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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	· 2023 calendar year, or tax year beginning and	ending		
B c	Check if opplicable	C Name of organization		D Employer identific	cation number
	Addres	THE VILLAGE AT ORCHARD RIDGE, INC.			
	Name change	Doing business as		26-34453	74
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5275 WESTVIEW DRIVE	Room/suite 110	E Telephone number 301-354-2	
	⊥return/ termin ated			G Gross receipts \$	25,293,254.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
Ιī	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: VA
Pa	art I	Summary	•	•	
	1	Briefly describe the organization's mission or most significant activities: PROV	IDES I	NDEPENDENT A	AND
Governance		ASSISTED LIVING, SKILLED AND MEMORY CARE,			
па	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
တ္		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			278
ijĘ		Total number of volunteers (estimate if necessary)			110
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		422,431.	141,143.
Revenue	9	Program service revenue (Part VIII, line 2g)		23,690,106.	24,136,956.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		577,533.	829,876.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124,384.	175,666.
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,814,454.	25,283,641.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,300,042.	7,747,141.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,838,374.	23,162,396.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,138,416.	30,909,537.
		Revenue less expenses. Subtract line 18 from line 12		-3,323,962.	-5,625,896.
28				ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)	1	47,816,813.	143,729,030.
t As	21	Total liabilities (Part X, line 26)		62,954,758.	163,920,472.
Elet Elet		Net assets or fund balances. Subtract line 21 from line 20	–	15,137,945.	-20,191,442.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		20.4
		Giratus of the political Commence of the comme		8/5/20)24
Sigi		Signature of officer 'U		Date	
Her	е	CYNTHIA WALTERS, PRESIDENT AND CEO			
		Type or print name and title	Tr	Date Check	DTIN
		Print/Type preparer's name Preparer's signature		:,	PTIN
Paid		JEFFREY J. PETRELL JEFFREY J. PETRI	<u> 10 uut</u>	8/02/24 self-employ	
	arer	Firm's name BAKER TILLY ADVISORY GROUP, LP		Firm's EIN 3	9-0859910
use	Only	Firm's address 20 STANWIX STREET		. 41	2 607 6400
		PITTSBURGH, PA 15222		Phone no.41	2.697.6400
May	/ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	TO FULFILL ITS CHRISTIAN MINISTRY, THE VILLAGE AT ORCHARD RIDGE, INC.	
	PROVIDES AN ARRAY OF OPTIONS FOR SENIORS INCLUDING RESIDENTIAL LIVING	_
	ALONG WITH HOME AND HEALTH CARE SERVICES WHICH ARE DESIGNED TO MEET	_
2	INDIVIDUAL NEEDS. Did the organization undertake any significant program services during the year which were not listed on the	_
2	prior Form 990 or 990-EZ?	in
	If "Yes," describe these new services on Schedule O.	Ĭ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$18,363,979 . including grants of \$) (Revenue \$16,762,533 .	_
4a	(Code:) (Expenses \$18,363,979. including grants of \$) (Revenue \$) (Revenue \$)	_)
		_
	INDEPENDENT LIVING RESIDENTS AT THE VILLAGE AT ORCHARD RIDGE, A	
	NATIONAL LUTHERAN COMMUNITY, TAILOR THEIR OWN LIFE ENRICHMENT	
	PROGRAMMING TO SUIT THEIR INDIVIDUAL TASTES AND FAVORED PASTIMES.	
	SCHEDULES AREN'T SET IN STONE - THEY'RE PERSONALIZED AND SET IN MOTION	_
	TO FULFILL THE EDUCATIONAL, ENTERTAINMENT AND HEALTH AND WELLNESS NEEDS	_
	AND DESIRES OF RESIDENTS. THE VILLAGE AT ORCHARD RIDGE WITH NEARLY 450 TOTAL RESIDENTS CALLING IT HOME, IS NOT ONLY A COMMUNITY, BUT A VILLAGE	_
	NEIGHBORS, MAKING MEMORIES AND SHARING EXPERIENCES.	_
		_
	THROUGH THE CONNECTEDLIVING PROGRAM'S THIRTEEN DIMENSIONS OF WELLNESS,	
4b	(Code:) (Expenses \$3,539,390. including grants of \$) (Revenue \$3,413,657.	_)
	ASSISTED LIVING MEMORY CARE:	_
	THE VILLAGE OF ORCHARD RIDGE, A NATIONAL LUTHERAN COMMUNITY, OFFERS	_
	RESIDENTS LIVING WITH ALZHEIMER'S AND OTHER DEMENTIA-RELATED DISEASES A	_
	SPECIALIZED PROGRAM FOCUSED ON WHAT REMAINS OF THEIR ABILITIES, NOT	_
	WHAT HAS BEEN LOST, IN 18 RESIDENCES. THE VILLAGE AT ORCHARD RIDGE ALSO	
	OFFERS TRADITIONAL ASSISTED LIVING SERVICES IN 17 RESIDENCES. DAILY	
	EXPERIENCES ARE TAILORED BASED UPON WHAT IS LEARNED ABOUT RESIDENTS'	
	LIVES - PAST JOBS, HOBBIES AND RELATIONSHIPS - TO PROMOTE POSITIVE	_
	EMOTIONS WHILE MINIMIZING STRESS. IN ADDITION TO INDIVIDUAL CARE PLANS AND ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, RESIDENTS ARE KEPT SAFE	_
	WITH 24/7 STAFFING, AND ADVANCED TECHNOLOGY SUCH AS SECURE DOORWAYS AND	_
4c	(Code:) (Expenses \$ 4,273,609 . including grants of \$) (Revenue \$ 3,889,873 .	
	SKILLED NURSING:	_ ′
	ORCHARD WOODS HEALTH CENTER OFFERS SKILLED NURSING SERVICES IN 20	
	LICENSED BEDS FOR RESIDENTS IN A COMFORTABLE AND CARING ATMOSPHERE WITH PRIVATE SUITES, SPACIOUS COMMON AREAS AND A SERENE PATIO FOR	_
	RELAXATION. WITH A REGISTERED NURSE AVAILABLE 24/7, SERVICE IS	_
	CUSTOMIZED ON ONE NEIGHBORHOOD FOR LONG-TERM CARE, WITH SHORT-TERM	_
	NURSING AND REHABILITATION SERVICES CUSTOMIZED AND OFFERED ON THE	_
	SECOND NEIGHBORHOOD. ORCHARD WOODS HEALTH CENTER DESIGNS INDIVIDUAL	
	CARE PLANS FOR RESIDENTS WHICH INCLUDE ASSISTANCE WITH ACTIVITIES OF	
	DAILY LIVING, PHYSICAL, OCCUPATIONAL, SPEECH AND RESPIRATORY THERAPY,	
	MEDICATION ADMINISTRATION, NUTRITIOUS MEALS AND SNACKS, HOUSEKEEPING,	_
4d	Other program services (Describe on Schedule O.) (Expenses \$ 968,035 \cdot including grants of \$) (Revenue \$ 70,893 \cdot)	
4e	(Expenses \$ 968,035 · including grants of \$) (Revenue \$ 70,893 ·) Total program service expenses 27,145,013 ·	_
70	Form 990 (202	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
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		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
	Part V, line 1	34	Λ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
27	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	36		
37		27		v
20	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?	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	30	27	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a containe a response of flote to any line in this care v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	· · · · · · · · · · · · · · · · · · ·	,		

332004 12-21-23

Form 990 (2023) THE VILLAGE AT ORCHARD RIDGE, 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	2a	278			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		•	2b	Х	
За	5.11			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	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 A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution	ions o	r 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 set	rvices	provided to the payor?	7a		X
b	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	as req	uired			
	to file Form 8282?	 T		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by tr	e			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a b	Did the constitution and a distribution to a decrease distribution to			9a 9b		
10	Section 501(c)(7) organizations. Enter:			ЭIJ		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

THE VILLAGE AT ORCHARD RIDGE, 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 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 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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? 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? Х 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c 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 Х Other officers or key employees of the organization 15b 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD , VA

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 Own website Another's website X Upon request __ 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 DONNA CASNER - 301-354-2710

5275 WESTVIEW DRIVE, SUITE 110, FREDERICK.

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

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) Name and title	(B) Average	(do		(C	ition	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CYNTHIA WALTERS	10.00								404	40 -0-
PRESIDENT/CEO	30.00	Х		Х				0.	424,579.	48,535.
(2) DONNA CASNER	10.00	-							106 555	10 620
VICE PRESIDENT FINANCE	30.00			Х				0.	196,575.	18,639.
(3) RICHARD MAZZA CHIEF FINANCIAL OFFICER	30.00			х				0.	156,605.	17,533.
(4) KOKOUVI ADDEH-ADODO	40.00							<u> </u>		
NURSING DIRECTOR		1				x		121,968.	0.	25,726.
(5) MARY PALOMO	40.00							,	-	,
TALENT & CULTURE DIRECTOR						x		126,898.	0.	15,052.
(6) MELISSA SELLERS	40.00									-
HEALTHCARE ADMINISTRATOR						Х		112,134.	0.	19,482.
(7) GREGORY SMYTHE	40.00									
SALES DIRECTOR						Х		119,225.	0.	9,656.
(8) JOHN LOOP	40.00									
EXECUTIVE DIRECTOR						X		118,173.	0.	2,173.
(9) CATHERINE R. PHILIPS	1.00								_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(10) MATTHEW S. AKERS, ESQ.	1.00	l								
SECRETARY/TREASURER	1 00	Х		Х				0.	0.	0.
(11) GAIL MAZZOCCO	1.00	ļ								•
TRUSTEE	1 00	Х						0.	0.	0.
(12) LISA BEHR	1.00	.,								•
TRUSTEE		Х						0.	0.	0.
-	I		I	I	L		l .	I	l	Form 990 (2022)

Part VII Section A. Officers, Directors, 1	(B)	PiOy	ees,		<u>з ні</u> С)	gries	,		,			(E)	
(A) Name and title	Average			Pos	•	1		(D) Reportable	(E) Reportable			(F) imated	4
name and title	hours per		not c	heck	more	than o		compensation	compensation			imated ount o	
	week		cer ar					from	from related			other	•
	(list any	ctor						the	organizations			ensati	ion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fro	m the	
	related	stee (ruste			bensa		(W-2/1099-MISC/	1099-NEC)		_	ınizatio	
	organizations below	ıal tru	onal t		oloye	l com		1099-NEC)				relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	ns
		드	드	5	જ	글등	윤			_			
		1											
						<u> </u>							
						\vdash							
						<u> </u>							
		-											
								F00 300	777 75	-	1 - 6	. 70	_
1b Subtotal								598,398.	777,75	0.	156	79	0.
c Total from continuation sheets to Par								598,398.	777,75		156	79	
d Total (add lines 1b and 1c)											130	,,,,	•
compensation from the organization	at not innited to the	1000	11010	u u	JO V C	, ****	010	, socived more than \$100,	ood of reportable	,			9
										_	,	Yes	No
3 Did the organization list any former off	icer, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J t	or such individual									L	3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than											4	X	
5 Did any person listed on line 1a receive	•				•			•	lual for services		_		37
rendered to the organization? f "Yes," Section B. Independent Contractors	complete Schedule	e J f	or su	ıch ı	oers	on					5		X
Complete this table for your five highes	t compensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensati	on froi	m	
the organization. Report compensation													
(A)								(B)			(C)		
Name and busin	ess address	N	INC	<u> </u>				Description of s	ervices	Co	mpen	sation	
							\dashv						
									\Box				
							_						
2 Total number of independent contracto	rs (including but n	ot lir	niter	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the org					(,					
										F	orm 9	90 (2)	023)

Form 990 (2023) THE VIL
Part VIII Statement of Revenue

		Check if Schedule O contains a r	esponse (or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
ည ည	1 a	Federated campaigns	1a					
an		Membership dues	1b					
2 8		Fundraising events	1c					
ifts ar A		d Related organizations	1d					
nik G		Government grants (contributions)	1e	8,996.				
Š		All other contributions, gifts, grants, and						
bet		similar amounts not included above	1f	132,147.				
Öğ	ç	***	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f			141,143.			
				Business Code				
ø	2 8	INDEPENDENT LIVING		623000	16,762,533.	16762533.		
r vic	k	SKILLED NURSING REVENUE		623000	3,889,873.	3,889,873.		
Se	(PERSONAL CARE		623000	3,413,657.	3,413,657.		
Program Service Revenue	(DINING		623000	70,893.	70,893.		
ogr	•	e						
<u>P</u>	f	All other program service revenue						
	ç	Total. Add lines 2a-2f			24,136,956.			
	3	Investment income (including dividen	ıds, intere	st, and				
		other similar amounts)			719,633.			719,633.
	4	Income from investment of tax-exemp	ot bond p	roceeds				
	5	Royalties						
			Real	(ii) Personal				
	6 a	a Gross rents 6a	11,222.					
		Less: rental expenses 6b	9,613.					
		Rental income or (loss)	1,609.		1 500			1 500
		Net rental income or (loss)		(") OH	1,609.			1,609.
	7 8	a di dada aini dana dana di	curities	(ii) Other				
		,	10,243.					
	t	Less: cost or other basis	0					
nue		and sales expenses	0. 10,243.					
eve		- G.a 5. (1555)			110,243.			110,243.
her Revenue		Net gain or (loss)			110,243.			110,243.
	8 8	Gross income from fundraising events (no	_					
Ò			of					
		contributions reported on line 1c). Se Part IV, line 18	I					
	ı	Less: direct expenses						
		Net income or (loss) from fundraising						
		a Gross income from gaming activities.						
		Part IV, line 19						
	ŀ	Less: direct expenses						
		Net income or (loss) from gaming act						
		a Gross sales of inventory, less returns						
		and allowances						
	k	Less: cost of goods sold						
		Net income or (loss) from sales of inv						
(^				Business Code				
sno e	11 a	HAIR CARE REVENUE		623000	67,280.			67,280.
ane	k	MEDICAL SUPPLIES REVENUE		623000	31,152.			31,152.
eve	(OTHER ANCILLARY REVENUE		623000	28,247.			28,247.
Miscellaneous Revenue	C	d All other revenue		623000	47,378.			47,378.
	•	Total. Add lines 11a-11d			174,057.			
	12	Total revenue. See instructions			25,283,641.	24136956.	0.	1005542.

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	Check if Schedule O contains a respon-			(6)	(F)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C 401 440	F 470 040	1 000 401	
7	Other salaries and wages	6,481,440.	5,472,949.	1,008,491.	
8	Pension plan accruals and contributions (include	60 071	44 204	10 667	
_	section 401(k) and 403(b) employer contributions)	62,871. 688,140.	44,204. 603,285.	18,667. 84,855.	
9	Other employee benefits	514,690.	447,649.	67,041.	
10	Payroll taxes	J14,03U•	44/,043.	0/,041.	
11	Fees for services (nonemployees):	1,834,500.		1,834,500.	
	Management	16,712.		16,712.	
	Legal	40,650.		40,650.	
	Accounting	40,030.		40,030.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	93,362.		93,362.	
		33,302.		33,302.	
9	column (A), amount, list line 11g expenses on Sch 0.)	1,462,768.	1,449,087.	13,681.	
12	Advertising and promotion	187,869.	4,813.	183,056.	
13	Office expenses	604,370.	562,636.	41,734.	
14	Information technology	145,866.	145,866.		
15	Royalties				
16	Occupancy	2,388,659.	2,384,846.	3,813.	
17	Travel	31,484.	26,693.	4,791.	
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,475.	10,743.	4,732.	
20	Interest	5,109,446.	5,109,446.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,589,036.	6,589,036.		
23	Insurance	214,210.	214,210.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	1,605,716.	1,565,547.	40,169.	
h	MEDICAL CARE FEES	983,968.	983,968.		
c	FOOD SERVICES	958,966.	929,648.	29,318.	
d	MEDICAL SUPPLIES	310,958.	310,958.	,	
e	All other expenses	568,381.	289,429.	278,952.	
25	Total functional expenses. Add lines 1 through 24e	30,909,537.	27,145,013.	3,764,524.	0
<u> </u>	Joint costs. Complete this line only if the organization	. ,	,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,901.	1	120.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	225,390.	3	16,000.
	4	Accounts receivable, net	338,207.	4	559,429.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	80,319.	9	82,495.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 187,742,077.			
	b	Less: accumulated depreciation 10b 61,826,375.	129,610,776.		125,915,702.
	11	Investments - publicly traded securities	17,560,220.	11	17,155,284.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	147 016 012	15	142 700 020
	16	Total assets. Add lines 1 through 15 (must equal line 33)	147,816,813.	16	143,729,030.
	17	Accounts payable and accrued expenses	3,429,615.	17	5,697,994.
	18	Grants payable	28,459,533.	18 19	30,521,921.
	19	Deferred revenue	76,726,969.	19 20	75,600,674.
	20 21	Tax-exempt bond liabilities	136,005.	21	244,374.
	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,	130,003.	21	211,3/1.
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iiq		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	54,202,636.	25	51,855,509.
	26	Total liabilities. Add lines 17 through 25	162,954,758.	26	163,920,472.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	-17,274,875.	27	-22,216,943.
Bal	28	Net assets with donor restrictions	2,136,930.	28	2,025,501.
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	-15,137,945.	32	-20,191,442.
	33	Total liabilities and net assets/fund balances	147,816,813.	33	143,729,030.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	, 28	3,6	<u>41.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	,90	9,5	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	,62	5,8	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-15	,13	7,9	45.
5	Net unrealized gains (losses) on investments	5		57	2,3	99.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-20	,19	1,4	42.
Pa	rt XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	Separate basis Consolidated basis X 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					
3a	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
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	444		3h		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE VILLAGE AT ORCHARD RIDGE, 26-3445374 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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.

(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
organization		above (see instructions))	Yes	No		support (see instructions
tal						

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	ı	1	T	ı	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		,				
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	
	Public support percentage from 2022					15	<u>%</u> %
	33 1/3% support test - 2023. If the o			n line 13, and line			
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		-				
~	and stop here. The organization qual	-			11110 10 10 00 17070		
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=		vivion the organiz	
b	10% -facts-and-circumstances test	· ·	•	,			
	more, and if the organization meets the	_					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						s
			,				(Form 990) 2023

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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

0-	qualify under the tests listed b	ociow, picase comp	noto i ait ii.j				
	ction A. Public Support	T		T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	318,611.	1583886.	302,316.	422,431.	141,143.	2768387.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21752586.	22344755.	21333510.	23690106.	24136956.	113257913
3	Gross receipts from activities that				2223-030		
3	are not an unrelated trade or bus-						
	iness under section 513	117,078.	57,587.	34,013.	50,021.	67.280.	325,979.
4	Tax revenues levied for the organ-		- · , · · · ·	22,023		2.,2000	,
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	22188275.	23986228.	21669839.	24162558.	24345379.	116352279
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						116352279
	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019 22188275.		(c) 2021 21669839.	(d) 2022 24162558.	(e) 2023 24345379.	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22188275.		21669839.	24162558.	(e) 2023 24345379. 730,855.	116352279
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	22188275.	23986228.	21669839.	24162558.	24345379.	116352279
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	871,036.	836,285.	21669839. 451,146.	<u>473,183.</u>	730,855.	3362505.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	22188275.	23986228.	21669839.	24162558.	730,855.	3362505.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	871,036.	836,285.	21669839. 451,146.	<u>473,183.</u>	730,855.	3362505.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	871,036. 871,036.	836,285. 836,285. 485,706.	21669839. 451,146. 451,146.	24162558. 473,183. 473,183. 73,596.	730,855. 730,855.	3362505. 3362505. 946,382.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	871,036. 871,036.	836,285. 836,285. 485,706.	21669839. 451,146. 451,146.	24162558. 473,183. 473,183. 73,596.	730,855. 730,855.	3362505. 3362505. 946,382.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	871,036. 871,036. 871,036. 23213165.	23986228. 836,285. 836,285. 485,706. 25308219.	21669839. 451,146. 451,146. 126,449. 22247434.	24162558. 473,183. 473,183. 73,596. 24709337.	730,855. 730,855. 106,777. 25183011.	3362505. 3362505. 3362505. 946,382. 120661166
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	22188275. 871,036. 871,036. 153,854. 23213165. he organization's file	23986228. 836,285. 836,285. 485,706. 25308219. rst, second, third,	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. rear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 3362505. 946,382. 120661166
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	22188275. 871,036. 871,036. 153,854. 23213165. he organization's file	23986228. 836,285. 836,285. 485,706. 25308219. rst, second, third,	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. rear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 946,382. 120661166
9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	871,036. 871,036. 871,036. 153,854. 23213165. the organization's fine support Per	23986228. 836,285. 836,285. 485,706. 25308219. rst, second, third,	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. rear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 346,382. 120661166 pn, 96.43 %
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage from 2023 (Public support percentage from 2022)	22188275. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's filling 8, column (f), do a schedule A, Part	23986228. 836,285. 836,285. 485,706. 25308219. rst, second, third, rcentage ivided by line 13, of lill, line 15	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. /ear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 946,382. 120661166 Don,
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage for 2023 (22188275. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's filling 8, column (f), do a schedule A, Part	23986228. 836,285. 836,285. 485,706. 25308219. rst, second, third, rcentage ivided by line 13, of lill, line 15	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. /ear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 3362505. 946,382. 120661166 on, 96.43 % 96.37 %
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage from 2023 (Public support percentage from 2022)	22188275. 871,036. 871,036. 871,036. 23213165. he organization's fill in the organization f	23986228. 836,285. 836,285. 836,285. 485,706. 25308219. rst, second, third, recentage ivided by line 13, or line 15. Percentage	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. /ear as a section 5	730,855. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 3362505. 946,382. 120661166 pn, 96.43 % 96.37 % 2.79 %
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage for 2023 (Public support percentage from 2022) Investment income percentage from	22188275. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's finite Support Per line 8, column (f), de 2 schedule A, Part stment Income 23 (line 10c, colur 2022 Schedule A,	23986228. 836,285. 836,285. 836,285. 485,706. 25308219. st, second, third, since the contage in (f), divided by line 17	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. rear as a section 5	24345379. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 3362505. 946,382. 120661166 on, 96.43 % 96.37 % 2.79 % 2.79 %
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 extion D. Computation of Investinest income percentage for 2	22188275. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's finite Support Per line 8, column (f), de 2 schedule A, Part stment Income 23 (line 10c, colur 2022 Schedule A,	23986228. 836,285. 836,285. 836,285. 485,706. 25308219. st, second, third, since the contage in (f), divided by line 17	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y	24162558. 473,183. 473,183. 73,596. 24709337. rear as a section 5	24345379. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization	3362505. 3362505. 3362505. 946,382. 120661166 on, 96.43 % 96.37 % 2.79 % 2.79 % 7 is not
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage for 2023 (Public support percentage from 2022) Investment income percentage from	871,036. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's filling 8, column (f), do a schedule A, Part stment Income 1023 (line 10c, column 2022 Schedule A, e organization did not stop here. The	836,285. 836,285. 836,285. 836,285. 485,706. 25308219. rst, second, third, rst, second, third, rethage ivided by line 13, of the check the box of organization qualification.	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	24162558. 473,183. 473,183. 73,596. 24709337. /ear as a section 5	24345379. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13tion	3362505. 3362505. 3362505. 946,382. 120661166 Don, 96.43 % 96.37 % 2.79 % 2.79 % 7 is not X
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Stion C. Computation of Public support percentage from 2022 (Public support percentage from 2022 (Investment income percentage from 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	871,036. 871,036. 871,036. 871,036. 153,854. 23213165. the organization's fine 8, column (f), do a step end of the step	23986228. 836,285. 836,285. 836,285. 485,706. 25308219. rst, second, third, riched by line 13, continue 15. Percentage In (f), divided by line 17 ot check the box or organization qualition theck a box on the check and the continue 15.	21669839. 451,146. 451,146. 126,449. 22247434. fourth, or fifth tax y column (f)) on line 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	24162558. 473,183. 473,183. 73,596. 24709337. /ear as a section 5	24345379. 730,855. 730,855. 106,777. 25183011. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 tion re than 33 1/3%, a	3362505. 3362505. 3362505. 946,382. 120661166 Don, 96.43 % 96.37 % 2.79 % 2.79 % 7 is not X

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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332024 12-21-23

Par	TIV 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?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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.		
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.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 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	103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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 instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\perp	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

332025 12-21-23 Schedule A (Form 990) 2023

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Recoveries of prior-year distributions

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule A (Form 990) 2023 Part VI

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

(See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISC REVENUE 2019 AMOUNT: \$ 5,472. 2020 AMOUNT: \$ 19,956. 2021 AMOUNT: \$ 11,886. 20,438. 2023 AMOUNT: \$ MEDICAL SUPPLIES REVENUE 2019 AMOUNT: \$ 34,013. 2020 AMOUNT: \$ 32,708. 2021 AMOUNT: \$ 27,459. 2022 AMOUNT: \$ 36,273. 2023 AMOUNT: \$ 31,152. OTHER ANCILLARY REVENUE 53,780. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 38,016. 2021 AMOUNT: 40,571. 2022 AMOUNT: \$ 5,816. 2023 AMOUNT: \$ 28,247. PUB/BAR REVENUE INSURANCE PROCEEDS CATERING 19,248. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 9,923. 2021 AMOUNT: \$ 1,139.

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** THE VILLAGE AT ORCHARD RIDGE 26-3445374 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form or (ii) Form 990-EZ, line 1. Complete Parts I and II.	1 990, Part VIII, line 1h;	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientiliterary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enter "N/A" in column (b) instead of the contributor name and address), II, and III.	ific,	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any organ, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more to is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable. Don't complete any of the parts unless the General Rule applies to this organization because it received during the year	than \$1,000. If this box naritable, etc.,	

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

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE VILLAGE AT ORCHARD RIDGE, INC.

26-3445374

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 19,605.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 206,687.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE VILLAGE AT ORCHARD RIDGE, INC.

26-3445374

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

Name of organization Employer identification number

THE VILLAGE AT ORCHARD RIDGE, INC.

26-3445374

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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Name of organization

Employer identification number

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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	nization	lons. Complete Fait III.		l E	mployer identification number
· ·		LAGE AT ORCHARD	RIDGE, INC.		26-3445374
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	
2 Political	campaign activity expendit r hours for political campai	gn activities			\$
Part I-B	<u> </u>	anization is exempt und		<u> </u>	
1 Enter the	e amount of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 4955		\$
		n 4955 tax, did it file Form 4720			
					Yes No
	describe in Part IV.	anization is exempt und	lor poetion E01/a	eveent eastion FO	1(0)(2)
Part I-C				-	
		by the filing organization for se			\$
	• •	ization's funds contributed to of	•		Φ.
		. Add lines 1 and 2. Enter here			\$
			•		¢
		1120-POL for this year?			
		mployer identification number (E			
		tion listed, enter the amount pai		~	
contribu	tions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a sepa	arate segregated fund or a
political	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

(150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or tocal legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Volunteers? d Mailings to members, legislators, or the public? d Mailings to members, legislators, or the public? d Mailings to members, legislators, or the public? A X Volunteers? J X Volunteers? A X Volunteers? A X Volunteers? D Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Volunteers? A Yes No Volunteers? A Y	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if tile Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior 1501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amo	(a)		(I	b)
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or William 13 (1933)	EXPENSES.				
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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

THE VILLAGE AT ORCHARD RIDGE, INC.

Employer identification number 26-3445374

Par	rt I Organizations Maintaining Donor Advised Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose confe	erring
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	7	
	Preservation of land for public use (for example, recreation or education)	Preservation of a his	storically important land area
	Protection of natural habitat	□ Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	ution in the form of a d	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure included on line 2		2c
d			
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation easement is located	ing leaveling of	
5	Does the organization have a written policy regarding the periodic monitoring, inspect		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, ar	nd onforcing consorvati	
U	otali and volunteer riburs devoted to monitoring, inspecting, nariding or violations, ar	id emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	forcing conservation e	easements during the year
•	7 thouse of expenses mounted in mornioning, inspecting, narioning of violations, and on	loroling conscivation c	basements daring the year
8	Does each conservation easement reported on line 2d above satisfy the requirements	of section 170(h)(4)(B	0(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its rever		
	balance sheet, and include, if applicable, the text of the footnote to the organization's	·	
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar as		
	the following amounts required to be reported under FASB ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accession								,	
	collection items (check all that apply).			•		·				
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	hey further th	ne organizatio	n's exem	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, h	istorical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of the	he orga	nization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the	organization	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?							\square	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabili	ty?	LX	Yes	No
_	If "Yes," explain the arrangement in Part XIII.									X
Pai	t V Endowment Funds Complete if									
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three yo	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held ar	nd administei	red for the	е		Г	Vac Na
	organization by:								0 (1)	Yes No
									3a(i)	
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.								3a(ii)	
									3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.						
	Complete if the organization answered) Part I	V line 11a S	See Form 990	Part X I	line 10			
	Description of property	(a) Cost or o	-	i	or other		ccumulate	<u> </u>	(d) Book	r valuo
	Description of property	basis (investr			(other)		oreciation	۳	(u) DOOR	value
10	Land		,		0,825.	40,		1	4 870	,825.
	Land Buildings			157,85		52.6	16 96	1 1 1 0	5 23	5,715.
	Buildings Leasehold improvements			201,00	_, _, _,	52,0			J, 2J	,,,±3•
	Equipment			15.01	8,576.	9.2	209,41	4.	5.809	7,162.
	Other				,	- 12	,		-,	, _ • = •
	. Add lines 1a through 1e. (Column (d) must ee	*	Y line 1	10c column	(R))			12	5.915	5,702.
iota	i / ida iii loo Ta tiii ougit Te. [Columni (d) Must ei	uuai FUIIII 990, PAR	∧, <i>III</i> Ie	ioc, column	<u> (Ε΄)</u>			<u></u>	- ,	. ,

Schedule D (Form 990) 2023

O L L D // CON CONTROL MILE VIII DOE	AM ODGIJADA D	IDGE ING 26	2445274 - 4
Part VII Investments - Other Securities	AT ORCHARD R	IDGE, INC. 26	-3445374 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(4) = 111111111	(b) Dook value	(e) meanes or randament coordinate	your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, 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.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>l. (</i> 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			

<u>1.</u>	(a) Description of liability					
(1)	Federal income taxes					
(2)	REFUNDABLE ENTRANCE FEES	51,855,509.				
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	51,855,509.				

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

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			25 002 502
			1	25,883,720.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	FF0 200		
a Net unrealized gains (losses) on investments		572,399.		
b Donated services and use of facilities				
c Recoveries of prior year grants		252 222	-	
d Other (Describe in Part XIII.)	2d	252,320.		004 510
e Add lines 2a through 2d			2e	824,719.
3 Subtract line 2e from line 1			3	25,059,001.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		224 640		
b Other (Describe in Part XIII.)	4b	224,640.		224 640
c Add lines 4a and 4b			4c	224,640. 25,283,641.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Part XII Reconciliation of Expenses per Audited Financial Sta) atements With	Expenses per F	5 Retur	<u>23,203,041•</u> n
Complete if the organization answered "Yes" on Form 990, Part IV, lir				-
Total expenses and losses per audited financial statements			1	30,825,788.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		9,613.		
e Add lines 2a through 2d			2e	9,613. 30,816,175.
3 Subtract line 2e from line 1			3	30,816,175.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	93,362.		
c Add lines 4a and 4b			4c	93,362.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st Part XIII Supplemental Information	8.)		5	30,909,537.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b a	and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar				, , ,
PART IV, LINE 2B:				
ESCROW ACCOUNTS ARE USED FOR RESIDENTS WHO	O PROVIDE	DEPOSITS T	ОМ	OVE-IN.
DADT V ITNE 2.				
PART X, LINE 2:				
THE ORGANIZATION IS A NOT-FOR-PROFIT CORPO	DRATION AS	DESCRIBED	TN	SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE (CO	ODE) AND H	AS BEEN RE	COG	NIZED AS
TAX EXEMPT UNDER SECTION 501(A) OF THE COL	DE. ACCOR	DINGLY, NO	PR	OVISION
FOR INCOME TAXES HAS BEEN PROVIDED.				
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNI	TED STATES	OF	AMERICA
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED TREOUIRE AN ORGANIZATION TO EVALUATE TAX PO				
REQUIRE AN ORGANIZATION TO EVALUATE TAX PO	OSITIONS T	AKEN BY TH	E C	OMPANIES
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED TO REQUIRE AN ORGANIZATION TO EVALUATE TAX PORTION RECOGNIZE A TAX LIABILITY OR ASSET IF	OSITIONS T	AKEN BY TH	E C	OMPANIES

2023.04010 THE VILLAGE AT ORCHARD RI 223249_1

Part XIII Supplemental Information (continued)
UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON
EXAMINATION BY THE INTERNAL REVENUE SERVICES (IRS). THE ORGANIZATION HAS
CONCLUDED THAT AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO UNCERTAIN
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF
A LIABILITY OR ASSET OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
GENERALLY, TAX RETURNS FOR YEARS ENDED DECEMBER 31, 2021, AND THEREAFTER
REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
NET ASSETS RELEASED FROM RESTRICTION 242,707.
RENTAL EXPENSES 9,613.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 252,320.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR RESTRICTED CONTRIBUTIONS 131,278.
INVESTMENT FEES 93,362.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 224,640.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 9,613.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES 93,362.

SCHEDULE J (Form 990)

Department of the Treasury

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.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

THE VILLAGE AT ORCHARD RIDGE, INC.

 $Employer\ identification\ number \\ 26-3445374$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CYNTHIA WALTERS	i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT/CEO (i		423,547.	0.	1,032.	14,200.	34,335.	473,114.	0.	
(2) DONNA CASNER (i)	0.	0.	0.	0.	0.	0.	0.	
VICE PRESIDENT FINANCE		191,023.	5,000.	552.	8,173.	10,466.	215,214.	0.	
(3) RICHARD MAZZA	i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER		156,287.	0.	318.	3,673.	13,860.	174,138.	0.	
(i)								
(i	ii)								
(i)								
(i	ii)								
(i)								
(i	ii)								
(i)								
(i	ii)								
(i) _								
(i	ii)								
(i)								
(i	ii)								
(i)								
(i									
	i)								
(i	ii)								
	i) _								
(i	_								
	i)								
(i									
	i)								
(i	_								
	i)								
	ii)								
	i) _								
(i	ii)							1 1/5 200) 2000	

Part III	Supplemental	Information
----------	--------------	-------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION'S CEO IS PAID BY NATIONAL LUTHERAN, INC. NATIONAL

LUTHERAN, INC. USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF

THE CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 7:

BONUSES ARE DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

AND ARE BASED ON A VARIETY OF FACTORS SUCH AS WHETHER CAMPUS BUDGETS ARE

MET, HOW EACH CAMPUS DOES ON ITS RESPECTIVE ANNUAL NURSING/HEALTH CARE

SURVEY AND HOW EACH SENIOR LEADER DOES IN OBTAINING HIS OR HER GOALS FOR

THE YEAR.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2023
Open to Public Inspection

Name of the organization

THE VILLAGE AT ORCHARD RIDGE, INC.

Employer identification number 26-3445374

	r fina	Pooled nancing
INDUSTRIAL DEVELOPMENT A AUTHORITY OF THE COUNTY 54-1251304355741AA7 07/20/11 82000000. THE CONTINUING CA X	o Yes	
A AUTHORITY OF THE COUNTY 54-1251304 355741AA7 07/20/11 82000000. THE CONTINUING CA X X		s No
	Σ	X
ECONOMIC DEVELOPMENT EXPANSION OF CCRC		
BAUTHORITY OF THE COUNTY 54-1251304355731AD2 12/18/14 67835000.COMMUNITY X X	Σ	X
C		
D		
Part II Proceeds		
)	
1 Amount of bonds retired 45,430,000. 25,180,000.		
2 Amount of bonds legally defeased		
3 Total proceeds of issue 82,000,612. 67,835,000.		
4 Gross proceeds in reserve funds 1,650,000. 2,006,715.		
5 Capitalized interest from proceeds 1,502,379. 4,249,361.		
6 Proceeds in refunding escrows		
7 Issuance costs from proceeds 2,529,421. 2,243,040.		
8 Credit enhancement from proceeds		
9 Working capital expenditures from proceeds		
10 Capital expenditures from proceeds 65, 887, 064. 55, 219, 723.		
11 Other spent proceeds 10,431,748. 4,116,161.		
12 Other unspent proceeds		
13 Year of substantial completion 2012 2016		
Yes No Yes No Yes No Yes	No	<u>o</u>
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,		
if issued prior to 2018, a current refunding issue)?		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if		
issued prior to 2018, an advance refunding issue)?		
16 Has the final allocation of proceeds been made? X X		
17 Does the organization maintain adequate books and records to support the		
final allocation of proceeds? X X For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule K II		

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

Schedule K (Form 990) 2023

Par	t III Private Business Use								
			Ą		В	(9	Γ	<u> </u>
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		X				
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?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X		X					
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.01 %		.01 %		%		%
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		.01 %		.01 %		%		%
_7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					
Par	t IV Arbitrage								
			Ą		В	(Ç	Γ	<u> </u>
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?		X		X				
2	If "No" to line 1, did the following apply?		_						
a	Rebate not due yet?		X		X				
	Exception to rebate?		X		X				
	No rebate due?	X		X					
	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?		X	X					

Part IV Arbitrage (continued)								
		4	I	В	(Ç	[)
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?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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		X					
Part V Procedures To Undertake Corrective Action		•	•	•	•		•	•
		4		 В		c)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.	•	•		•	
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:						,		
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF	FREDE	RICK VI	RGINIA					
(F) DESCRIPTION OF PURPOSE:								
CONSTRUCTION OF THE CONTINUING CARE RETIREMENT CO	MMUNIT	Y IN WI	NCHESTE	ER, VA				
				, , , , , , , , , , , , , , , , , , ,				
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF THE COUNTY OF F	REDERIC	CK VIRG	INIA					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF	FREDE	RICK VI	RGINIA			-		
DATE THE REBATE COMPUTATION WAS PERFORMED: 11								
Dill ill Madile Coll Cilliant Mid Land Cillad V	,,,	<u> </u>						
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF THE COUNTY OF F	REDERIC	CK VIRG	INIA					
	/27/202							
	, _ , , _ 0 .							

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

Name of the organization

THE VILLAGE AT ORCHARD RIDGE, INC.

Employer identification number 26-3445374

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MONTHLY PROGRAMMING IS OFFERED IN ALL AREAS TO ENSURE EXPOSURE AND
OPPORTUNITY TO ALIGN AS DESIRED WITH HOLISTIC EVENTS AND LIVING.
ADDITIONALLY, THE VILLAGE AT ORCHARD RIDGE'S FORWARD-THINKING APPROACH
OF BRINGING HOME CARE SERVICES AND IN-HOME HEALTH SERVICES TO THE
RESIDENTS ENABLES THEM TO STAY IN THEIR APARTMENTS AND COTTAGE HOMES
LONGER. THE VILLAGE AT ORCHARD RIDGE OFFERS 308 INDEPENDENT LIVING
RESIDENCES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
A CALL SYSTEM.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LAUNDRY AND TRANSPORTATION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER RESIDENT SERVICES
EXPENSES \$ 968,035. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,893.
FORM 990, PART VI, SECTION A, LINE 3:
NATIONAL LUTHERAN, INC. (EIN 47-2584315), THE PARENT ENTITY, PROVIDES
FINANCIAL AND MANAGEMENT FUNCTIONS FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 6:
NATIONAL LUTHERAN, INC. IS THE SOLE MEMBER OF THE FILING ORGANIZATION.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

THE VILLAGE AT ORCHARD RIDGE, INC.

Employer identification number 26-3445374

FORM 990, PART VI, SECTION A, LINE 7A:

NATIONAL LUTHERAN, INC., THE SOLE MEMBER OF THE VILLAGE AT ORCHARD RIDGE,

INC., HAS THE RIGHT TO VOTE AND ELECT MEMBERS OF THE FILING ORGANIZATION'S

BOARD OF TRUSTEES. THE MEMBER ALSO RESERVES THE RIGHT TO REMOVE ANY TRUSTEE

WITH OR WITHOUT CAUSE.

FORM 990, PART VI, SECTION A, LINE 7B:

APPROVAL OF THE FOLLOWING MATTERS IS RESERVED EXCLUSIVELY TO THE

MEMBERSHIP. THE MEMBERSHIP MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH

RESPECT TO ANY OF THE FOLLOWING AND, IF ANY PROPOSAL WITH RESPECT TO ANY OF

THE FOLLOWING IS OTHERWISE INITIATED, IT SHALL NOT BECOME EFFECTIVE UNLESS

APPROVED BY THE MEMBERSHIP.

- A. APPROVAL OF THE ROLE AND/OR MISSION STATEMENT, IF ANY;
- B. APPROVAL OF OPERATING AND CAPITAL BUDGET;
- C. APPROVAL OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE DEPARTMENT STAFF OF THE PARENT, NATIONAL LUTHERAN, INC.

PERFORMS AN INITIAL REVIEW OF THE FORM 990. UPON APPROVAL, THE FORM 990 IS

MADE AVAILABLE TO EACH BOARD MEMBER FOR REVIEW AND APPROVAL AT A BOARD

MEETING PRIOR TO TRANSMISSION OF THE RETURN TO THE IRS. NATIONAL LUTHERAN,

INC.'S BOARD WILL RECEIVE A COPY OF THE RETURN PRIOR TO THE IRS FILING AS

WELL.

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization

THE VILLAGE AT ORCHARD RIDGE, INC.

Employer identification number 26-3445374

BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT EVERY
YEAR. IF A CONFLICT IS IDENTIFIED, IT IS 1) IDENTIFIED AND DISCUSSED WITH
THE BOARD AND 2) REVIEWED AND DOCUMENTED BY MANAGEMENT. IF AN ACTUAL OR
POTENTIAL CONFLICT IS IDENTIFIED, THE BOARD MEMBER, OFFICER, OR EMPLOYEE
WILL RECUSE HIM OR HERSELF FROM ANY CONVERSATIONS, DECISIONS, OR OTHER
ACTIVITIES AND DISCUSSIONS INVOLVING THE CONFLICT. FAMILY AND BUSINESS
RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE CONFLICT OF INTEREST POLICY AS
POTENTIAL SOURCES OF CONFLICTS WITH INTERESTED PERSONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S CEO IS PAID BY NATIONAL LUTHERAN, INC. (NLI). NLI'S
BOARD DETERMINES THE COMPENSATION FOR THE CEO THROUGH THE COMBINED USE OF
SEVERAL METHODS. THE NLI EXECUTIVE COMMITTEE SERVES AS A COMPENSATION

COMMITTEE WHICH OVERSEES THE PROCESS. THE CEO, EXECUTIVE DIRECTOR, AND
DIRECTOR OF HUMAN RESOURCES USE SALARY SURVEYS TO DETERMINE THE

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES TO ASSURE THEY ARE WITHIN
THE LOCAL MARKET RANGE. THE SERVICES THE INDIVIDUAL PROVIDES TO THE

ORGANIZATION AND THE TENURE OF THE OFFICER ARE ALSO FACTORS CONSIDERED IN
SALARY DETERMINATIONS. ONCE THE EXECUTIVE COMMITTEE GIVES ITS APPROVAL, ITS
DECISIONS ARE NOTED AT THE BOARD LEVEL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND

AT NO COST.

FORM 990, PART IX

THE VILLAGE AT ORCHARD RIDGE, INC. DID NOT HAVE ANY FUNDRAISING

Scriedule O (Form 990) 2023	Page Z
Name of the organization THE VILLAGE AT ORCHARD RIDGE, INC.	Employer identification number 26-3445374
EXPENSES AT THE COMMUNITY LEVEL, RATHER THESE EXPENSES ARE	REMITTED
FROM INVESTMENT ASSETS HELD BY THE PARENT ORGANIZATION, NA	TIONAL
LUTHERAN, INC.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE VILLAGE AT	ORCHARD RIDGE, IN	rc.				26-34453	374	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		Direct o	(f) controlling ntity	g
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-exel	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity	contr	g) 512(b)(13) rolled tity?
NATIONAL LUTHERAN HOME FOR THE AGED, INC - 26-2222476, 5275 WESTVIEW DRIVE, SUITE 110,		KARWAND	501 (G) (3)	501(c)(3))	NATION		Yes	No
FREDERICK, MD 21703 THE VILLAGE AT ROCKVILLE, INC 52-0196624 9701 VEIRS DRIVE	CONTINUING CARE RETIREMENT	MARYLAND	501(C)(3)	LINE 12A, I	NATION			X
ROCKVILLE, MD 20850 THE VILLAGE AT PROVIDENCE POINT, INC 45-4024593, 5275 WESTVIEW DRIVE, SUITE 110, FREDERICK, MD 21703	COMMUNITY CONTINUING CARE RETIREMENT COMMUNITY	MARYLAND MARYLAND	501(C)(3) 501(C)(3)	LINE 10	NATIONA	AN, INC. AL AN, INC.		X
THE LEGACY AT NORTH AUGUSTA, INC 45-2857307, 1410 A NORTH AUGUSTA STREET,	RESIDENTAL CARE AND	FIGUTORIA	501(0)(3)	DIME 10	NATION	,		Α

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

Schedule R (Form 990) 2023

LUTHERAN, INC.

VIRGINIA

501(C)(3)

LINE 10

ASSISTED LIVING FACILITY

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	
NATIONAL LUTHERAN, INC 47-2584315				001(0)(0))		Yes	No
5275 WESTVIEW DRIVE, SUITE 110	7						ĺ
FREDERICK, MD 21703	- CORPORATE OVERSIGHT	MARYLAND	501(C)(3)	LINE 10	N/A		Х
AUGSBURG LUTHERAN HOME OF MD, INC					1	1	
52-0696196, 6811 CAMPFIELD ROAD, BALTIMORE,	CONTINUING CARE RETIREMENT				NATIONAL		
MD 21207	COMMUNITY	MARYLAND	501(C)(3)		LUTHERAN, INC.		Х
					,		
	-						
	- -						
	1						
	-						

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)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	nate Code V-UBI		Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
	1											
	1											
		l .					l					

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

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

Page 3

X

Yes No

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		<u>X</u>		
					1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		_X_		
					1d		_X_		
					1e	X			
f	Dividends from related organization(s)				1f		<u>X</u>		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>		
							7.7		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
ı						v	_X_		
						Х			
	I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 11 12 13 14 15 16 17 17 17 18 19 19 10 10 10 10 10 10 10 10								
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Perimbursement paid to related organization(s) for expenses Qerimbursement paid to related organization(s) for expenses Perimbursement paid by related organization(s) for expenses for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information on who must complete this line, including covered relationships and transaction thresholds. Perimbursement paid by related organization for information organization for information for information for information for information for information for information f		10	Х						
р	Reimbursement paid to related organization(s) for expenses				1p	х			
q	Reimbursement paid by related organization(s) for expenses					Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
					1s	Х			
		insaction		(d) Method of determining amount invo	olved				
(1)									
(2)									
(3)									
(0)									
(4)									
,									
(5)									
(6)									
33216	j3 09-28-23			Schedule F	R (Forn	n 990)	2023		
		48							

Page 4

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

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