1,120,083.
	Public support. (Subtract line 7c from line 6.)						378,344,947.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	67,033,562.	69,888,857.	74,151,437.	79,763,348.	88,627,826.	379,465,030.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,974,023.	17,952,410.	17,515,362.	17,283,413.	764,003.	71,489,211.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	17,974,023.	17,952,410.	17,515,362.	17 202 412	764 002	71 400 011
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	17,974,023.	17,952,410.	17,515,362.	17,283,413.	764,003.	71,489,211.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				823.	2,233.	3,056.
13	Total support. (Add lines 9, 10c, 11, and 12.)	85,007,585.	87,841,267.	91,666,799.	97,047,584.	89,394,062.	450,957,297.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here	····					
	ction C. Computation of Publi						
	Public support percentage for 2023 (li		•	olumn (f))		15	83.90 %
	Public support percentage from 2022					16	79.86 %
	ction D. Computation of Inves						15.05
	Investment income percentage for 20					17	15.85 %
	Investment income percentage from 2	•		un line 14 and line		18	19.91 %
198	a 33 1/3% support tests - 2023. If the	•		•		*	∕ is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
00	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n ala not check a l	<u>oox on line 14, 19a</u>	ı, or 190, check th	is box and see inst	tructions	

Schedule A (Form 990) 2023 MARIS GROVE, INC. 55-0878964 Page 4

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

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

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

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

MARIS GROVE, INC. 55-0878964 Page 6

Sche	edule A (Form 990) 2023 MARIS GROVE, INC.			55-0878964	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current (optiona		
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 (options	
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 Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting ora	anization (see	
	instructions).			•	

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	5	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	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	MARIS	GROVE,	INC.	55-0878964	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c lines 2 an	s, 4b, 4c, d 3; Part	the explanations required by Part II, line 10; Part II, line 17a 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pation E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Section art V, Section B, line 1e; Par	C.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

Employer identification number

М	55-0878964					
Organization type (check						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	• •				
Special Rules						
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so titional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,				
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled means there the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	•				
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

Name of organization

Employer identification number

55-0878964

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$224,058.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,448.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$53,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$53,394.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$627,297.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Name of organization

Employer identification number

55-0878964

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		\$8,500.	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
8		\$8,028.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$16,402.	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		\$24,150.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

55-0878964

i aitii	(See instructions). Ose duplicate copies of Part II II a	dultional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SIGNAGE		
		\$10,448.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization		Employer identification number
MARIS GR	OVE, INC.		55-0878964
Part III		through <b>(e)</b> and the following line entrharitable, etc., contributions of <b>\$1,000 or l</b> e	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	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.

Name of the organization

MARIS GROVE, INC.

**Employer identification number** 

55-0878964 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2023 MARIS GROVI							55-087		Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	easures, o	r Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🔲 L	oan or exc	change progra	am					
b	Scholarly research	e									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizatio	n's exen	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	· ·		•	-				,		
•	to be sold to raise funds rather than to be ma		,		*				Yes		No
Par	t IV Escrow and Custodial Arran				n answered "	Yes" on I	Form 990	Part IV li			
1 511	reported an amount on Form 990, Pa		ic ii tiic c	n gai iizatioi	ii answered	103 0111	01111 000	, 1 ait iv, ii	110 0, 01		
10			diany for c	contribution	as or other as	cote not	included				
Ia	Is the organization an agent, trustee, custodi								7 ٧	x	No
	on Form 990, Part X?								Yes	Λ	] МО
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ibie:				l	Amoun	+	
							-		Amoun	ι	
С	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance							 			
	Did the organization include an amount on F						ty?	LX	Yes		No
	If "Yes," explain the arrangement in Part XIII.									Х	
Par	t V Endowment Funds Complete if										
		(a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	rs back	(d) Three	years back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance				1						
b	Contributions				1						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g.	, column (a	i)) held as:						
а	Board designated or quasi-endowment	•	%	, ,	,,						
b	Permanent endowment	%									
C		<u></u> , -									
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administer	ed for th	<b>e</b>				
-	organization by:	ocion of the organiza	ation that	aro mora a	ina dariminotor	04 101 111	J			Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) = 1 · · · · · · · · ·								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipm		WITHERIT IC	iiius.							
	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X	line 10				
									(-I) D	1	
	Description of property	(a) Cost or o		` '	t or other	` '	ccumulat		( <b>d</b> ) Boo	k valu	Э
			neni)	Dasis	(other)	ue	oreciation				
	Land				607.004			710		C 2 5	110
	Buildings				697,824.			712.		625,	
	Leasehold improvements				,711,507.		13,515,			,195,	
	Equipment				,997,718.		5,577,			,420,	
	Other				,015,657.		1,495,			,520,	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. line 10	c, column	(B))				22	,761,	180.

Scriedule D (Form 990) 20	·	
Part VIII Investmen	s - Other Securities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
T . I (0 I (1) I								

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

### Part VIII Investments - Program Related.

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

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

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

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

(a) Description	(b) Book value
(1) FINANCE LEASE RIGHT OF USE ASSETS, NET	307,888,413.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	307,888,413.

#### Part X Other Liabilities

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

1. (a)	Description of liability	(b) Book value
(1) Federal income taxes		
(2) CLAIMS RESERVE		875,452.
(3) RESIDENT DEPOSIT	S	412,632,529.
(4) FUNDS HELD FOR R	ESIDENTS	66,947.
(5) RESIDENT REFUNDS	PAYABLE	7,910,425.
(6) PARKING DEPOSITS		2,297,500.
(7) DEFERRED MANAGEM	ENT FEES	177,395.
(8)		
(9)		
Total. (Column (b) must equal	Form 990, Part X, line 25, col. (B))	423,960,248.

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

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With F	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	89,647,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	68.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	d Other (Describe in Part XIII.) 2d 312,894				
е	Add lines 2a through 2d			2e	312,962.
3	Subtract line 2e from line 1			3	89,334,078.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15.		
b	Other (Describe in Part XIII.)	4b	53,800.		
С	Add lines 4a and 4b			4c	53,815.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	- 1071-1		5	89,387,893.
Par	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	97,443,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-53,800.		
е	Add lines 2a through 2d			2e	-53,800.
3	Subtract line 2e from line 1			3	97,497,560.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		15.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	15.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	97,497,575.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	•		; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	ation.		
	^-				
PART	IV, LINE 2B:				
PROS	PECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT	PAYMENTS			
PRIO	R TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE	DEPOSITS			
ARE	REPORTED ON FORM 990, PART X, LINE 21.				
PART	X, LINE 2:				
MARI	S GROVE, INC. ("MGC") IS EXEMPT FROM FEDERAL INCOME TAXES	UNDER			
a= a=	TON 501/G)/2) OF THE INTERNAL DEVENOES GODE IND. THE INDIVIDUAL	D. D. G. G. B. B. B.			
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICA	BLE STATE			
<b>T1700</b>	ME THE PERMITERANCE VINIGHTON HIS THEFT WAS A THE PARTY	TMT01/2 11/D			
TNCO	ME TAX REGULATIONS. MANAGEMENT HAS EVALUATED MGC'S TAX POS	TTIONS AND			
113 ~	CONCLUDED WITH MCC HAC WARRY NO THICKNESS TO THE POSTERIOR	AM DIOTT D			
HAS	CONCLUDED THAT MGC HAS TAKEN NO UNCERTAIN TAX POSITIONS TH	A.I. MOUTD			
DEAT	THE DECOGNITION OF DISCUSSION IN MILE PERSONAL COMMENSAGES				
<u>ν</u> μΩ0	IRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2023 MARIS GROVE, INC.		55-0878964	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS			
CHANGE IN RESTRICTED NET INVESTMENT RETURN	312,894.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	53,800.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS			
SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990	250.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	53,800.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-250.		
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	-53,800.		
SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990	250.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-53,800.		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 55-0878964 MARIS GROVE, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) AMERICAN RED CROSS 431 18TH ST NW 53-0196605 501(C)(3) WASHINGTON, DC 20006 8,000. 0 MAUI FIRE FUNDRAISER 1. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023 MARIS GROVE, INC. 55-0878964 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	76	104,400.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	L (b); and any other ac	l Iditional information.	
SCHEDULE I, PART I, LINE 2					
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED Y	EAR-ROUND AT MAR	IS			
GROVE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOW.	ABLE DURING THE	TWO			
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WI	LL BE REVIEWED A	ND			
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MU					
MARIS GROVE ON OR BEFORE SEPTEMBER 30, OF THE S	TART OF THEIR JU	NIOR			
YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO AC	HIEVE 700 HOURS	OF WORK			
DURING A TIME SPAN THAT BEGINS NO EARLIER THAN	JUNE 1, OF THEIR	JUNIOR			
YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE C	OMDI.ETED BY THE	END OF			

MARIS GROVE, INC. 55-0878964 Page 2

### Part IV | Supplemental Information

Schedule I (Form 990)

THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY).

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

NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE

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

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

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

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

EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE

TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES

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

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

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

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

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

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

COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL, SCHOLAR CANDIDATES MUST

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

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

FALL OF 2023 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN

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

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

MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO

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

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

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

AWARD.

### **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.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number MARIS GROVE, INC. 55-0878964 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X   Independent compensation consultant     X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 MARIS GROVE, INC. 55-0878964 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAUREEN HECKLER	(i)	235,902.	51,150.	5,536.	9,150.	378.	302,116.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VICE PRESIDENT	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.
(3) RANDALL COX	(i)	138,768.	16,750.	1,799.	4,880.	11,190.	173,387.	0.
DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
(5) CASEY KAMINSKI	(i)	141,005.	22,116.	615.	1,949.	492.	166,177.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAN SCHECHTER	(i)	133,086.	9,260.	371.	4,059.	11,652.	158,428.	0.
PERSONAL MOVING CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<u>Schedule J (Form 990) 2023</u> MARIS GROVE, INC. 55-0878964 Page **3** 

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional 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:
MAUREEN HECKLER AND RANDALL COX ARE LISTED IN SCHEDULE J, PART II AND
ARE EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED
ORGANIZATION TO MARIS GROVE, INC., IN ACCORDANCE WITH THE MANAGEMENT
AGREEMENT BETWEEN MARIS GROVE, 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 THESE FORMS W-2. UNDER THE MANAGEMENT
AGREEMENT, MARIS GROVE, INC. REIMBURSES ESL FOR THE COST OF SERVICES
PERFORMED FOR MARIS GROVE, INC.

### SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. Inspection **Employer identification number** 

MARIS GROVE, INC. 55-0878964 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 - MARIS GROVE, INC. CELEBRATES AGING! GROUNDED IN INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM. FORM 990, PART VI, SECTION A, LINE 1A: IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY. OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O. UNDER THE BYLAWS OF THE ORGANIZATION. THE BOARD HAS DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. FORM 990, PART VI, SECTION A, LINE 1B: ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A. ABOVE, WHO ARE INDEPENDENT.

**Employer identification number** Name of the organization MARIS GROVE, INC. 55-0878964 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? MARIS GROVE, 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 NEW MANAGEMENT AND MARKETING AGREEMENT MADE SEVERAL CHANGES, INCLUDING THE MODIFICATION OF THE MANAGEMENT FEE TO 4.5% THROUGH "STABILIZATION" AS DEFINED IN THE NEW AGREEMENT (TO OCCUR NO LATER THAN DECEMBER 31, 2030), AND TO CHANGE THE EXPIRATION DATE OF THE AGREEMENT TO THE EARLIER OF DECEMBER 31, 2050 OR ACQUISITION. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. MAUREEN HECKLER, EXECUTIVE DIRECTOR AND RANDALL COX, 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.

Name of the organization **Employer identification number** 55-0878964 MARIS GROVE, INC. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? MARIS GROVE, 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 MARIS GROVE, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS." CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY? CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS, CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE

Name of the organization  MARIS GROVE, INC.	Employer identification number 55-0878964
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	
MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?	
THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE	
REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS	
GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS	
FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.	

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

Schedule O (Form 990) 2023	Page 2
Name of the organization  MARIS GROVE, INC.	Employer identification number 55-0878964
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 MARIS GROVE, INC.'S	
AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF	
PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT	
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS	
POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF	_
INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT	
INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS	
AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO	
THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE	
BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE	
WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN	
ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE	
CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization  MARIS GROVE, INC.	Employer identification number 55-0878964
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
MARIS GROVE, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND	
NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2023 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	

Name of the organization **Employer identification number** 55-0878964 MARIS GROVE, INC. ORGANIZATIONS. THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II. FORM 990, PART VII, SECTION B: INDEPENDENT CONTRACTORS COMPENSATION. THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN RESTRICTED NET INVESTMENT RETURN 312,894. FORM 990, PAGE 11, PART X, LINE 23: WORKING CAPITAL LOAN. ON APRIL 30, 2010, MARIS GROVE, INC. ("MGC") AND REDWOOD-ERC CONCORD, LLC ("REC") ENTERED INTO A WORKING CAPITAL LOAN AGREEMENT ("WCLA"), WHICH ALLOWS MGC TO BORROW FROM REC AN AGGREGATE PRINCIPAL AMOUNT. THE AGREEMENT HAS BEEN AMENDED ON VARIOUS DATES TO ADJUST THE CAPACITY UNDER THE LOAN. THE LATEST AMENDMENT ON MARCH 1, 2015 SET THE BORROWING CAPACITY AT \$6,000,000. THERE WAS NO OUTSTANDING BALANCE ON THE WCL AS OF DECEMBER 31, 2023 AND 2022.

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  MARIS GROVE, INC.					55-0878964	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	i.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total inco	(e) me End-of-year as	sets Direct o	<b>(f)</b> controlling ntity
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one or	more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
AVERY POINT, INC - 92-2254866							
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

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

Schedule R (Form 990) 2023

Schedule R (Form 990) MARIS GROVE, INC. 55-0878964

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr 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
GREENSPRING VILLAGE, INC 52-2095427							
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
HIGHLAND SPRINGS, INC - 51-0536892							
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
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
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							ĺ
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

Schedule R (Form 990) MARIS GROVE, INC. 55-0878964

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	olled
		loreign country)		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	сомминіту	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
WIND CREST, INC - 51-0549976							
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	сомминіту	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)	(	h)	(i)	1	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	Disproportionate ar allocations? Code V-UE amount in b		Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes	No	
NATIONAL CCRC BUSINESS TRUST												
I - 26-6455718, 701 MAIDEN												
CHOICE LANE, BALTIMORE, MD	CHARITABLE											
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		x	N/A
NATIONAL CCRC STATUTORY TIER												
IV TRUST - 85-3943847, 701	]											
MAIDEN CHOICE LANE,	CHARITABLE											
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		x	N/A
	]											
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	]											
	]											
	1											
	1											

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		Courti y)						Yes	No
THE TALON BAR COMPANY - 56-2520131	_								
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		Х
	_								

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55-0878964

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 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 Х 1a Х **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) Х 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f Х Х Sale of assets to related organization(s) 1g Х h Purchase of assets from related organization(s) 1h Х Exchange of assets with related organization(s) 1i i Lease of facilities, equipment, or other assets to related organization(s) Х 1i Х k Lease of facilities, equipment, or other assets from related organization(s) 1k Х 11 Performance of services or membership or fundraising solicitations for related organization(s) Х 1m m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Х o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r 1s **s** Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Schedule R (Form 990) 2023 MARIS GROVE, INC. 55-0878964 Page 4

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

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

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