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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing									
	heck if oplicable	C Name of organization		D Employer identifie	cation number							
	Addres	THE VILLAGE AT ROCKVILLE, INC.		_								
	Name change	Doing business as		53-01966	24							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number								
	Final return/		110	301-354-								
	termin ated			G Gross receipts \$	41,420,139.							
	Ameno return	FREDERICK, MD 21703		H(a) Is this a group return								
	Application pending	F Name and address of principal officer: CINITALA WALLERS		for subordinates? Yes X No								
	•	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No							
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions							
	Vebsit			H(c) Group exemption								
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1890 N	1 State of legal domicile: DC							
Pa	rt I	Summary										
اه		Briefly describe the organization's mission or most significant activities: PROV										
ŝ		ASSISTED LIVING, SKILLED AND MEMORY CARE,										
ž.	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
8				3	4							
2		Number of independent voting members of the governing body (Part VI, line 1b)			3							
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			391							
乭		Total number of volunteers (estimate if necessary)			132							
Activities & Governance				7a	0.							
\dashv	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.							
				Prior Year	Current Year							
e l		Contributions and grants (Part VIII, line 1h)		1,186,323.	1,936,661.							
ē		Program service revenue (Part VIII, line 2g)		33,127,989.	36,423,664.							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,507,736.	2,955,901.							
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		134,093.	100,102.							
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,956,141.	41,416,328.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
		Benefits paid to or for members (Part IX, column (A), line 4)		17,190,011.	16,922,184.							
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.							
삤		Total fundraising expenses (Part IX, column (D), line 25)		25,475,312.	25,323,475.							
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,665,323.	42,245,659.							
				-4,709,182.	-829,331.							
- X	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year							
let Assets or und Balances	20	Total assets (Part X, line 16)		60,574,555.	146,134,796.							
Asse Bali	21	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		57,119,890.	141,777,403.							
Eét Eét	22	Net assets or fund balances. Subtract line 21 from line 20		3,454,665.	4,357,393.							
	rt II	Signature Block		3,131,0031	170077000							
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of wl			into though and botton, it is							
,	001100		or. proparor	8/5/202	24							
Sigr	1	Signature of officer		Date								
Here		CYNTHIA WALTERS, PRESIDENT AND CEO										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
aid		JEFFREY J. PETRELL JEFFREY J. PETR	ELL C	08/02/24 if self-employ	P00138808							
rep	arer	Firm's name BAKER TILLY ADVISORY GROUP, LP			9-0859910							
Jse	Only	Firm's address 20 STANWIX STREET										
		PITTSBURGH, PA 15222		Phone no.41	2.697.6400							
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Pa	Statement of Program Service Accomplishments									
	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 OF ROCKVILLE, INC.									
	PROVIDES AN ARRAY OF OPTIONS FOR SENIORS INCLUDING RESIDENTIAL LIVING,									
	ALONG WITH HOME AND HEALTH CARE SERVICES WHICH ARE DESIGNED TO MEET									
	INDIVIDUAL NEEDS.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ? Yes X No									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No									
	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									
	revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$11,694,441. including grants of \$) (Revenue \$10,790,994.									
	INDEPENDENT LIVING:									
	INDEPENDENT LIVING AT THE VILLAGE AT ROCKVILLE, A NATIONAL LUTHERAN									
	COMMUNITY, OFFERS JOYFUL SENIOR LIVING WHERE PEOPLE BELIEVE THAT LIFE									
	IS BEST ENJOYED WITH OTHERS. RESIDENTS HAVE ALL THE BENEFITS OF HOME									
	OWNERSHIP WITHOUT THE BURDEN OF UPKEEP AND MAINTENANCE IN ONE AND									
	TWO-BEDROOM COTTAGES. REMOVING THE HASSLE OF CHORES LEAVES RESIDENTS									
	FREE TO SPEND THEIR TIME DOING THE THINGS THEY LOVE. ADDITIONALLY,									
	RESIDENTS HAVE ACCESS TO HEALTH CARE, INCLUDING ASSISTED LIVING, MEMORY									
	SUPPORT, LONG-TERM CARE AND SHORT-TERM REHAB.									
	MILE VILLAGE OF DOCUVILLE CURRENTLY OFFERD 241 DECEMBRICA									
	THE VILLAGE OF ROCKVILLE CURRENTLY OFFERS 241 RESIDENCES.									
4b	(Code:) (Expenses \$4,412,509 •									
	ASSISTED LIVING:									
	ASSISTED LIVING RESIDENTS AT THE VILLAGE AT ROCKVILLE, A NATIONAL									
	LUTHERAN COMMUNITY, ENJOY PRIVATE SUITES WITH JUST THE RIGHT AMOUNT OF									
	HELP THEY NEED FROM LICENSED NURSES WHO ARE AVAILABLE 24-7. ASSISTED									
	LIVING COMES WITH A GENEROUS PACKAGE OF AMENITIES AND OFFERS THREE									
	LEVELS OF CARE, SO RESIDENTS ONLY PAY FOR THE LEVEL OF SERVICES THEY									
	NEED. ADDITIONALLY, ASSISTED LIVING RESIDENTS ARE PRESENTED WITH DAILY									
	OPPORTUNITIES TO ENHANCE THEIR PHYSICAL, INTELLECTUAL, SOCIAL AND									
	SPIRITUAL WELL-BEING THROUGH CONNECTEDLIVING, OUR LIFE ENRICHMENT									
	PROGRAMMING.									
4c	(Code:) (Expenses \$19,628,097. including grants of \$) (Revenue \$19,553,211.)									
	SKILLED NURSING:									
	THE VILLAGE AT ROCKVILLE, NATIONAL LUTHERAN COMMUNITY'S 160 BED									
	LONG-TERM AND SHORT TERM SKILLED NURSING CARE IS A COLLABORATIVE EFFORT									
	THAT INVOLVES THE RESIDENT, THEIR FAMILY AND THE STAFF. CONTINUAL									
	COMMUNICATION MOTIVATES FAMILIES TO ENTRUST THEIR LOVED ONES IN THE									
	VILLAGE AT ROCKVILLE'S CARE.									
	UNDER THE SKILLED NURSING BANNER IS THE PROGRAM MYPOTENTIAL									
	REHABILITATION. THROUGH THIS PROGRAM, THE VILLAGE AT ROCKVILLE OFFERS									
	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH/LANGUAGE PATHOLOGY									
	TO GUESTS RECOVERING FROM INJURY, ILLNESS OR A PLANNED SURGERY.									
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ 623,653. including grants of \$) (Revenue \$ 1,209,096.)									
4e	Total program service expenses 36,358,700.									

Form 990 (2023) THE VILLAGE AT ROCKVILLE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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	X	<u> </u>
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		<u> </u>
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2023) THE VILLAGE AT ROCKVILLE, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a	Х				
b	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						
	any tax-exempt bonds?	24c		<u>X</u>			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>			
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	25b		Х			
06	Schedule L, Part I						
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%						
		26		Х			
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>			
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? <i>If</i> "Yes," complete	32		х			
33	Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33					
0.	Part V, line 1	34	х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,.				
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X				
Fal							
	Check if Schedule O contains a response or note to any line in this Part V		V	LL Nie			
4.5	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
	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 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
·	(gambling) winnings to prize winners?	1c					
332004	4 12-21-23		990	(2023)			

THE VILLAGE AT ROCKVILLE, INC.

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

			_	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		391							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		X						
За				-	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	-	-					
4a	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	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country	(FD 4 D)								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	, ,			v					
5a		±0			X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1990 TO									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
oa	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?									
h	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
b	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 ser	vices provided to the pa	ayor? 7a		х					
b		vices provided to the pr			 					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		·····							
Ū	to file Form 8282?	•	7c		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 co	ontract?	7e							
f										
g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b							
10	Section 501(c)(7) organizations. Enter:									
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:	l I								
	Gross income from members or shareholders	11a	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)	11b	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	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		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul									
15										
	excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any 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

Form **990** (2023)

THE VILLAGE AT ROCKVILLE, INC. 53-0196624 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. 3 **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? The organization's CEO, Executive Director, or top management official X 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 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

Form **990** (2023)

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)			•		(D)	(E)	(F)	
Name and title	Average	١		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amount of
	week	-	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CYNTHIA WALTERS	10.00	T -	_			1				
PRESIDENT/CEO	30.00	Х		х				0.	424,579.	48,535.
(2) DONNA CASNER	10.00								-	-
VICE PRESIDENT FINANCE	30.00			Х				0.	196,575.	18,639.
(3) OMOLARA POPOOLA	40.00									
NURSING DIRECTOR						X		158,463.	0.	26,413.
(4) RICHARD MAZZA	10.00	1								
CHIEF FINANCIAL OFFICER	30.00			Х		<u> </u>		0.	156,605.	17,533.
(5) ERIN WHEELER	40.00	4				l		120 262		24 652
HEALTHCARE ADMINISTRATOR	10.00					X		130,963.	0.	31,658.
(6) HYANG LEE	40.00	4						121 506		10 766
CARE NAVIGATOR	40.00					X		131,526.	0.	19,766.
(7) SHEILA WALKER	40.00	1				7.		146 100	0	4 610
SALES DIRECTOR	40.00					X		146,189.	0.	4,610.
(8) CARRIE HIBBARD	40.00	1				x		105 117	0.	1 225
TALENT & CULTURE DIRECTOR (9) ROGER MYERS	1.00					┢		125,117.	0.	1,335.
CHAIR	1.00	х		х				0.	0.	0.
(10) PHYLLIS RUMBARGER	1.00					\vdash		•	0.	0 •
SECRETARY/TREASURER	1.00	х		х				0.	0.	0.
(11) JIM BALOW	1.00	† 							0.1	
BOARD MEMBER		Х						0.	0.	0.
									-	-
		1								
		<u> </u>								
]								
		<u> </u>				_				
		1								
		<u> </u>				_	_			
		4								
										000

Form 990 (2023)

	90 (2023) THE VILL	AGE AT R	00	!KV	ΊL	LΕ	Ι,	IN	1C.	53-0	1966	524	Pa	age 8
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	nours per week			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from relate	on	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fro orga and	pensat om the anizati d relate inizatio	e on ed
-														
1h 9	Subtotal								692,258.	777,7	59.	168	3,48	39.
c 1 <u>d 1</u>	Fotal from continuation sheets to Part VI Fotal (add lines 1b and 1c)	I, Section A							0. 692,258.	777,7	0. 59.	. 0.		
	Total number of individuals (including but necessation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportabl	e 		Yes	19 No
li	Did the organization list any former officer, ine 1a? <i>If</i> "Yes," complete Schedule J for so	uch individual										3		Х
a	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	х	
Section	endered to the organization? <i>If</i> "Yes." comon B. Independent Contractors	plete Schedule	e J fo	or su	ıch ı	pers	on .					5		Х
	Complete this table for your five highest con he organization. Report compensation for to (A)										pensati	ion fro (C		
	Name and business	address	NC	ONE	3				Description of s	ervices	Co		nsation	1
	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				
_		_	_	_	_			_			Ī	Form	990 (2	2023)

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

			Check if Schedule O	conta	ins a re	esponse (or note to any lin	e in this Part VIII			
			Officer if Octreduce O	JOHE	ui io a iv	зропас (or flote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0, (0	_	_	Federated campaigns			1a					00011011010112
ants Ints	'					1b					
ij g					· · · · · · -	1c					
Fts,			Fundraising events		[
Contributions, Gifts, Grants and Other Similar Amounts						1d 1e	15,000.				
Sir			Government grants (contr			ie	13,000.				
e E			All other contributions, gifts, similar amounts not included			4.	1,921,661.				
ē ‡						1f	1,321,001.				
no D		_	Noncash contributions included in	lines 1	a-1f L	1g \$		1,936,661.			
O 6		n	Total. Add lines 1a-1f				Business Code	1,330,001.			
_	^	_	SKILLED NURSING REV	ENITE			623000	19,553,211.	19553211.		
ice	2	_	INDEPENDENT LIVING	BNOE			623000	10,790,994.	10790994.		
er, ne		~	PERSONAL CARE				623000	4,870,363.	4,870,363.		
m S			DINING				623000	1,209,096.	1,209,096.		
gra Re		_	DINING				023000	1,203,030.	1,203,030.		_
Program Service Revenue		e •	All other program service	rove	2110						
_			· · ·					36,423,664.			
	3		Total. Add lines 2a-2f					30,123,001.			
	3							1,940,069.			1940069.
	4		Income from investment				rocode	2,510,005.			
	5		Royalties		-	-	oceeus				
	3		noyaliles			Real	(ii) Personal				
	6	2	Gross rents	6a	(1)	6,840.	(1) 1 01001141				
			Gross rents Less: rental expenses	6b		3,811.					
			Rental income or (loss)	6c		3,029.					
			Net rental income or (loss)			, ,		3,029.			3,029.
			Gross amount from sales of	, <u> </u>	(i) Se	curities	(ii) Other	, -			,
	•		assets other than inventory	7a	.,	15,832.	(-)				
			Less: cost or other basis	1		, -					
<u>o</u>			and sales expenses	7b		0.					
enc			Gain or (loss)		1,0	15,832.					
her Revenue			Net gain or (loss)					1,015,832.			1015832.
P.			Gross income from fundraisi					, ,			
g	·		including \$								
			contributions reported on	line '							
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamin		_						
			Part IV, line 19	-							
			Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I	•	•						
			and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from								
							Business Code				
sno	11	а	OTHER INCOME				623000	62,175.			62,175.
Miscellaneous Revenue		b	HAIR CARE REVENUE				623000	34,898.			34,898.
eve		С									
Aisc B		d	All other revenue								
_			Total. Add lines 11a-11d					97,073.			
	12		Total revenue. See instruction	ons				41,416,328.	36423664.	0.	3056003.

Form 990 (2023) THE VILLAGE AT ROCKVILLE, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor			(0)	(D)
	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)				
7	Other salaries and wages	14,066,852.	12,495,864.	1,570,988.	
8	Pension plan accruals and contributions (include	, , , , , , , , ,	, -,	, , , , , , , , , , , , , , , , , , , ,	
_	section 401(k) and 403(b) employer contributions)	308,684.	286,436.	22,248.	
9	Other employee benefits	1,441,284.	1,363,730.	77,554.	
10	Payroll taxes	1,105,364.	988,564.	116,800.	
11	Fees for services (nonemployees):	,,		==,,,,,,,,,	
	Management	2,655,168.		2,655,168.	
b	Legal	30,063.	1,802.	28,261.	
	Accounting	40,496.		40,496.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	355,817.		355,817.	
g	Other. (If line 11g amount exceeds 10% of line 25,	000,027		333,0270	
9	column (A), amount, list line 11g expenses on Sch 0.)	2,058,510.	1,818,185.	240,325.	
12	Advertising and promotion	239,192.		226,689.	
13	Office expenses	645,494.		55,333.	
14	Information technology	235,615.	235,615.	00,000	
15	Royalties				
16	Occupancy	3,502,124.	3,498,614.	3,510.	
17	Travel	53,022.	49,319.	3,703.	
18	Payments of travel or entertainment expenses	00,011		37.333	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,198.	5,198.		
20		3,287,893.	3,287,893.		
21	Payments to affiliates	2,22,,030	0,20,,000		
22	Depreciation, depletion, and amortization	6,257,563.	6,257,563.		
23	Insurance	250,162.	250,162.		
24	Other expenses. Itemize expenses not covered	===,===	===,===		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MEDICAL CARE FEES	1,561,482.	1,561,482.		
b	FOOD	1,253,227.	1,198,772.	54,455.	
C	DUES & SUBSCRIPTIONS	954,044.		228,506.	
d	MEDICAL SUPPLIES	865,321.	865,321.	==3,0000	
	All other expenses	1,073,084.	865,978.	207,106.	
25	Total functional expenses. Add lines 1 through 24e	42,245,659.		5,886,959.	0 .
26	Joint costs. Complete this line only if the organization	,,,	30,300,7000	-, ,	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			ı		

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Pai	rt 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	
	2	Savings and temporary cash investments		21,465.	2	1,853
	3	Pledges and grants receivable, net			3	20,000
	4	Accounts receivable, net		3,006,415.	4	1,859,352
	5	Loans and other receivables from any current or former office	er, director,			
		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section 4		6		
ţ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		42,284.	8	42,284
Ë	9	Prepaid expenses and deferred charges		402,205.	9	407,523
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 17	5,208,321.			
	b	Less: accumulated depreciation 10b 7	1,738,783.	107,774,575.	10c	103,469,538
	11	Investments - publicly traded securities		48,791,596.	11	39,803,235
	12	Investments - other securities. See Part IV, line 11	460,514.	12	455,510	
	13	Investments - program-related. See Part IV, line 11	75,501.	13	75,501	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		160,574,555.	16	146,134,796
	17	Accounts payable and accrued expenses		5,633,294.	17	7,499,641
	18	Grants payable		18		
	19	Deferred revenue	80,171,794.	19	79,129,165	
	20	Tax-exempt bond liabilities		49,115,582.	20	48,344,079
	21	Escrow or custodial account liability. Complete Part IV of Sch			21	
8	22	Loans and other payables to any current or former officer, dir				
Ě		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
Liabilities					22	
_	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com-	plete Part X	00 100 000		6 004 510
		of Schedule D		22,199,220.		6,804,518
	26	Total liabilities. Add lines 17 through 25		157,119,890.	26	141,777,403
S		Organizations that follow FASB ASC 958, check here	X			
če		and complete lines 27, 28, 32, and 33.		000 024		005 002
<u>a</u>	27	Net assets without donor restrictions		-890,934.	27	-885,003
ñ	28	Net assets with donor restrictions		4,345,599.	28	5,242,396
Ĕ		Organizations that do not follow FASB ASC 958, check he	ere			
≻		and complete lines 29 through 33.				
g	29	Capital stock or trust principal, or current funds			29	
sse	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		2 454 665	31	4 257 202
Š	32	Total net assets or fund balances		3,454,665.	32	4,357,393
	33	Total liabilities and net assets/fund balances		160,574,555.	33	146,134,796 Form 990 (202

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		<u></u>		X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,41	<u>.6,3</u>	28.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,24	<u> 5,6</u>	59.				
3	Revenue less expenses. Subtract line 2 from line 1	3		29,3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,45	4,6	65.				
5									
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	16	51,4	56.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	4,35	57,3	93.				
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	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\perp	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	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	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	\perp	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
		· <u></u>	Forr	n 990	(2023)				

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	ame of the organization THE VILLAGE AT ROCKVILLE, INC. 5											
Part	· I	Reason for Public 0				sia nart \ C	'aa inatuustian		3-0196624			
							ee instructions	S				
	gan	ization is not a private found	•	•	•	,	4\/ A\/:\					
1 L	=	A church, convention of ch)(מ)טיו וופ	I)(A)(I).					
2 L	=	A school described in sect				VLV4VAV:	::1					
3	퓜	A hospital or a cooperative A medical research organiz						(iii) Enter	the hospital's name			
4 _		city, and state:	ation operated in cor	ijunction with a nospital	described	in section	/// 170(B)(1)(A)	(III). Linter	the hospital s hame,			
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in			
	_	section 170(b)(1)(A)(iv). (C										
6 L	_	A federal, state, or local gov	ū				• •					
7 _		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.)										
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)							
9 [An agricultural research org			-	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	-			-		-	-			
		university:										
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.			
_	_	See section 509(a)(2). (Co	•									
11 [亅	An organization organized a	=	*	•							
12 _		An organization organized a	•	•	•		•	•				
		more publicly supported or	-						Sheck the box on			
		lines 12a through 12d that	• •			-		-	-1.1			
а			· · · · · · · · · · · · · · · · · · ·	•	•	_						
		the supported organization			majority C	n the direc	tors or trustee	es or the st	apporting			
b		organization. You must o Type II. A supporting org	-		ion with it	e cupporte	od organization	a(c) by bay	vina			
b		control or management o	•				-	•	-			
		organization(s). You mus			атте регое	110 11101 00	THE OF OF THAT IA	jo ti io oup	Jortod			
С		☐ Type III functionally inte			in connect	tion with. a	and functional	v integrate	ed with.			
		its supported organization						,	,			
d		Type III non-functionally		·				ted organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
<u>g</u>		vide the following information			(iv) le the eras	onization listed	1					
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see iii	Structions)	support (see instructions)			
Total									I			

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

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

Se	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

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

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

Sec	etion A. Public Support	olon, piodos somp	,				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(2,7 = 2 : 2	(, ====	(5) === :	(5) = = = =	(=) ====	(-)
	include any "unusual grants.")	376,287.	4915529.	819,095.	1186323.	1936661.	9233895.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28697787.			33127989.	36423664.	155586572
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	124,784.	23,695.	19,098.	27,839.	34,898.	230,314.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	29198858.	<u>32159330.</u>	30955219.	34342151.	38395223.	165050781
	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.)						165050781
	• • • • • • • • • • • • • • • • • • • •	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2023	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2019 291 98858	(b) 2020 3 2 1 5 9 3 3 0 .	(c) 2021 3 0 9 5 5 2 1 9 .	(d) 2022 3 4 3 4 2 1 5 1 .	(e) 2023 38395223	(f) Total 165050781
Cale 9	• • • • • • • • • • • • • • • • • • • •	(a) 2019 29198858.		30955219.		38395223.	165050781
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1028821.	32159330. 1292215.	30955219. 1406173.	34342151.	38395223.	165050781
Cale 9 10a	ndar year (or fiscal year beginning in) 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	29198858.	32159330.	30955219.	34342151.	38395223.	165050781
Cale 9 10a	ndar year (or fiscal year beginning in) 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	1028821.	32159330. 1292215.	30955219. 1406173.	34342151. 1455122.	38395223. 1946909.	7129240.
Cale 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)	1028821. 1028821. 57,801.	1292215. 1292215. 1292215.	1406173. 1406173. 1406173.	1455122. 1455122. 94,722.	1946909. 1946909. 62,175.	7129240. 7129240. 1889266.
Cale 9 10a b	ndar year (or fiscal year beginning in) 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.)	1028821. 1028821. 257,801. 30285480.	1292215. 1292215. 1292215. 1534850. 34986395.	1406173. 1406173. 1406173. 139,718. 32501110.	34342151. 1455122. 1455122. 94,722. 35891995.	1946909. 1946909. 1946909. 62,175. 40404307.	7129240. 7129240. 7129240. 1889266. 174069287
Cale 9 10a b	ndar year (or fiscal year beginning in) 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	29198858. 1028821. 1028821. 57,801. 30285480. the organization's fire	1292215. 1292215. 1534850. 34986395. rst, second, third,	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. O1(c)(3) organization	7129240. 7129240. 1889266. 174069287
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) 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	29198858. 1028821. 1028821. 57,801. 30285480. he organization's file	1292215. 1292215. 1534850. 34986395. rst, second, third, f	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. O1(c)(3) organization	7129240. 7129240. 1889266. 174069287
Cale 9 10a b 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	29198858. 1028821. 1028821. 57,801. 30285480. he organization's fine ic Support Per	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	38395223. 1946909. 1946909. 62,175. 40404307. O1(c)(3) organization	7129240. 7129240. 7129240. 1889266. 174069287
Cale 9 10 a b c 11 12 13 14 Sec 15	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	29198858. 1028821. 1028821. 57,801. 30285480. he organization's filline 8, column (f), d	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage ivided by line 13, contage ivided by line 13, co	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. year as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. 01(c)(3) organization	7129240. 7129240. 7129240. 1889266. 174069287
Cale 9 10 a 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	29198858. 1028821. 1028821. 57,801. 30285480. he organization's filline 8, column (f), do 2 Schedule A, Part	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage ivided by line 13, colling line 15.	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. year as a section 5	38395223. 1946909. 1946909. 62,175. 40404307. O1(c)(3) organization	7129240. 7129240. 7129240. 1889266. 174069287
Cale 9 10 a 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 Stion C. Computation of Public support percentage from 2022	29198858. 1028821. 1028821. 57,801. 30285480. he organization's filline 8, column (f), do 2 Schedule A, Partistment Income	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, ricentage ivided by line 13, continue 15. Percentage	1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. 01(c)(3) organization	7129240. 7129240. 7129240. 1889266. 174069287 on, 94.82 % 95.14 %
Cale 9 10a b c 11 12 13 14 Sec 17	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	29198858. 1028821. 1028821. 57,801. 30285480. he organization's finite Support Perline 8, column (f), de Schedule A, Part stment Income 1023 (line 10c, column	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage ivided by line 13, continue 15, continue	1406173. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 62,175. 40404307. 01(c)(3) organization	7129240. 7129240. 7129240. 1889266. 174069287 on, 94.82 % 95.14 %
Cale 9 10 a b c 11 12 13 14 15 16 Sec 17 18	ndar year (or fiscal year beginning in) 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 Publ Public support percentage for 2022 Extion D. Computation of Investinest income percentage for 2	29198858. 1028821. 1028821. 57,801. 30285480. he organization's firm. ic Support Per line 8, column (f), de Schedule A, Part stment Income 023 (line 10c, colur 2022 Schedule A,	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage ivided by line 13, centage in (f), divided by line 17	30955219. 1406173. 1406173. 139,718. 32501110. fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. 01(c)(3) organization	165050781 7129240. 7129240. 1889266. 174069287 on,
Cale 9 10 a b c 11 12 13 14 15 16 Sec 17 18	ndar year (or fiscal year beginning in) 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 Publ Public support percentage for 2023 (Public support percentage from 2022 Extion D. Computation of Investment income percentage from	29198858. 1028821. 1028821. 57,801. 30285480. he organization's file ic Support Per line 8, column (f), de 2 Schedule A, Part stment Income 23 (line 10c, colum 2022 Schedule A, e organization did ne	1292215. 1292215. 1292215. 1534850. 34986395. rst, second, third, the centage ivided by line 13, centage inn (f), divided by line 15 in the percentage inn (f), divided by line 17 int check the box of check the box of check the box of the centage inn (f), divided by line 17 int check the box of check the box of the centage inn (f), divided by line 17 int check the box of the centage inn (f), divided by line 17 int check the box of the centage in the	1406173. 1406173. 1406173. 139,718. 32501110. Fourth, or fifth tax y	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 5	1946909. 1946909. 1946909. 62,175. 40404307. 01(c)(3) organization	165050781 7129240. 7129240. 1889266. 174069287 on, 94.82 % 95.14 % 4.10 % 3.72 % 7 is not
Cale 9 10a b 12 13 14 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 cation C. Computation of Public support percentage from 2023 (Public support percentage from 2022 Investment income percentage from 33 1/3% support tests - 2023. If the	29198858. 1028821. 1028821. 57,801. 30285480. he organization's filline 8, column (f), de 2 Schedule A, Part street Income 23 (line 10c, colum 2022 Schedule A, e organization did not stop here. The e organization did not stop here.	1292215. 1292215. 1292215. 134850. 34986395. rst, second, third, ricentage ivided by line 13, companies to the box coorganization quality of check a box on the coorganization quality of the coorganization quality	1406173. 1406173. 1406173. 139,718. 32501110. Fourth, or fifth tax y column (f)) The 13, column (f)) The 14, and line fies as a publicly so line 14 or line 19a	34342151. 1455122. 1455122. 94,722. 35891995. rear as a section 56. 15 is more than 33. upported organization, and line 16 is mo	1946909. 1946909. 1946909. 62,175. 40404307. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ition re than 33 1/3%, a	7129240. 7129240. 7129240. 1889266. 174069287 on, 94.82 % 95.14 % 4.10 % 3.72 % 7 is not X and

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.)

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
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 installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	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.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he 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.

Schedule	Δ	(Form	990)	2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

THE VILLAGE AT ROCKVILLE 53-0196624 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE VILLAGE AT ROCKVILLE, INC.

53-0196624

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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		\$840,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 813,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$2,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE VILLAGE AT ROCKVILLE, INC.

53-0196624

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		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$16,756.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,870.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization Employer identification number

THE VILLAGE AT ROCKVILLE, INC.

53-0196624

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
		\$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE VILLAGE AT ROCKVILLE, INC. 53-0196624 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

Nan	ne of orga				Em	ployer identification number
Da	THE VILLAGE AT ROCKVILLE, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 or					53-0196624
Pa	art I-A	Complete if the org	anization is exempt und	ler section 501(c) (or is a section 527 o	rganization.
1	Provide a	a description of the organiz	ation's direct and indirect politi	cal campaign activities i	n Part IV.	
2	Political	campaign activity expendit	ures			\$
3	Voluntee	r hours for political campai	gn activities			
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
			incurred by the organization un			\$
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
1	Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt funct	ion activities	\$
2	Enter the	e amount of the filing organ	ization's funds contributed to o	ther organizations for se	ection 527	
						\$
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,		
						\$
4			1120-POL for this year?			
5	Enter the	e names, addresses, and er	mployer identification number (E	EIN) of all section 527 pc	olitical organizations to wh	ich the filing organization
	•	,	tion listed, enter the amount pa			•
		· · · · · · · · · · · · · · · · · · ·	omptly and directly delivered to		· · · · · · · · · · · · · · · · · · ·	ate 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 from	
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
					lunus. Il none, enter -0	delivered to a separate
						political organization.
						If none, enter -0

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

Schedule C (Form 990) 2023

Part II-A Complete if the org		npt under section			ection under
section 501(h)).					
A Check if the filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying e	expenditures).			
B Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
	ts on Lobbying Exper	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	lv (direct lobbving)			
c Total lobbying expenditures (add lin	~		To the second se		
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente			T T		
If the amount on line 1e, column (a) o		bying nontaxable am			
not over \$500,000,	` '	the amount on line 1e.			
over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500 000		
over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,0		00 plus 5% of the exce			
over \$17,000,000,	\$1,000,	•	σο στοι φτιμοσόμοσοι		
g Grassroots nontaxable amount (en	han 000/ af line 15		'		
h Subtract line 1g from line 1a. If zero	· · · · · · · · · · · · · · · · · · ·				
	i Subtract line 1g from line 1a. If zero or less, enter -0-				
i If there is an amount other than zer			_		•
reporting section 4911 tax for this	•	,			Yes No
(Some organizations th	4-Year Avenat made a section 5	eraging Period Under	Section 501(h) have to complete all o		elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (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					

Schedule C (Form 990) 2023

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amount	
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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	X		2,715.	
j	Total. Add lines 1c through 1i			2,715.	
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	etion	
	501(c)(6).				
				Yes No	
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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line 3, is	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		۱		
c	Total				
3			١ -		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par				<u>I</u>	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	.,	= (555	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	, , , , , , , , , , , , , , , , , , , ,				
THE	VILLAGE AT ROCKVILLE, INC. PAYS DUES TO LEADINGAGE	E MARYI	AND.	A	
	·				
POF	TION OF THE DUES PAID TO THIS ORGANIZATION ARE ALLO	CABLE	TO LO	BBYING	
		<u> </u>			
EXI	PENSES.				

Schedule C (Form 990) 2023

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 ROCKVILLE, INC.

Employer identification number 53-0196624

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining College		Historical Tre		r Other			S (continu	
3	Using the organization's acquisition, accession,							CONTIN	uea)
3	collection items (check all that apply).	and other records	, check any or the r	ollowing that	ı make sıç	grillicarii t	156 01 112		
_	Public exhibition	d	L can ar aval	hanga progr	am				
a		d	Loan or excl	nange progra	am				
b	Scholarly research Preservation for future generations	е							
C 4		tions and avalois	have that fruther th	a avaani=ati	na'a ayan	nt numa	aa in Dart	VIII	
4	Provide a description of the organization's collect						se in Pari	AIII.	
5	During the year, did the organization solicit or re-							Yes	□ Na
Par	to be sold to raise funds rather than to be mainta								No
ı uı	reported an amount on Form 990, Part X,		e ii trie organization	answered	res on F	·omi 990,	Part IV,	irie 9, or	
12	Is the organization an agent, trustee, custodian,		ian, for contribution	e or other as	ecte not i	included			
ıa								Yes	☐ No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and						∟	res	NO
D	if res, explain the arrangement in Part XIII and	complete the lon	owing table.					Amount	
_	Designing helenge					10		Amount	
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f Oo	Ending balance							Yes	
	_					•	∟		∐ No
Par	If "Yes," explain the arrangement in Part XIII. Chit V Endowment Funds Complete if the								
		a) Current year	(b) Prior year	(c) Two yea			ears hack	(a) Four	years back
4.	<u> </u>	1,693,588.	1,642,030.	· , ,	2,725.		33,330.	_	799,483.
	Beginning of year balance	964,128.	51,558.		9,305.		69,395.		233,847.
	Contributions	304,120.	31,330.	33.	3,303.		05,353.		233,047.
	Net investment earnings, gains, and losses				+				
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	2,657,716.	1,693,588.	1 64	2,030.	1 2	02 725	1	033,330.
g					2,030.	1,3	02,725.	<u> </u>	033,330.
2	Provide the estimated percentage of the current	year end balance) neid as:					
a	Board designated or quasi-endowment Permanent endowment 100	0/	_%						
b		%							
С	Term endowment%								
0-	The percentages on lines 2a, 2b, and 2c should	•	dana dia akaman bankalar	al and a factoria		_			
за	Are there endowment funds not in the possession	on of the organizat	tion that are neid an	ia aaministei	rea for the	Э		Г	Yes No
	organization by:								X
	(m) D							3a(i)	X
			d an Cabadula DO					3a(ii)	A
D	If "Yes" on line 3a(ii), are the related organization							. 3b	
Par	Describe in Part XIII the intended uses of the org t VI Land, Buildings, and Equipmen		ment tunas.						
· u	Complete if the organization answered "Y		Part IV line 11a S	00 Form 990	Part X I	ine 10			
	·	I	1					(al) Da ala	
	Description of property	(a) Cost or ot basis (investm	, ,			ccumulate preciation	ea	(d) Book	value
	Land	Dasis (IIIVESUII	,	9,944.	uep	o colation		0 /110	,944.
	Land		149,38		66 0	74,28	22 6	3,413	5,781.
	Buildings		149,38	0,003.	00,0	114,20	24 6	55,505	<u>, /0⊥•</u>
	Leasehold improvements		16 40	8,314.	F 6	64,50	71 1	0 7/2	8,813.
	Equipment		10,40	O, JI4.	٥,٥	,,,,,	7 1 - 1	.0,/43	, отэ.
	Other						1 (12 460	F 2 0
ı otal	. Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part >	(. line 10c. column	(B))			<u> L</u> C	,,,409	,538.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE VILLA	GE AT ROCKVILLE	, INC.	53-0196624 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "		11b. See Form 990, Part	t X, line 12.
(a) Description of security or category (including name of secu	rity) (b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	,		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B) Part VIII Investments - Program Related			
Complete if the organization answered "		11c See Form 990 Part	X line 13
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
	(b) Book value	(b) Mothod of Value	ation. Goot of one of your 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 "		11d. See Form 990, Part	
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 1:	5 col (R))		
Part X Other Liabilities	J, COI. (D)/		
Complete if the organization answered "	es" on Form 990, Part IV, line	11e or 11f. See Form 99	0, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			61,903.
(3) DUE TO AFFILIATE			6,100,111.
(4) RESIDENT DEPOSITS			642,504.
(5)			
(6)			
(7)			
(8)			
(9)			6 004 510
Total. (Column (b) must equal Form 990, Part X, line 2:	, ,,		
2. Liability for uncertain tax positions. In Part XIII, pro	ovide the text of the footnote to	the organization's finan	cial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

	tule D (Form 990) 2023 THE VILLAGE AT ROCKVILLE,				0196624 Page
Par	•		n Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			Т.	41,895,137
				1	41,095,137
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	1,570,603.		
	Net unrealized gains (losses) on investments		1,370,003	4	
	Donated services and use of facilities			-	
	Recoveries of prior year grants Other (Describe in Part XIII.)		331,837.		
				2e	1,902,440.
	•			3	39,992,697
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	33,332,037
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		1,423,631.		
	Add lines 4a and 4b		· · · · · ·	4c	1,423,631.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	41,416,328
Par	XII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	41,889,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	1 1			
d	Other (Describe in Part XIII.)	2d	3,811.		
е	Add lines 2a through 2d			2e	3,811.
3	Subtract line 2e from line 1			3	41,885,395
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	360,264.		
С	Add lines 4a and 4b			4c	360,264.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	42,245,659
	XIII Supplemental Information				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Part	X, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional info	ermation.		
חגם	m 17				
PAR	T V, LINE 4:				
רואים	OWMENT FUNDS ARE USED TO ASSIST RESIDENTS	ם שחטפו	ב הוואורה האנוו	, DE	en e
БИО	OWMENT FUNDS ARE USED TO ASSIST RESIDENTS	S WHOSI	T FUNDS HAVE	r DE	EIN
סשח	LETED.				
ם בוכע	DETED.				
PAR	T X, LINE 2:				
	11, 21,2 2,				
THE	ORGANIZATION IS A NOT-FOR-PROFIT CORPORA	ATION A	AS DESCRIBEI	O IN	SECTION
501	(C)(3) OF THE INTERNAL REVENUE CODE (CODE	E) AND	HAS BEEN RE	ECOG:	NIZED AS
					-
TAX	EXEMPT UNDER SECTION 501(A) OF THE CODE	ACC	ORDINGLY, NO	PR	OVISION
FOR	INCOME TAXES HAS BEEN PROVIDED.				

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE AN ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANIES

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)	
AND RECOGNIZE A TAX LIABILITY OR ASSET IF THE ORGANIZATION HAS TAKEN AN	
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 328,026	•
RENTAL EXPENSES 3,811	•
TOTAL TO SCHEDULE D, PART XI, LINE 2D 331,837	•
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
AUXILIARY INCOME 2,428	•
INVESTMENT EXPENSE 355,817	•
DONOR RESTRICTED CONTRIBUTION 1,051,954	•
FUNDS HELD IN TRUST INCOME 13,432	
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,423,631	•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES 3,811	•
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AUXILIARY EXPENSES 4,447	
INVESTMENT EXPENSES 355,817	•
TOTAL TO SCHEDULE D, PART XII, LINE 4B 360,264	<u>. </u>

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE VILLAGE AT ROCKVILLE INC. 53-0196624

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel 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		_X_
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		X
	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:			77
	The organization?	5a		X
b	Any related organization?	5b		_X_
	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Λ
_	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	_	v	
•	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	_		v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRTIONS SECTION 3.3 4938-NICT/	· u		

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)	(F) Compensation 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	(ii)	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	(ii)	191,023.	5,000.	552.	8,173.	10,466.	215,214.	0.	
(3) OMOLARA POPOOLA	(i)	143,126.	15,000.	337.	6,894.	19,519.	184,876.	0.	
NURSING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) RICHARD MAZZA	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER	(ii)	156,287.	0.	318.	3,673.	13,860.	174,138.	0.	
(5) ERIN WHEELER	(i)	129,753.	1,000.	210.	5,456.	26,202.	162,621.	0.	
HEALTHCARE ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) HYANG LEE	(i)	129,768.	937.	821.	5,593.	14,173.	151,292.	0.	
CARE NAVIGATOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) SHEILA WALKER	(i)	124,051.	21,760.	378.	2,694.	1,916.	150,799.	0.	
SALES DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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 ROCKVILLE, INC.

Employer identification number 53-0196624

Part I	Bond Issues SE			N (F) CON	TINUAT	TOMO								
	(a) Issuer name	(b) Issuer EIN	FOR COLUMN (c) CUSIP#	(d) Date issued		sue price	(f) Description	on of purpose	(g) Det	feased	(h) On of iss		(i) Po	
									Yes	No	Yes	No	Yes	No
TH	IE MAYOR AND COUNCIL OF						RENOVATI	NG TO						
A RC	CKVILLE	52-6001573	774223AA9	02/28/12	2 2200	00000.	EXISTING	TVAR COM		X		х		Х
MC	ONTGOMERY COUNTY,						FUNDING :	FOR						
в МА	ARYLAND	52-6000980	613342DN1	11/16/18	8 8750	00000.	GLENMERE	EXPANSIO		X		Х		Х
С														L
D														<u> </u>
Part II	Proceeds													
					١		В	С				D		
_ 1 A	mount of bonds retired			3,37	75,000	56,	415,000.							
	mount of bonds legally defeased													
3 To	otal proceeds of issue				.3,996		503,842.							
4 G	Gross proceeds in reserve funds				30,617		288,046.							
5 C	Capitalized interest from proceeds			52	21,918	,	88,238.							
6 P	Proceeds in refunding escrows													
7 Is	ssuance costs from proceeds			71	.3,055	1,	639,607.							
8 C	Credit enhancement from proceeds													
9 W	Vorking capital expenditures from proceeds													
10 C	Capital expenditures from proceeds				1,411		740,539.							
11 0	Other spent proceeds			34	19,254									
12 0	Other unspent proceeds					77,	747,412.							
13 Y	ear of substantial completion			2	014		2020							
				Yes	No	Yes	No	Yes	No		Yes		No	
14 W	Vere the bonds issued as part of a refunding is	ssue of tax-exempt b	onds (or,											
if	issued prior to 2018, a current refunding issu	ıe)?			X		X							
15 W	Vere the bonds issued as part of a refunding is	ssue of taxable bond	s (or, if											
is	ssued prior to 2018, an advance refunding iss	ue)?			X		X							
	las the final allocation of proceeds been made						X							
	oes the organization maintain adequate book													
fi	nal allocation of proceeds?		<u></u>	X		X		<u> </u>						

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Schedule K (Form 990) 2023

Par	t III Private Business Use								
			Ą		В	(;)
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?		X		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			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•		•				
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		1						,-
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
•	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		X					
Par	t IV Arbitrage		-1						
			Α		В		2)
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	· · · · · · · · · · · · · · · · · · ·				'				
	Rebate not due yet?		Х	X					
	Exception to rebate?		X		Х				
	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1						
	performed								
3	Is the bond issue a variable rate issue?		Х		Тх				
	is the sent issue a variable rate issue:			1					

Part IV Arbitrage (continued)								
		4	E	3		С)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		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?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action								
		4	E	3		<u>c</u>)
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: THE MAYOR AND COUNCIL OF ROCKVIL	ιLE							
(F) DESCRIPTION OF PURPOSE: RENOVATING TO EXISTIN	IG TVAR	COMMUN	ITY					
(A) ISSUER NAME: MONTGOMERY COUNTY, MARYLAND								
(F) DESCRIPTION OF PURPOSE:								
FUNDING FOR GLENMERE EXPANSION AND TVAR RENOVATION	NS							
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: THE MAYOR AND COUNCIL OF ROCKVIL								
DATE THE REBATE COMPUTATION WAS PERFORMED: 08	3/11/20	22						

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE VILLAGE AT ROCKVILLE, INC.

Employer identification number 53-0196624

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE VILLAGE AT ROCKVILLE PROVIDES RESIDENCY AND MEDICAL CARE AS NEEDED

TO THOSE IN A 32-BED TRADITIONAL ASSISTED LIVING SETTING.

THE VILLAGE AT ROCKVILLE ALSO OFFERS A SAFE AND COMFORTING PLACE FOR

SENIORS WITH MEMORY CHALLENGES IN AN 18-BED ASSISTED LIVING MEMORY

SUPPORT SETTING. THE VILLAGE AT ROCKVILLE UNDERSTANDS IT'S THE LITTLE

DIFFERENCES AND SUBTLE CUES THAT MAKE A MEANINGFUL IMPACT IN SOMEONE'S

DAY. THE MEMORY CARE PROGRAM FEATURES PRIVATE ROOMS, AND DESIGNATED

AREAS FOR PERSONAL MEMORY CUES THAT ENGAGE INDIVIDUALS WITH FAMILY

MEMENTOS, PERSONAL ITEMS AND PHOTOGRAPHS. THE SUITES ARE

COLOR-DESIGNATED TO HELP EASE THE STRUGGLES SOME HAVE WITH DAILY

NAVIGATION. ADDITIONALLY, THE PROGRAM OFFERS A SECURE MEMORY GARDEN

WITH A GAZEBO AND SWING, AND A QUIET RELAXATION ROOM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MYPOTENTIAL REHABILITATION IS 100% FOCUSED ON EACH INDIVIDUAL'S

REHABILITATION GOALS, CREATING PERSONALIZED PLANS TO HELP THEM GAIN

BACK OPTIMUM INDEPENDENCE. GUESTS' GOALS DIRECT THE EFFORTS OF THE

REHAB TEAM, INCLUDING PHYSICIANS, NURSES, THERAPISTS, DISCHARGE

PLANNERS, NUTRITIONISTS, A PERSONALIZED MYPOTENTIAL REHABILITATION

COACH AND A CONCIERGE. MYPOTENTIAL REHABILITATION IS DESIGNED TO GET

GUESTS BACK TO DOING THE THINGS THEY LOVE MOST CONFIDENTLY, EFFICIENTLY

AND COMFORTABLY.

BOTH PROGRAMS INCLUDE 24-HOUR VISITATION, A 24-HOUR SKILLED NURSING

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 ROCKVILLE, INC.

Employer identification number 53-0196624

TEAM, PHYSICAL SERVICES ONSITE, THERAPY SPECIALIST, PASTORAL CARE, INFUSION/IV SERVICES, BARIATRIC CARE, WOUND CARE, TOTAL PARENTERAL

NUTRITION, RESPIRATORY SERVICES AND HOSPICE SERVICES.

SINCE ITS INCEPTION IN 1890, NO RESIDENT HAS BEEN ASKED TO LEAVE THE

VILLAGE AT ROCKVILLE DUE TO DIMINISHED RESOURCES. THE COST OF

BENEVOLENT CARE PROVIDED AMOUNT TO APPROXIMATELY \$2,056,000 IN 2023.

RESIDENTS WHO ARE UNABLE TO PAY FOR SERVICES, AT ALL LEVELS OF CARE AS

NEEDED AND WHEN APPROPRIATE, ARE PROVIDED FOR WITHOUT CHARGE OR AT

AMOUNTS LESS THAN ROCKVILLE'S ESTABLISHED RATES. BECAUSE THE

ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO BE

BENEVOLENT CARE, THEY ARE NOT REPORTED AS RESIDENT SERVICE REVENUES.

THE ORGANIZATION MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF

BENEVOLENT CARE IT PROVIDES. THE ESTIMATED COSTS OF PROVIDING

BENEVOLENT CARE IS BASED UPON THE DIRECT AND INDIRECT COSTS IDENTIFIED

WITH THE SPECIFIC BENEVOLENT CARE PROVIDED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER RESIDENT SERVICES

EXPENSES \$ 623,653. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,209,096.

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.

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

Name of the organization

THE VILLAGE AT ROCKVILLE, INC.

Employer identification number
53-0196624

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

NATIONAL LUTHERAN, INC., THE SOLE MEMBER OF THE VILLAGE AT ROCKVILLE, 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 BUDGETS;
- 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.

Schedule O (Form 990) 2023 Page 2

Name of the organization

THE VILLAGE AT ROCKVILLE, INC.

Employer identification number 53-0196624

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

BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT EACH
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 XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990) 2023	Page 2
Name of the organization THE VILLAGE AT ROCKVILLE, INC.	Employer identification number 53-0196624
CHANGE IN VALUE OF TRUSTS	159,437.
NET LOSS FROM AUXILIARY	2,019.
TOTAL TO FORM 990, PART XI, LINE 9	161,456.
FORM 990, PART IX	
THE VILLAGE AT ROCKVILLE, INC. DID NOT HAVE ANY FUNDRAISIN	G EXPENSES AT
THE COMMUNITY LEVEL, RATHER THESE EXPENSES ARE REMITTED FR	OM INVESTMENT
ASSETS HELD BY THE PARENT ORGANIZATION, NATIONAL LUTHERAN,	INC.
	_

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE VILLAGE AT	ROCKVILLE, INC.					53-01966	24	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) controlling	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,	pecause it had one	or more	related tax-exer	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	1	(f) ct controlling entity	cont	g) 512(b)(13 rolled tity?
				501(c)(3))			Yes	No
THE VILLAGE AT ORCHARD RIDGE, INC 26-3445374, 400 CLOCKTOWER RIDGE DRIVE,	CONTINUING CARE RETIREMENT				NATION.	AL		
WINCHESTER, VA 22603		VIRGINIA	501(C)(3)	LINE 10	LUTHER.	AN, INC.		х
NATIONAL LUTHERAN HOME FOR THE AGED, INC						,		
26-2222476, 5275 WESTVIEW DRIVE, SUITE 110,	7				NATION.	AL		
FREDERICK, MD 21703	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12A, I	LUTHER	AN, INC.		Х
THE LEGACY AT NORTH AUGUSTA. INC					1	-		
45-2857307, 1410 A NORTH AUGUSTA STREET,	RESIDENTAL CARE AND				NATION.	AL		
STAUNTON, VA 24401	ASSISTED LIVING FACILITY	VIRGINIA	501(C)(3)	LINE 10	LUTHER.	AN, INC.		Х
THE VILLAGE AT PROVIDENCE POINT, INC	CONTINUING CARE RETIREMENT							

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

45-4024593, 5275 WESTVIEW DRIVE, SUITE 110,

Schedule R (Form 990) 2023

NATIONAL

LUTHERAN, INC.

FREDERICK, MD 21703

MARYLAND

501(C)(3)

LINE 10

COMMUNITY IN DEVELOPMENT

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	┪						
FREDERICK, MD 21703	CORPORATE OVERSIGHT	MARYLAND	501(C)(3)	LINE 10	N/A		Х
AUGSBURG LUTHERAN HOME OF MD, INC					1		
52-0696196, 6811 CAMPFIELD ROAD, BALTIMORE,	CONTINUING CARE RETIREMENT				NATIONAL		
MD 21207	COMMUNITY	MARYLAND	501(C)(3)		LUTHERAN, INC.		Х
					,		
	_						
	_						
	_						
	-						

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.

organisation from the area and the form													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	are of total Share of Disproportionate amour allocations?		Code V-UBI amount in box	General managir	Percentage ownership			
o, rolatou organization		(state or foreign	5	(related, unrelated, excluded from tax under sections 512-514)		assets	alloca	itions?	20 of Schedule	partner	1		
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N			
							<u> </u>						

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?
CHARTIABLE REMAINDER UNITRUST	INVESTMENTS		THE VILLAGE AT ROCKVILLE,	TRUST					x
CHARTIABLE REMAINDER UNITRUST	INVESTMENTS			TRUST					X

1a

Page 3

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?

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

b	Gift, grant, or capital contribution to related organization(s)				1b		_ <u></u>
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	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	Х	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		_X_
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1 p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r	X	
	Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
- \							
(5)							
(e)							
(6)		l		Calcadada	D /Fa:::	~ 000,	2022
32163	09-28-23	4.0		Schedule	к (Forr	n 990)	2023

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

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

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

Schedule R (Form 990) 2023