PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SEABROOK VILLAGE, INC. Name change 52-2126751 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 3000 ESSEX ROAD 732-643-2000 71,562,260. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return TINTON FALLS, NJ 07753 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARY COLINS Yes X No for subordinates? L SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.NATIONALSENIORCOMMUNITIES.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE A HOME FOR SENIORS THAT Activities & Governance SATISFIES THEIR THREE PRIMARY NEEDS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 4 4 879 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 276 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,715,963, 2,241,341. Contributions and grants (Part VIII, line 1h) 8 Revenue 62,606,377 68,228,968. 9 Program service revenue (Part VIII, line 2g) 270,670, 545,016. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 423,493 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 419,019. 11 66,016,503 71,434,344. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 151,090 141,616. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 30,273,348. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,437,369. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 45,484,827. 48,386,070. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 75,909,265, 81,965,055. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -9,892,762. -10,530,711. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 304,480,607 311,983,168. Total assets (Part X, line 16) 387,650,192, 397,659,713. 21 Total liabilities (Part X, line 26) 三年 -83,169,585. -85,676,545. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

								•
Sign	Signature of off	icer			Date			
Here	EILEEN ERST	AD, TREASURER						
	Type or print na	ime and title						
	Print/Type prep	arer's name	Preparer's signature	Date	Check	F	PTIN	
Paid	JULIA FLANN	ERY	09/27/24	: self-em	nployed P00	928918		
Preparer	Firm's name	RSM US LLP			Firm's EIN 42-0714325			
Use Only	Inly Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400							
		BALTIMORE, MD 21202			Phone no.4	110-246-9	300	
May the II	RS discuss this	return with the preparer shown abo	ove? See instructions			X	Yes	No

Form	1 990 (2023) SEABROOK VILLAGE,			52-2126751	Page 2
	rt III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or	note to any line in this Part III			Х
1	Briefly describe the organization's mission: SEE SCHEDULE O				
2	Did the organization undertake any significant prog prior Form 990 or 990-EZ?	ram services during the year w		Ye	s X No
•	If "Yes," describe these new services on Schedule	0.			s 🗓 No
3	Did the organization cease conducting, or make sig If "Yes," describe these changes on Schedule O.	inificant changes in now it cond	ducts, any program services?	Ye	S A NO
4	Describe the organization's program service accommunication 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$ 69,005,	803. including grants of \$		nue \$68,2	28,968.
	SEABROOK VILLAGE PROVIDES SERVICES NEE				
	RESIDE IN 1,043 INDEPENDENT LIVING UNI				
	86 SKILLED NURSING BEDS. THE SERVICES				
	INCLUDE, BUT ARE NOT LIMITED TO HOUSIN MAINTENANCE SERVICES, RECREATIONAL AND		RITY AND		
	MAINTENANCE SERVICES, RECREATIONAL AND	PASIORAL ACTIVITIES.			
4b	(Code:) (Expenses \$	including grants of \$) (Reven	nue \$	
160	/ (Сойс) (Ехропосо ф	Tiblianing grants of \$\psi\$) (never	<u></u>	
4-	/0		\ /p		
4c	(Code:) (Expenses \$	including grants of \$) (Reven	iue \$,
4d	Other program services (Describe on Schedule O.)				
→u	(Expenses \$ including gra	ints of \$) (Revenue \$	1	
4e	Total program service expenses	69,005,803.) (πονοπίας φ		
	i u v v v v v v v v v v v v v v v v v v				

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

			162	140
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			17
	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	_		17
_	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	_		х
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	If "Yes," complete Schedule D, Part IV			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	444		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	00-	Х

Form 990 (2023) SEABROOK VILLAGE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
OF -	Part V, line 1	34	Х	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023)

SEABROOK VILLAGE, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		_ A
d		7e		х
e f		7 e 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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 13b			
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template any payments for indeed template any payments.	110		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation on School Q.	14a		<u> </u>
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	.,		

SEABROOK VILLAGE, INC. Form 990 (2023) 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 12 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent 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? X The organization's CEO, Executive Director, or top management official 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

17	List the states with which a copy of this Form 990 is required to be fi	ed ^{NJ}
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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) SEABROOK VILLAGE, INC. 52-2126751 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)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week	H	cer an	ia a a	Irecto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	ler	'		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) JENNIFER MCNAMARA	40.00									
EXECUTIVE DIRECTOR				Х				224,112.	0.	20,336.
(2) REV. DR. ZINA JACQUE	0.10									
DIRECTOR	9.30	Х						0.	215,000.	0.
(3) CHRISTIAN DESORMES	40.00									
LICENSED PRACTICAL NURSE						Х		188,126.	0.	15,253.
(4) NEAL FIORE	40.00									
DIRECTOR, FINANCE				Х				172,041.	0.	28,654.
(5) KATHRYN VICTOR	40.00									
REGIONAL DIRECTOR, EHWC					Х			162,437.	0.	5,311.
(6) EILEEN G. ERSTAD	0.10									
TREASURER	14.50	Х		Х				0.	167,500.	0.
(7) DIEULA ETIENNE	40.00									
CARE ASSOCIATE (M)						Х		137,467.	0.	27,474.
(8) SANDRA KEFFER	40.00									
DIRECTOR, NURSING					Х			151,165.	0.	11,041.
(9) FOLASADE OGUNTOLA	40.00									
ASSISTANT DIRECTOR, NURSING						Х		127,291.	0.	25,915.
(10) MARY D. COLINS	0.40									
CHAIR & PRESIDENT/SECRETARY	10.00	Х		Х				0.	150,000.	0.
(11) STEPHANIE L. REEL	0.10									
VICE CHAIR & VICE PRESIDENT	9.90	Х		Х				0.	150,000.	0.
(12) DENNISE BALDWIN	40.00									
SALES COUNSELOR						Х		123,713.	0.	21,160.
(13) AMELIA BIRMINGHAM	40.00									
MANAGER, REHABILITATION						Х		131,554.	0.	12,039.
(14) BARBARA C. BISGAIER	0.10									
DIRECTOR	7.90	Х						0.	110,000.	0.
(15) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(16) MONTY C. LEONARD	0.10	1								
DIRECTOR	8.40	Х						0.	87,500.	0.
(17) PAMELA D. PAULK	0.10	1								
DIRECTOR	8,20	Х						0.	87,500.	0.
										Earm 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) SEABROOK VII	LAGE, INC.								52-2126/5	1 Page o
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	pmpensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week (list any	_	Cei ai	lu a u	liecto	T	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	ution	l la	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) PATRICIA M. BROWN	0.10									
DIRECTOR	7.60	Х						0.	87,500.	0.
(19) IAN BROWN	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(20) RUSSELL SHARP	0.10									
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.
(21) ARNOLD SPEERT	0.10									
DIRECTOR (THRU 3/31/23)	8.10	Х						0.	22,500.	0.
(22) C. JACKSON BAIN	0.10									
DIRECTOR (THRU 3/31/23)	6.60	Х						0.	22,500.	0.
(23) CHRIS RATHMANN	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(24) JOHN HALL	0.50									
ASSISTANT TREASURER	7.00			Х				0.	0.	0.
(25) LINDA J. KAUFER	0.20									
RESIDENT DIRECTOR		Х						0.	0.	0.
(26) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0.
1b Subtotal								1,417,906.	1,340,000.	167,183.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,417,906.	1,340,000.	167,183.

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

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

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

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

5 X

Section B. Independent Contractors

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

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	8,130,811.							
SWEETWATER CONSTRUCTION CORP									
32 N MAIN ST, CRANBURY, NJ 08512	BUILDING CONTRACTOR	6,003,311.							
BIERBACH CONSTRUCTION LLC, 126 N. ENSIGN									
DR, LITTLE EGG HARBOR TOWNSHIP, NJ 08087	BUILDING CONTRACTOR	1,402,483.							
SAPPHIRE BUILDERS GROUP LLC									
26 RICHARD LN, WEST LONG BRANCH, NJ 07764	BUILDING CONTRACTOR	753,613.							
NJSB CONSTRUCTION LLC									
12 WILLIAM LN, ASHBURY PARK, NJ 07712	BUILDING CONTRACTOR	607,549.							
2 Total number of independent contractors (including but not limited to those listed									
\$100,000 of compensation from the organization 24									

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Form 990 SEABROOK VILI	LAGE, INC.								52-21267	/51
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per					ΓĖ	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				l di		organization	(W-2/1099-MISC)	from the
	hours for	ordir	gy.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		au	ben s				and related
	organizations	al tru	onal		ploye	Com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
722		드	드	ō	포	王	3			
(27) NEAL GANTERT	0.50									_
ASSISTANT TREASURER	7.00			Х		_		0.	0.	0
	-									
		1								
	-				_					
						_				
Total to Part VII, Section A, line 1c										
,										

Form 990 (2023) SEABROOK V.
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a re	esponse (or note to anv lin	e in this Part VIII			
			J.150.1.1 C51.154.15 C C	<u> </u>			o,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ĸκ	1	<u></u>	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			1b					
جَ وَ			Fundraising events		· · · · · · -	1c	80,000.				
ifts			Related organizations			1d	,				
nis,			Government grants (contri			1e	771,793.				
Sir			All other contributions, gifts, g				·				
h ti			similar amounts not included			1f	1,389,548.				
풀			Noncash contributions included in li		Г	1g \$	8,522.				
Sor		-	Total. Add lines 1a-1f			J 1		2,241,341.			
							Business Code				
ø	2	а	RESIDENT FEES				623000	61,173,165.	61,173,165.		
Program Service Revenue			ANCILLARY FEES				623000	5,900,843.	5,900,843.		
Ser		С	RESIDENT DEPOSITS				623000	1,154,960.	1,154,960.		
E S		d									
Beg		е									
Pro			All other program service r	ever	nue						
			Total. Add lines 2a-2f					68,228,968.			
	3		Investment income (includ								
								485,539.			485,539.
	4		Income from investment of								
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	42	21,905.					
		b	Less: rental expenses	6b		0.					
			Rental income or (loss)	6c	42	21,905.					
		d	Net rental income or (loss)					421,905.			421,905.
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a			177,117.				
		b	Less: cost or other basis								
e			and sales expenses	7b	11	L7,640.	0.				
le l		С	Gain or (loss)	7с	-11	L7,640.	177,117.				
Re		d	Net gain or (loss)			<u></u>		59,477.			59,477.
Other Revenue		а	Gross income from fundraisin including \$	g eve	ents (no	ot					
			contributions reported on I								
			Part IV, line 18		,		0.				
			Less: direct expenses				6,961.				
			Net income or (loss) from f				,	-6,961.			-6,961.
			Gross income from gaming					,			·
	-		Part IV, line 19				5,679.				
			Less: direct expenses								
			Net income or (loss) from g				,	2,364.			2,364.
			Gross sales of inventory, le			·····		,			·
			and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from s								
			, , =				Business Code				
Miscellaneous Revenue	11	а	PANDEMIC RELATED RES	SID			900099	1,711.			1,711.
ine Pue		b									
ella		С									
<u>is</u>			All other revenue								
2			Total. Add lines 11a-11d					1,711.			
	12		Total revenue. See instruction					71,434,344.	68,228,968.	0.	964,035.

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

Total expenses	0001	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons				
A continued	Do I	·		(B)	(C)	(D)
and domestic poverments. See Part IV, line 21 Grants and other assistance to foreign individuals. See Part IV, line 22 117, 566. 117, 566. 117, 566. 3 Grants and other assistance to treeign organizations, foreign governments, and foreign foreign governments,			lotal expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations				·
Individuals. Sae Part V, Inne 22		and domestic governments. See Part IV, line 21	24,050.	24,050.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to or for members		individuals. See Part IV, line 22	117,566.	117,566.		
Individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members 1		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 775,097, 775,097,		individuals. See Part IV, lines 15 and 16				
trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(pt)(s)) and persons (as defined under section 4958(pt)(s)) and persons (as defined under section 4958(pt)(s)(s)) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4018(s) and 4038(pt) employer contributions) 9 Other employee benefits 4,316,846,3,236,122,1,068,256,12,468, 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemptoyees): a Management 2,094,404,2,994,404, b Legal 4,1,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41,406,41	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan acruals am dontributions (include section 401(k) and 403(t)) employer contributions) 9 Other employee benefits 1, 15, 846. 1, 20, 143, 346. 1, 20, 94, 404. 2, 94, 404. 2, 94, 404. 2, 94, 404. 2, 94, 404. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 41, 406. 4	5					
persons (as defined under section 4986/ft/1) and persons described in section 4986/ft/1) and persons described in section 4986/ft/1) and persons described in section 4986/ft/1) and section 4986/ft/2) and 2980 person plan accruais and contributions (include section 4016/kg and 4980) employer contributions) 9 Other employee benefits		trustees, and key employees	775,097.		775,097.	
Person persons described in section 4958(c)(3)(8) 25,679,322, 21,987,693, 3,605,701, 85,928.	6	Compensation not included above to disqualified				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management 2, 204, 404. 2, 204, 404. 2, 204, 404. 2, 204, 404. 2, 204, 404. 2, 204, 404. 3, 204, 404. 4) Lobbying 4 Lobbying 6 Other ciff limit 11g amount accessed 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 7 Avertising and promotion 7 Office expenses 7 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 24 Other expenses 16 Course Responses Interest 27 Depreciation, depletion, and amortization 28 Residences (10 Payments) 29 Responses 20 Payments to affiliates 20 Depreciation, depletion, and amortization 20 Avertising 24e amount exceeds 10% of line 24e. If line 24e amount expenses on Scholu. 20 Avertising 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e expenses on Schedule 0.) 3 RESIDENT RENTAL 3 Lotter expenses 4 Other expenses 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaling and fundraising solicitation. Check her C in line 24e expenses. Tother contents and complete educational campaling and fundraising solicitation. Check her C in line 24e. In li		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 40 (I)(s) and 403(b)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 All Agents of the Early of Early of the Early of the Early of Early o						
Section 401(k) and 403(b) employer contributions) 5.22, 75.8,		I	25,679,322.	21,987,693.	3,605,701.	85,928.
9 Other employee benefits	8		500 550	445 605	404 540	0 501
10 Payroll taxes						
11 Fees for services (nonemployees): a Management 2,094,404. 2,094,404. b Legal					· · ·	
a Management			2,143,346.	1,800,076.	335,241.	8,029.
b Legal		` ' ' '	2 004 404	2 004 404		
C Accounting 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002 101,002				2,094,404.	41 406	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 6,558,329, 880,326, 5,677,520, 483. 483. 40vertising and promotion 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 3,341,809, 4,931,625, 653,215, 6,518, 11 Information technology 15 Royalties Cocupancy 5,799,710, 5,788,177, 11,533, 17 Travel 120,053, 52,209, 67,698, 146. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Corferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 3,502,964, 3,502,964, 2 12 Payments to affiliates 92 Payments to affiliates 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696, 929,696		I	,			
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Column (A), amount, list line 11g expenses on Sch 0. 6 , 558 , 329 . 880 , 326 . 5 , 677 , 520 . 483 .		I	13,344.		13,344.	
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13 Office expenses	40	, , , , , , , , , , , , , , , , , , ,		-	3,077,320.	403.
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15 Royalties			3,331,330.	1,331,023.	333,213.	0,310.
16 Occupancy 5,799,710. 5,788,177. 11,533. 17 Travel 120,053. 52,209. 67,698. 146. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 5,799,710. 5,788,177. 11,533. 19 Conferences, conventions, and meetings 3,502,964. 3,502,964. 3,502,964. 20 Interest 3,502,964. 3,502,964. 3,502,964. 21 Payments to affiliates 5,799,118. 16,817,890. 161,228. 23 Insurance 929,696. 929,696. 929,696. 24 Other expenses. Itemize expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 3,182,080. 980,000. 196,303. 5,777. b EQUIPMENT RENATL 1,182,080. 980,000. 196,303. 5,777. c CHARITY CARE 999,607. 999,607. 23,283. 25 Total functional expenses. Add lines 1 through 24e 81,965,055. 69,005,803. 12,837,367. 121,885. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following		I				
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	81,965,055.	69,005,803.	12,837,367.	121,885.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

Pai	ιλ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any l	ine in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			680.	1	500.
	2	Savings and temporary cash investments			11,148,093.	2	17,946,000.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,434,436.	4	2,515,304.
	5	Loans and other receivables from any current	or former o	fficer, director,			
		trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	s		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			4,213,400.	7	2,840,900.
Assets	8	Inventories for sale or use			131,516.	8	125,091.
ğ	9	Prepaid expenses and deferred charges			355,129.	9	329,099.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	367,297,656.			
	b	Less: accumulated depreciation	10b	150,311,294.	218,653,126.	10c	216,986,362.
	11	Investments - publicly traded securities			1,873,543.	11	2,211,464.
	12	Investments - other securities. See Part IV, lin	e 11		62,944,518.	12	65,716,632.
	13	Investments - program-related. See Part IV, lin	ie 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,726,166.	15	3,311,816.
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		304,480,607.	16	311,983,168.
	17	Accounts payable and accrued expenses Grants payable			6,217,419.	17	8,806,715.
	18					18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			101,491,383.	20	105,393,893.
	21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D	1,578,700.	21	1,751,000.
S	22	Loans and other payables to any current or fo	rmer officer	, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
iabi		controlled entity or family member of any of the	nese person	s		22	
_	23	Secured mortgages and notes payable to unr	elated third	parties	206,018.	23	171,968.
	24	Unsecured notes and loans payable to unrela	ted third par	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lir	nes 17-24). C	Complete Part X			
		of Schedule D			278,156,672.	25	281,536,137.
	26	Total liabilities. Add lines 17 through 25			387,650,192.	26	397,659,713.
"		Organizations that follow FASB ASC 958, c	heck here	X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			-84,201,083.	27	-86,767,355.
B	28	Net assets with donor restrictions			1,031,498.	28	1,090,810.
S I		Organizations that do not follow FASB ASC	958, check	k here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund				29	
3Se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	<u> </u>
Se	32	Total net assets or fund balances			-83,169,585.	32	-85,676,545.
	33	Total liabilities and net assets/fund balances			304,480,607.	33	311,983,168.

Pa	TEXT 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			344.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,	965,	055.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,	530,	711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-83,	169,	585.
5	Net unrealized gains (losses) on investments	5		364,	652.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,	659,	099.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-85,	676,	545.
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	0.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SEABROOK VILLAGE, INC. 52-2126751 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6							
_	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(i) iotai
	Gross income from interest.						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3 % support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	c and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		
						Calaaduda A	(Farm 000) 0000

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

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

Se	ction A. Public Support	siow, picase comp	icto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,	,	, ,	,	,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1,319,628.	1,432,711.	2,291,871.	2,715,963.	2,241,341.	10,001,514.
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	65,277,660.	62,239,824.	61,031,781.	62,606,377.	68,234,647.	319,390,289.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	66,597,288.	63,672,535.	63,323,652.	65,322,340.	70,475,988.	329,391,803.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	100,000.	100,000.	267,000.	204,315.	169,518.	840,833.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	100,000.	100,000.	267,000.	204,315.	169,518.	840,833.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,	<u>, , , , , , , , , , , , , , , , , , , </u>	328,550,970.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	66,597,288.	63,672,535.	63,323,652.	65,322,340.	70,475,988.	329,391,803.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	788,498.	649,689.	623,706.	712,534.	907,444.	3,681,871.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						_
(Add lines 10a and 10b	788,498.	649,689.	623,706.	712,534.	907,444.	3,681,871.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			1,645.	4,369.	1,711.	7,725.
	Total support. (Add lines 9, 10c, 11, and 12.)	67,385,786.	64,322,224.	63,949,003.	66,039,243.	71,385,143.	333,081,399.
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 50	01(c)(3) organization	on,
80	check this box and stop here ction C. Computation of Publi	a Support Dar					
	•			-1(6)		45	98.64 %
	Public support percentage for 2023 (li					15	
	Public support percentage from 2022 ction D. Computation of Inves					16	98.69 %
	•			o 13 column (fl)		17	1.11 %
	Investment income percentage for 20 Investment income percentage from 2					18	1.11 %
	a 33 1/3% support tests - 2023. If the						,,,
196	more than 33 1/3%, check this box ar						Y
ŀ	33 1/3% support tests - 2022. If the	=	-	•	• •		
_	line 18 is not more than 33 1/3%, che	•		·		·	
20	Private foundation. If the organizatio			•		ŭ	

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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.
- 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")? |f "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?
- 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).
- 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.
- 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.)

	Var	NIA
	Yes	No
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3c		
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Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		i
b	A family member of a person described on line 11a above?	11b		
	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		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	(s)	
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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	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			1
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.7		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 5 II 165. Geodine III The fole played by the organization in this regard.			

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	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.			
8	Breakdown of line 7:			
а	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	SEABROOK VILLAGE,	INC.	52-2126751	Page 8
Part VI Supplemental Int Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ı D, lines 2 and 3; Part IV, Seo	planations required by Part II, line 10; Part II, line 17a 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line ction E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa lines 2, 5, and 6. Also complete this part for any addi	s 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART III, LINE	12, EXPLANATION FOR	OTHER INCOME:		
OTHER INCOME				
2021 AMOUNT: \$ 1,645.				
2022 AMOUNT: \$ 4,369.				
2023 AMOUNT: \$ 1,711.				

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

SEA	52-2126751				
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •			
For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$169,518.	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		\$8,172.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$88,670.	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		\$337,554.	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		\$345,569.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$19,407.	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		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,476.	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		\$8,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$8,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (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.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	SIGNAGE							
2								
		\$ 8,172.	12/31/23					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
raiti	GIFT CARDS							
14								
		\$	08/11/23					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	-							
		<u> </u>						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(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 or	rganization		Employer identification number
SEABROOK	VILLAGE, INC.		52-2126751
Part III		through (e) and the following line entinaritable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
_	Transferee's name, address, an		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, an	(e) Transfer of gift	Relationship of transferor to transferee
	a		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SEABROOK VILLAGE, INC.

Employer identification number 52-2126751

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	dale B (1 01111 000) 2020	ILLAGE, INC.						2126751	Р	Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Other S	imilar Ass	ets _{(con}	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make signi	ficant use of	its		
	collection items (check all that apply).									
а	Public exhibition	C	ı 🖳	Loan or exc	hange progra	am				
b	Scholarly research	e	• 🔲	Other						
С	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or othe	er similar as	sets		_	_
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	te if the	organization	answered "	Yes" on For	m 990, Part I	V, line 9, o	r 	
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contribution	s or other as	sets not inc	luded		_	_
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
								Amou	ınt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ıstodial acco	unt liability?		X Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.								Х	
Par	t V Endowment Funds Complete if									
		(a) Current year	(b) ⊦	Prior year	(c) Two year	rs back (d)	Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ar	nd administer	ed for the			- T	Τ
	organization by:								Yes	No
	(i) Unrelated organizations?									₩
	(ii) Related organizations?									₩
b	If "Yes" on line 3a(ii), are the related organization							<u>3b</u>		
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm					D	40			
	Complete if the organization answere									
	Description of property	(a) Cost or c		` '	or other		umulated	(d) Bo	ok valu	ie
		basis (investr	ment)		(other)	depre	ciation			
	Land				,749,004.				6,749,	
	Buildings			335	,893,469.	144	,633,480.	19:	1,259,	989.
С	Leasehold improvements									

7,699,927.

6,955,256.

216,986,362. Schedule D (Form 990) 2023

2,566,876.

6,410,493.

5,133,051

544,763.

e Other

d Equipment

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

Part VIII Investments - Other Securit	ties
---------------------------------------	------

Tart VIII Investments - Other Securities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN COMERICA		
(B) LEGACY FOUNDATION	46,693.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST IN NATIONAL CCRC		
(D) BUSINESS TRUST 1	54,313,476.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME SECURITIES	11,356,463.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)	-	

65,716,632.

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)		
otal. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RESIDENT DEPOSITS	262,102,260.
(3)	RESIDENT REFUNDS	18,204,972.
(4)	EMPLOYEE HEALTH PLAN	914,519.
(5)	FUNDS HELD FOR RESIDENTS	209,667.
(6)	DEFERRED MANAGEMENT FEES	104,719.
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	281,536,137.

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

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With P	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	79,313,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		364,652.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	7,875,806.		
е	•			2e	8,240,458.
3	Subtract line 2e from line 1			3	71,073,431.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	45.044		
а	Investment expenses not included on Form 990, Part VIII, line 7b		15,344.		
b	Other (Describe in Part XIII.)	4b	345,569.		260 012
_	Add lines 4a and 4b			4c	360,913.
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat	omonte With	Evnoncos nor B	5 cturn	71,434,344.
Fai			Expenses per n	etuiii	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			01 020 040
1				1	81,820,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a	Donated services and use of facilities				
b	Prior year adjustments	_			
d	Other losses Other (Describe in Part XIII.)		-128,862.		
			-	2e	-128,862.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	81,949,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,344.		
b					
	Add lines 4a and 4b			4c	15,344.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	81,965,055.
Par	rt XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4;	; Part X, li	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		,	,
	,				
PART	'IV, LINE 2B:				
PROS	PECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT	PAYMENTS			
PRIC	OR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANC	E DEPOSITS			
ARE	REPORTED ON FORM 990, PART X, LINE 21.				
PART	! X, LINE 2:				
SEAB	BROOK VILLAGE, INC. ("SBV") IS EXEMPT FROM FEDERAL INCOME T	AXES UNDER			
SECT	CION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICA	BLE STATE			
INCO	ME TAX REGULATIONS. TINTON FALLS CAMPUS, LLC ("TFC") IS A	SINGLE			
MEMB	BER LIMITED LIABILITY COMPANY AND HAS ELECTED TO BE DISREGA	RDED FOR			
	NO. 110 CO. D. T. C.				
FEDE	RAL AND STATE INCOME TAX PURPOSES. TFC'S FINANCIAL STATEME	NT ACTIVITY			
TC D	REFLECTED ON SBV'S BOOKS AND RECORDS. MANAGEMENT HAS EVALUA	TED SRV'S			
TO L	TITE ON OU DO DOOND AND RECORDS. MANAGEMENT HAS EVALUA	ם אחם חדי			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

SEABROOK V	ILLAGE, INC.					52-212675	1
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration

Po	irt i	of fundraising Events . Complete if the of fundraising event contributions and gr						
		<u> </u>	(a) Event #1 TELETHON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
_			(event type)	(event type)	(total number)	col. (c))		
Revenue				-				
eve	1	Gross receipts	80,000.			80,000.		
Œ			80.000			90.000		
	2	Less: Contributions	80,000.			80,000.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
v	5	Noncash prizes	1,199.			1,199.		
bense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	640.			640.		
⊡		Entertainment						
	0	Entertainment Other direct expenses				5,122.		
	10					6,961.		
		Net income summary. Subtract line 10 from I	()			-6,961.		
Pa	rt I	Gaming. Complete if the organization				,		
		\$15,000 on Form 990-EZ, line 6a.			•			
			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue								
ш	1	Gross revenue						
es	2	Cash prizes						
kbens	3	Noncash prizes						
Direct Expenses		Rent/facility costs						
Ī	5	Other direct expenses						
		Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No	No No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	•	2 moot expense camma j. , taa miee 2 mieag.	(a)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	En	ter the state(s) in which the organization condu	ucts gaming activities:					
		Yes No						
		the organization licensed to conduct gaming and No," explain:				· —		
	_							
10-	\\/	ere any of the organization's gaming licenses re	avoked suspended or to	rminated during the tax	vear?	Yes No		
		ere any or the organization's gaming licenses re Yes," explain:			year:	L. IES L. NO		
		. 55, 53,514111						

Sch	ledule G (Form 990) 2023 SEABROOK VILLAGE, INC. 52-	-2126/3	ıΤ	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
		—		
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40	Outline was a state of the state of			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	ies 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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

Schedule G	(Form 990) Supplemental Infor	SEABROOK VILLAGE,	INC.	52-2126751	Page 4
Part IV	Supplemental Infor	mation (continued)			
				_	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SEABROOK VILLA	AGE, INC.						52-2126751
Part I General Information on Grants a						<u>'</u>	
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	∕es" on Form 990, Part I\	/, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar	nd government or	nanizations listed in th	e line 1 table				
3 Enter total number of other organizations	-	-	Cinic I table				······

Schedule I (Form 990) 2023 SEABROOK VILLAGE, INC. 52–2126751 Page 2

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

Part IV Supplemental Information. Provide the information required in Part I, line Schedule I, Part I, Line 2 Scholar Candidates must be currently employed year-round at sea village. Only medical leaves of absence are allowable during the years. Other requests for a leave of absence will be reviewed an experience of the part I.	117,566.	. 0.		
Part IV Supplemental Information. Provide the information required in Part I, line Schedule I, Part I, Line 2 Scholar Candidates Must be currently employed year-round at sea village. Only Medical Leaves of Absence are allowable during the years. Other requests for a leave of Absence will be reviewed as	117,566.	. 0.		
SCHEDULE I, PART I, LINE 2 SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT SEA VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED A				
SCHEDULE I, PART I, LINE 2 SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT SEA VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED A				
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SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT SEA VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING TH YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED A	e 2; Part III, column	n (b); and any other ad	ditional information.	
VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED A				
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED A	BROOK			
	E TWO			
	ND			
DEMENDATIVED GAGE BY GAGE A GOULD BY GANDED MICH. HAVE DEEN TWO	עמ			
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN EMP	LOYED BY			
SEABROOK VILLAGE ON OR BEFORE SEPTEMBER 30, OF THE START OF THE	IR			
JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700	HOURS			
OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE 1,				
222112 113 21412 1141 20112 1,	OF THEIR			

SEABROOK VILLAGE, INC. 52-2126751 Schedule I (Form 990) Page 2 Part IV | Supplemental Information END OF THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY). ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN "GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE FALL OF 2023 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST

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

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

MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO

AWARD.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

SEABROOK VILLAGE, INC.

Employer identification number 52-2126751

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	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		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 SEABROOK VILLAGE, INC. 52-2126751 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JENNIFER MCNAMARA	(i)	188,498.	35,000.	614.	6,627.	13,709.	244,448.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.	
(3) CHRISTIAN DESORMES	(i)	187,843.	0.	283.	4,486.	10,767.	203,379.	0.	
LICENSED PRACTICAL NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) NEAL FIORE	(i)	149,372.	20,750.	1,919.	5,455.	23,199.	200,695.	0.	
DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KATHRYN VICTOR	(i)	143,269.	18,350.	818.	4,815.	496.	167,748.	0.	
REGIONAL DIRECTOR, EHWC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.	
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.	
(7) DIEULA ETIENNE	(i)	136,662.	620.	185.	4,263.	23,211.	164,941.	0.	
CARE ASSOCIATE (M)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) SANDRA KEFFER	(i)	133,259.	15,575.	2,331.	2,798.	8,243.	162,206.	0.	
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) FOLASADE OGUNTOLA	(i)	119,163.	7,646.	482.	3,846.	22,069.	153,206.	0.	
ASSISTANT DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule 3 (FORM 930) 2023	raye 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	
DADE T. LIND 7	
PART I, LINE 7:	
THE EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A	
DISCRETIONARY BONUS DURING THE YEAR.	
SCHEDULE J, PART II:	
JENNIFER MCNAMARA AND NEAL FIORE ARE LISTED IN SCHEDULE J, PART II AND	
ARE EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED	
ORGANIZATION TO SEABROOK VILLAGE, INC., IN ACCORDANCE WITH THE	
MANAGEMENT AGREEMENT BETWEEN SEABROOK VILLAGE, INC. AND ESL. SEE	
SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3.	
Definition of the real syst, that it, business in, business is	
THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THESE FORMS	
W-2. UNDER THE MANAGEMENT AGREEMENT, SEABROOK VILLAGE, INC. REIMBURSES	
ESL FOR THE COST OF SERVICES PERFORMED FOR SEABROOK VILLAGE, INC.	

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Part I

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

Name of the organization

Bond Issues

Employer identification number 52-2126751 SEABROOK VILLAGE, INC.

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) De	feased	(h) On of is:		(i) Po	
								Yes	No	Yes	No	Yes	No
VA SMALL BUSINESS FINANCING								1					
A AUTHORITY	54-1300845	NONE	10/15/20	94,1	39,690.	REFUND OF PR	IOR ISSUE		Х		х	Х	
VA SMALL BUSINESS FINANCING													
B AUTHORITY	54-1300845	NONE	10/15/20	17,5	78,506.	NEW MONEY			Х		х	Х	
С													
D													
Part II Proceeds			<u> </u>		Г								
			Α			В	С				D		
1 Amount of bonds retired				747,362.		82,637.							
2 Amount of bonds legally defeased													
3 Total proceeds of issue			94,	139,690.		17,578,506.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
•				883,329.		78,506.							
Working capital expenditures from proceeds													
10 Capital expenditures from proceeds	<u></u>			500,000.		17,500,000.							
			···	756,361.									
12 Other unspent proceeds				2020		2023							
13 Year of substantial completion							V	NI.		V		NI -	
44 Mana that baseds issued as weather well-sense.		h	Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	•	• •	x			x							
if issued prior to 2018, a current refunding is: 15 Were the bonds issued as part of a refunding	,												
issued prior to 2018, an advance refunding is				х		x							
16 Has the final allocation of proceeds been ma					х								
17 Does the organization maintain adequate bo													
final allocation of proceeds?			х		х								
E B	· · · · · · · · · · · · · · · · · · ·				l								

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

Schedule K (Form 990) 2023

 Schedule K (Form 990) 2023
 SEABROOK VILLAGE, INC.
 52-2126751
 Page 2

Par	t III Private Business Use								
			A	E	3	(O		כ
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?	Х		Х					
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	X		X					
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х		Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х		Х					
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		•				•		
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a		,-		,-		,-		, -
_	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		х		х		<u> </u>		,,,
	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х		х				
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or				1				
-	disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		<u> </u>		1		<u> </u>		<u> </u>
Ŭ	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
Ū	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Par	t IV Arbitrage								<u>I</u>
		A		E	3		C	ı)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
-	Penalty in Lieu of Arbitrage Rebate?		Х		Х		- 110		
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?	X		X					
	Exception to rebate?		Х		Х				
	No rebate due?		Х		Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•		•		•		•
	performed								
3	Is the bond issue a variable rate issue?	Х		X					
									•

 Schedule K (Form 990) 2023
 SEABROOK VILLAGE, INC.
 52-2126751
 Page 3

Part IV	Arbitrage	(continued)

		4	E	3	Ç		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х	Х					
b Name of provider			TRUIST BAN	1K				
c Term of hedge			-	L2.0000000				
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the					·			•
requirements of section 148?	Х		Х					
Part V Procedures To Undertake Corrective Action								

Part V Procedures To Undertake Corrective Action

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

Į.	A	E	3			D		
Yes	No	Yes	No	Yes	No	Yes	No	
X		Х						
	l .							

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

PART I, LINE A, COLUMN (C):

CUSIP #'S 928104NC8, 928104ND6

PART II, LINE 3, COLUMN (A):

THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO THE ORGANIZATION FROM THE \$381,030,000 VIRGINIA SMALL BUSINESS FINANCING AUTHORITY SERIES 2020A, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE

ORGANIZATION AND CERTAIN OF ITS AFFILIATES.

PART II, LINE 3, COLUMN (B):

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

PART III, LINE 1, COLUMNS A & B:

THE ORGANIZATION IS A MEMBER OF A DISREGARDED ENTITY WHICH OWNS BOND FINANCED PROPERTY.

Schedule K (Form 990) 2023

332124 09-15-23 Schedule K (Form 990) 2023

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

SEABROOK VILLAGE, INC.	52-2120/51						
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 - SEABROOK VILLAGE, INC. CELEBRATES AGING! GROUNDED IN							
INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND							
OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR							
COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND							
GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.							
FORM 990, PART VI, SECTION A, LINE 1A:							
IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE							
GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN							
EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.							
UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO							
AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,							
PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY							
EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF							
THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS							
RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF							
THE STATE OF MARYLAND.							
FORM 990, PART VI, SECTION A, LINE 1B:							
ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE							

Name of the organization **Employer identification number** SEABROOK VILLAGE, INC. 52-2126751 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? SEABROOK VILLAGE, INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF JANUARY 1, 2023. THE EXISTING MANAGEMENT AND MARKETING AGREEMENT HAS BEEN AMENDED TO CLARIFY CERTAIN MATTERS. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. TAX-EXEMPT BONDS HAVE BEEN ISSUED FOR THE BENEFIT OF THE ORGANIZATION, AND THE MANAGEMENT AGREEMENT COMPLIES WITH REV. PROC. 2017-13. THE ORGANIZATION ENTERED INTO A DEVELOPMENT SERVICES AGREEMENT DATED AS OF DECEMBER 16, 2021 WITH ERICKSON LIVING HOLDINGS, LLC, AN AFFILIATE OF ESL, TO RESPOSITION VILLAGE CENTRE. 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. JENNIFER

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

Name of the organization **Employer identification number** SEABROOK VILLAGE, INC. 52-2126751 MCNAMARA, EXECUTIVE DIRECTOR AND NEAL FIORE, DIRECTOR, FINANCE, ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII, SECTION A. FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? SEABROOK VILLAGE, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC. ("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING ORGANIZATION" WITH RESPECT TO SEABROOK VILLAGE, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY?

Employer identification number Name of the organization SEABROOK VILLAGE, INC. 52-2126751 CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER THAN GOVERNANCE COSTS OF THE MEMBER). AUTHORIZING THE FILING OF ANY BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE OF BUSINESS JUST INVOLVING THE ORGANIZATION. AND SELECTION OF THE MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY; PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR COMMUNITIES. FORM 990, PART VI, SECTION B, LINE 11B: HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM? THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS

Employer identification number Name of the organization SEABROOK VILLAGE, INC. 52-2126751 GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY? ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SEABROOK VILLAGE. INC.'S AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS. FORM 990, PART VI, SECTION B, LINE 15: DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION?

Employer identification number Name of the organization SEABROOK VILLAGE, INC. 52-2126751 THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF SEABROOK VILLAGE. INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2023 WHICH DID NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND APPROVED BY THE BOARD DURING THE BUDGET PROCESS. FORM 990, PART VI, SECTION C, LINE 19: DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE TAX YEAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S

Name of the organization SEABROOK VILLAGE, INC.		Employer identification number 52-2126751
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECT	rion 6104(D).	
FORM 990, PART VII, SECTION A:		
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATE	ED	
ORGANIZATIONS.		
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DI	RECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RE	ELATED	
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 SHAR	RED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE S	SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICE	ES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OF	PERATIONS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS		
TRUST I	7,399,073.	
UNREALIZED GAIN ON INTEREST SWAP	165,759.	
CHANGE IN RESTRICTED NET INVESTMENT RETURN	94,267.	
TOTAL TO FORM 990, PART XI, LINE 9	7,659,099.	

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

SEABROOK VILLAGE,	52-2126751					
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes" o	n Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year as	sets Direct cont entity	•
TINTON FALLS CAMPUS, LLC - 52-2027818						
3000 ESSEX ROAD TINTON FALLS, NJ 07753	OWNER OF LAND AND BUILDINGS	MARYLAND		269,546,5	524. SEABROOK VILLA	AGE, INC.
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization an	swered "Yes" on Form 990, Pa	art IV, line 34, beca	use it had one or	more related tax-exempt	:
	(b)	(c)	(d)	(e)	(f)	(g)

Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Primary activity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 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 INC - 20-5609803 ASHBY PONDS 21170 ASHBY PONDS BLVD, CONTINUING CARE RETIREMENT NATIONAL SENIOR ASHBURN, VA 20147 COMMUNITY MARYLAND 501(C)(3) LINE 10 COMMUNITIES, INC Х AVERY POINT, INC - 92-2254866 1000 AVERY POINT WAY CONTINUING CARE RETIREMENT NATIONAL SENIOR RICHMOND, VA 23233 COMMUNITRY MARYLAND 501(C)(3) LINE 10 COMMUNITIES, INC Х BETHESDA NSC RETIREMENT COMMUNITY INC 92-2205771, 816 CONNECTICUT AVE, NW, CONTINUING CARE RETIREMENT NATIONAL SENIOR 7TH FL. 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) SEABROOK VILLAGE, INC. 52-2126751

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	
BROOKSBY VILLAGE, INC - 52-2126755				(// //		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		l
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		l
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
MARIS GROVE, INC - 55-0878964							
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -	_						l
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]						ĺ
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

Schedule R (Form 990) SEABROOK VILLAGE, INC. 52-2126751

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	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
RIDERWOOD VILLAGE, INC - 52-2126753							
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
TALLGRASS CREEK, INC - 87-0765641							
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
WIND CREST, INC - 51-0549976							
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
WOODLEIGH CHASE, INC 92-2217836							
816 CONNECTICUT AVE, NW, 7TH FL	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	income Share of total end-of-year tax under Share of total end-of-year assets		(related, unrelated, income		Disproportionate allocations?		allocations? amoun		Code V-UBI amount in box 20 of Schedule	mana part	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					
NATIONAL CCRC BUSINESS TRUST			NATIONAL													
I - 26-6455718, 701 MAIDEN			SENIOR													
CHOICE LANE, BALTIMORE, MD	CHARITABLE		COMMUNITIES,													
21228	BUSINESS TRUST	MD	INC	EXCLUDED	1,751,202.	50,778,142.		x	N/A		x	4.47%				
NATIONAL CCRC STATUTORY TIER																
IV TRUST - 85-3943847, 701]															
MAIDEN CHOICE LANE,	CHARITABLE															
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		х	N/A				
]															

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	tion b)(13) rolled tity?
THE TALON BAR COMPANY - 56-2520131		country)		,				Yes	No
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		Х

Page 3

Х

Yes No

1a

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
	g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organ					Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х			
0	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х	<u> </u>			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
					1r		X			
	· · · · · · · · · · · · · · · · · · ·				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," and "Yes," an	ho must complete th	is line, including covered rela	tionships and transaction thresholds.						
	(a) Name of related organization	_ (b)	(c)	(d)						
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount i	nvolved					
		type (a-s)								
(1)										
' 0'										
(2)										
(O)										
(3)										
(4)										
(4)										
<i>(</i> 5)										
(5)										
(6)										
	09-28-23	I		Schedul	e R (For	n 990	2023			
JJZ 103	03-20-23			Scriedui	(1 011	550	, 2023			

Schedule R (Form 990) 2023 SEABROOK VILLAGE, INC. 52-2126751 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)	Are a partners 501(c) orgs	s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	opor- nate tions?	Genera managi partne Yes N	or Percentage ownership