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Form	330

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AF	or the	e 2021 calendar year, or tax year beginning and	ending						
B c a	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number				
	Addre								
	Name Chang			52-2126751					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
	Final return	732-643-2000							
	termir ated			G Gross receipts \$	63,956,066.				
	Amen return	H(a) Is this a group re	eturn						
	Applic dition	F Name and address of principal officer: TRED TIARS		for subordinates	? Yes 🗴 No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	lf "No," attach a	list. See instructions				
		te: WWW.NATIONALSENIORCAMPUSES.ORG		H(c) Group exemptio	n number 🕨				
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1998	State of legal domicile: MD				
Pa	art I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E A HOME	FOR SENIORS THAT					
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.							
erné	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more						
No.	3				11				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		7					
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		855					
ivit		Total number of volunteers (estimate if necessary)		204					
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
				Prior Year	Current Year 2,291,871.				
ne	8	Contributions and grants (Part VIII, line 1h)		1,432,711.	61,023,121.				
Revenue	9	Program service revenue (Part VIII, line 2g)		-11,867,449.	263,430.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		361,577.	371,964.				
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,150,940.	63,950,386.				
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,567.	103,547.				
	14			0.	0.				
	45	Benefits paid to or for members (Part IX, column (A), line 4)		29,160,050.	28,555,578.				
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		-	-				
Ă	17	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)		69,241,920.	72,375,793.				
	19	Revenue less expenses. Subtract line 18 from line 12	-17,090,980.	-8,425,407.					
Sec		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year				
Assets of Balanc	20	Total assets (Part X, line 16)		312,349,766.	317,428,948.				
Ass 1 Ba	21	Total liabilities (Part X, line 26)		373,857,972.	381,883,369.				
Fund		Net assets or fund balances. Subtract line 21 from line 20		-61,508,206.	-64,454,421.				
Pa	irt II	Signature Block	•						

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

Sign		Signature of officer								
Here	EILEEN ERSTAD, TREASURER									
		Type or print name and title								
	Prir	nt/Type preparer's name	Preparer's signature	Date		Check PTIN				
Paid	JUL	IA FLANNERY, CPA	JULIA FLANNERY, CPA	10/10/2	2	self-employed P00928918				
Preparer	Firn	n's name 🕒 RSM US LLP			Firm's	EIN 🕨 42-0714325				
Use Only	Firn	n's address 🕨 100 INTERNATIONAL DRIVE,	SUITE 1400							
BALTIMORE, MD 21202 Phone no.410-246-9300										
May the II	Aay the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21	LHA For Paperwork Reduction Act Notic	ce, see the separate instructi	ions.		Form 99	0 (2021)			

_	n 990 (2021) SEABROOK VILLAGE, INC. rt III Statement of Program Service Accomplishments	52-2126751	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	····· L	
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 m	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expens	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$60,587,185. including grants of \$103,547.) (Revenue	\$6	1,023,121.
	SEABROOK VILLAGE PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO		
	RESIDE IN 1,051 INDEPENDENT LIVING UNITS, 90 ASSISTED LIVING UNITS, AND		
	68 SKILLED NURSING BEDS. THE SERVICES WE PROVIDE TO OUR RESIDENTS		
	INCLUDE, BUT ARE NOT LIMITED TO HOUSING, FOOD, MEDICAL, SECURITY AND MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL ACTIVITIES.		
	MAINIENANCE SERVICES, RECREATIONAL AND PASIORAL ACTIVITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	•\$	
4 -			
1c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 60,587,185.		

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Form 990 (2021) SEABROOK VILLAGE, INC.
Part IV Checklist of Required Schedules

52-2126751 Page 3

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			
	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? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲		
10	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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		-	000	

Form **990** (2021)

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SEABROOK VILLAGE, INC.

Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>	
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a	х		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x	
	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		x	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		x	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28					
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
	"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	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
_	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, <i>Part</i> P	<u> </u>			
02	Schedule N, Part II	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
•.	Part V. line 1	34	х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000			
2	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				
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	–			
	Note: All Form 990 filers are required to complete Schedule O	38	x		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1.00		1	
	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>	Yes	No	
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78	3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-			
		-			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	1990 (2021) SEABROOK VILLAGE, INC. 52-212	5751	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	55		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4 a		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>		
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?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С		7-		x
А	to file Form 8282?	7c		
	, , , , , , , , , , , , , , , , , , , ,	7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
י g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of qualined intellectual property, and the organization life of ormotocol as required in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	_		
C	Enter the amount of reserves on hand			X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		+	^ _
		. 14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45	1	x
	excess parachute payment(s) during the year?	. 15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1	
	If "Yes," complete Form 6069.			
			1	

Form	990 (2021) SEABROOK VILLAGE, INC.		52-212			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough	7b below, and	for a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5		X
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 app	oint c	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckhol	ders, or			
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
					Yes	<u> </u>
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u> ? 11a	x	<u> </u>
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>					<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			<u>12b</u>	X	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,			v	
	on Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?				X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	iependent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15-	x	
a b	The organization's CEO, Executive Director, or top management official				X	<u> </u>
b	Other officers or key employees of the organization			<u>15b</u>		
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ont wi	th a			
104				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			10a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	•				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		<u> </u>
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{NJ}					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1990	T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arana	~
	Own website X Another's website X Upon request Other (explain detter)	on So	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	, and finar	cial	
	statements available to the public during the tax year.		set policy	,		
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	records			
	MARY WINDSOR - (410) 402-2364		F _			
	701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228					

Form 990 (2	2021) SEABROOK VILLAGE, INC.	52-2126751	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
10 Comple	to this table for all persons required to be listed. Report compensation for the colonder year anding	with or within the organization's	tox yoor

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, 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 nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours par between director water week Description content and elector values between director values values director values	 (A)	(B)			(C)			(D)	(E)	(F)
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MANAGER, REHABILITATION x 121,722. 0. 11,964. (11) FOLASADE OGUNTOLA 40.00 x 58,184. 50,490. 22,244. ASST DIR, NURSING (BEG 6/20/21) 40.00 x 58,184. 50,490. 22,244. (12) LARRY BLACKER 40.00 x 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 x 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 x 100,000. 0. 0. 110,000. 0. (15) STEPHANIE REEL 0.25 x 0. 100,000. 0. 0. (16) FRED HAAS 2.25 x 0. 90,000. 0. 0. (17) ARNIE SPEERT 0.25 x 0. 90,000. 0.	MDS COORDINATOR						X		116,757.	0.	19,216.
(11) FOLASADE OGUNTOLA 40.00 x 58,184. 50,490. 22,244. ASST DIR, NURSING (BEG 6/20/21) 40.00 x 58,184. 50,490. 22,244. (12) LARRY BLACKER 40.00 x 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 x 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 x 108,287. 0. 3,827. DIRECTOR 11.86 x 0. 110,000. 0. (15) STEPHANIE REEL 0.25 0. 100,000. 0. DIRECTOR 10.29 x 0. 90,000. 0. (16) FRED HAAS 2.25 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 90,000. 0. DIRECTOR 15.23 x 0. 90,000. 0.	(10) AMELIA BIRMINGHAM	40.00									
ASST DIR, NURSING (BEG 6/20/21) 40.00 X 58,184. 50,490. 22,244. (12) LARRY BLACKER 40.00 X 117,710. 0. 10,471. ADMINISTRATOR, HOME CARE X 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 X 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 X 108,287. 0. 3,827. DIRECTOR 11.86 X 0. 110,000. 0. (15) STEPHANIE REEL 0.25 0. 0. 100,000. 0. DIRECTOR 10.29 X 0. 0. 100,000. 0. (16) FRED HAAS 2.25 0. 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 0. 90,000. 0. DIRECTOR 15.23 0. 0. 90,000. 0.	MANAGER, REHABILITATION						X		121,722.	0.	11,964.
(12) LARRY BLACKER 40.00 X 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 X 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 X 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 X 108,287. 0. 3,827. DIRECTOR 11.86 X 0 0. 110,000. 0. (15) STEPHANIE REEL 0.25 X 0. 100,000. 0. DIRECTOR 10.29 X 0. 100,000. 0. (16) FRED HAAS 2.25 X 0. 90,000. 0. (17) ARNIE SPEERT 0.25 X 0. 90,000. 0. DIRECTOR 15.23 X 0. 90,000. 0.	(11) FOLASADE OGUNTOLA	40.00									
ADMINISTRATOR, HOME CARE X 117,710. 0. 10,471. (13) MARIA LENTINO 40.00 X 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 X 108,287. 0. 3,827. DIRECTOR 11.86 X 0 0. 110,000. 0. (15) STEPHANIE REEL 0.25 0. 0. 100,000. 0. DIRECTOR 10.29 X 0 0. 100,000. 0. (16) FRED HAAS 2.25 0. 0. 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 0. 90,000. 0. DIRECTOR 11.78 X X 0. 90,000. 0. (16) FRED HAAS 2.25 0. 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 0. 90,000. 0. DIRECTOR 15.23 X 0. 90,000. 0.	ASST DIR, NURSING (BEG 6/20/21)	40.00					x		58,184.	50,490.	22,244.
(13) MARIA LENTINO 40.00 x 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 x 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 x 0. 110,000. 0. DIRECTOR 11.86 x 0. 110,000. 0. (15) STEPHANIE REEL 0.25 x 0. 100,000. 0. DIRECTOR 10.29 x 0. 100,000. 0. (16) FRED HAAS 2.25 x 0. 90,000. 0. (17) ARNIE SPEERT 0.25 x 0. 90,000. 0. DIRECTOR 15.23 x 0. 90,000. 0.	(12) LARRY BLACKER	40.00									
COMMUNITY FINANCIAL ANALYST X 108,287. 0. 3,827. (14) BARBARA BISGAIER 0.25 0. 0. 110,000. 0. DIRECTOR 11.86 X 0. 0. 110,000. 0. (15) STEPHANIE REEL 0.25 0. 0. 0. 100,000. 0. DIRECTOR 10.29 X 0. 0. 100,000. 0. (16) FRED HAAS 2.25 0. 0. 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 0. 90,000. 0. DIRECTOR 15.23 X 0. 90,000. 0.	ADMINISTRATOR, HOME CARE						X		117,710.	0.	10,471.
(14) BARBARA BISGAIER 0.25 0.25 0.110,000. 0.110,000. 0. DIRECTOR 0.25 0.25 0.110,000. 0. (15) STEPHANIE REEL 0.25 0.100,000. 0. DIRECTOR 10.29 X 0.100,000. 0. (16) FRED HAAS 2.25 0.100,000. 0. CHAIR/PRESIDENT (BEG 10/27/21) 11.78 X X 0.90,000. 0. (17) ARNIE SPEERT 0.25 0.100,000. 0. 0. 0. DIRECTOR 15.23 X 0.90,000. 0.	(13) MARIA LENTINO	40.00									
DIRECTOR 11.86 x 0 0.110,000. 0. (15) STEPHANIE REEL 0.25 0.25 0. 0. 100,000. 0. DIRECTOR 10.29 x 0 0. 100,000. 0. (16) FRED HAAS 2.25 0. 0. 0. 90,000. 0. (16) FRED HAAS 2.25 0. 0. 90,000. 0. (17) ARNIE SPEERT 0.25 0. 0. 90,000. 0. DIRECTOR 15.23 X 0. 90,000. 0.	COMMUNITY FINANCIAL ANALYST						x		108,287.	0.	3,827.
(15) STEPHANIE REEL 0.25 0.25 0.100,000.	(14) BARBARA BISGAIER	0.25									
DIRECTOR 10.29 X 0 0.100,000. 0. (16) FRED HAAS 2.25 4 4 6		11.86	Х						0.	110,000.	0.
(16) FRED HAAS 2.25 x	(15) STEPHANIE REEL	0.25	1								
CHAIR/PRESIDENT (BEG 10/27/21) 11.78 X X 0. 90,000. 0. (17) ARNIE SPEERT 0.25			х						0.	100,000.	0.
(17) ARNIE SPEERT 0.25 <td></td> <td>2.25</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.25	1								
DIRECTOR 15.23 X 0. 90,000. 0.	CHAIR/PRESIDENT (BEG 10/27/21)	11.78	Х		х				0.	90,000.	0.
	(17) ARNIE SPEERT		1								
	DIRECTOR	15.23	Х						0.	90,000.	

Form 990 (2021) SEABROOK VILI	,								52-21	2675	1	F	o _{age} 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	compensated Employee	s (continued)				
(A) (B) (C) (D) (E)								(E)	(F)				
Name and title	Average	(do	(do not check more than one				ne	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensatio	'n	an	nount	of
	week	eek officer and a director/trustee) from from relate						from related	ı		other		
	(list any	ector						the	organization	I	com	pensa	ation
	hours for	or dir	a.			ted		organization	(W-2/1099-MIS	3C/	fr	om th	ıe
	related	stee o	trustee			Densa		(W-2/1099-MISC/	1099-NEC)		•	aniza	
	organizations	al tru:	onal t		loyee	comp		1099-NEC)				d rela	
	below	ndividual trustee or director	In stitutio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orga	anizat	ions
	line)	Ind	lns	9#	Key	Higen	Б						
(18) MICHAEL ROSKIEWICZ	0.25												
DIRECTOR	10.28	Х						0.	83,3	333.			0.
(19) C. JACKSON BAIN	0.25												
DIRECTOR	11.90	Х						0.	80,	000.			٥.
(20) LIN KAUFER	0.20												
DIRECTOR (BEG 4/14/21)		х						0.		0.			Ο.
(21) GEORGE TORPEY	0.05												
DIRECTOR (THRU 4/13/21)		х						0.		٥.			0.
(22) JOHN HALL	0.50												
ASSISTANT TREASURER	6.50	·		x				0.		٥.			0.
(23) CHRIS RATHMANN	0.50		<u> </u>		<u> </u>			· · · ·		<u> </u>			
													0
ASSISTANT TREASURER	7.50			X	<u> </u>			0.		0.			0.
(24) NEAL GANTERT	0.50												
ASSISTANT TREASURER	6.50			X				0.	. 0.				0.
(25) MARK EMBLEY	0.50												
ASSISTANT TREASURER (BEG 10/27/21)	6.50			Х				0.		0.			0.
1b Subtotal								1,052,359.	1,380,4	490.	. 97,046.		,046.
c Total from continuation sheets to Part VI								0.		0.	0. 0.		0.
d Total (add lines 1b and 1c)								1,052,359.	1,380,4	490.		97	,046.
2 Total number of individuals (including but no							o re	, ,					<u>, </u>
compensation from the organization		030	11310	u ac	0000	<i>,</i> , , , , , , , , , , , , , , , , , ,	510						12
												Yes	1
• Did the second station list and former officer										ſ		103	
3 Did the organization list any former officer,	-			•							-		v
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su	-							-	-				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual			4	X	<u> </u>
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	rom	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	ıch į	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for t	he calendar ve	ear e	endir	ng w	ith c	or wit	hin	n the organization's tax y	ear.				
(A)				0				(B)			(0	2)	
Name and business	address							Description of s	ervices	С	ompe		on
ERICKSON SENIOR LIVING, LLC													
701 MAIDEN CHOICE LANE, BALTIMORE, MI	21228							MANAGEMENT - SEE S	сн о		7	807	,386.
· · · · ·	21220						_		cii. 0			,007	,
SWEETWATER CONSTRUCTION CORP								F 01					
32 N MAIN ST, CRANBURY, NJ 08512 BUILDING CONTRACTOR 2,852,701.													
PMC MECHANICAL, LLC													
80 WARREN GROVE RD, BARNEGAT, NJ 08005 MAINTENANCE 2,751,763.													
	DAVE BIERBACH CONSTRUCTION, 126 NORTH												
ENSIGN DRIVE, LITTLE EGG HARBOR, NJ (8087							HOME RENOVATIONS			1	,299	,048.
SAPPHIRE BUILDERS GROUP LLC													
PO BOX 354, EATONTOWN, NJ 07724								BUILDING CONTRACTO	R		1	273	,502.
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					20								

art	VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respor	ise	or note to any line	in this Part VIII			[
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclu
								function revenue	business revenue	from tax und sections 512 -
I										300110113 3 12
		Federated campaigns								
no		Membership dues								
	С	Fundraising events		1c		135,461.				
	d	Related organizations		1d						
	е	e Government grants (contributions) 1e				952,351.				
0		All other contributions, gifts,								
D		similar amounts not included				1,204,059.				
5	a	Noncash contributions included in								
	-						2,291,871.			
σ	n	Total. Add lines 1a-1f					2,201,071.			
						Business Code	E4 454 222	54 454 000		
2		RESIDENT FEES			_	623000	54,471,330.	54,471,330.		
D	b	ANCILLARY FEES				623000	5,952,825.	5,952,825.		
nii	с	RESIDENT DEPOSITS				623000	598,666.	598,666.		
aniiaaau	d	PROCESSING FEES			_	623000	300.	300.		
4	е									
		All other program service	reve	nue	_					
							61,023,121.			
+		Total. Add lines 2a-2f					,-20,-21.			
	3	Investment income (includ	0	,		·	257 220			257
		other similar amounts)					257,230.			257,2
4	4	Income from investment of	of tax	exempt bor	nd p	roceeds 🕨				
5	5	Royalties	· <u></u>			►				
				(i) Real		(ii) Personal				
6	6 a	Gross rents	6a	366,4	76.					
	b	Less: rental expenses	6b		Ο.					
		Rental income or (loss)	6c	366,4	76.					
		Net rental income or (loss)		· · ·		<u> </u>	366,476.			366,4
-		Gross amount from sales of	′ <u> </u>	(i) Securiti		(ii) Other	,			,-
1 1	ıd		_							
	_	assets other than inventory	7a	7,0						
	b	Less: cost or other basis	1		-					
		and sales expenses	7b		0.	863.				
	с	Gain or (loss)	7c	7,0	53.	-863.				
	d	Net gain or (loss)				>	6,200.			6,2
		Gross income from fundraisi								
`		including \$	-							
		contributions reported on								
		•		,	0-	8,660.				
		Part IV, line 18			8a					
		Less: direct expenses			8b	4,817.	2.042			
		Net income or (loss) from		-	s	····· ►	3,843.			3,8
9	9 a	Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
10		Gross sales of inventory, I	-	-						
	- 4	•			10-					
	Ŀ	and allowances			10a					
		Less: cost of goods sold			10b	1				
+	С	Net income or (loss) from	sales	s of inventor	/	,▶				
						Business Code				
11	1 a	PANDEMIC RELATED RE	SID			900099	1,645.			1,6
ň	b				_					
eve eve	с									
		All other revenue			_					
1		Total. Add lines 11a-11d					1,645.			
	-									

Form 990 (2021) SEABROOK VILLAGE, INC.
Part IX | Statement of Functional Expenses

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	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	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	16,648.	16,648.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	86,899.	86,899.		
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	559,023.		559,023.	
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	21,396,703.	17,856,625.	3,456,156.	83,922
8	Pension plan accruals and contributions (include				•
-	section 401(k) and 403(b) employer contributions)	491,874.	399,398.	90,053.	2,423
9	Other employee benefits	4,381,709.	3,668,151.	702,083.	11,475
10	Payroll taxes	1,726,269.	1,417,943.	301,891.	6,435
11	Fees for services (nonemployees):	, ,	, ,	, , , , , , , , , , , , , , , , , , , ,	
a	Management	2,440,280.	2,440,280.		
b	Legal	284,490.	, ,	284,490.	
c	Accounting	48,249.		48,249.	
d	Lobbying	, -		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,086.		27,086.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A), amount, list line 11g expenses on Sch 0.)	5,778,338.	969,158.	4,808,096.	1,084
12	Advertising and promotion	2,627,519.	2,627,519.		/
13	Office expenses	5,356,584.	4,541,471.	806,626.	8,487
13 14	Information technology	-,,	-,,		-,
15	Royalties				
16	Occupancy	6,468,804.	6,464,841.	3,963.	
	Tuessel	47,021.	35,702.	11,319.	
17 18	Payments of travel or entertainment expenses				
10	,				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		2,932,450.	2,932,450.		
20 21		2,302,100.	2,302,130.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	14,195,748.	14,034,520.	161,228.	
22		693,247.	693,247.	,220.	
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses nol covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL	1,127,052.	1,029,228.	97,824.	
b	CHARITY CARE	1,038,571.	1,038,571.		
с	RESIDENT RELATIONS	651,229.	334,534.	313,037.	3,658
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	72,375,793.	60,587,185.	11,671,124.	117,484
26	Joint costs. Complete this line only if the organization				

Check here if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

	/		
Ba	lance	Sheet	

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,380.	1	6,380.
	2	Savings and temporary cash investments	14,261,851.	2	12,184,693		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,142,315.	4	1,866,139
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persoi	าร		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			2,000,900.	7	2,298,600
Assets	8	Inventories for sale or use			472,075.	8	178,973
As	9	Description of the second state of the second			403,193.	9	472,971
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	345,624,961.			
	b	Less: accumulated depreciation		123,084,796.	224,531,232.	10c	222,540,165
	11	Investments - publicly traded securities			836,098.	11	2,198,044
	12	Investments - other securities. See Part IV, line 1			66,599,114.	12	75,085,137
	13	Investments - program-related. See Part IV, line		Г		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		96,608.	15	597,846	
	16	Total assets. Add lines 1 through 15 (must equ			312,349,766.	16	317,428,948
	17	Accounts payable and accrued expenses	7,423,772.	17	6,661,178		
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			95,184,036.	20	99,320,804
	21	Escrow or custodial account liability. Complete			508,500.	21	554,800
	22	Loans and other payables to any current or form			,		,
Liabilities		trustee, key employee, creator or founder, subst					
i o		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F	272,611.	23	239,577
	24	Unsecured notes and loans payable to unrelated		Г	1	24	, ,
	25	Other liabilities (including federal income tax, pa		Г			
	25	parties, and other liabilities not included on lines					
			-		270,469,053.	25	275,107,010
	26	of Schedule D Total liabilities. Add lines 17 through 25		373,857,972.		381,883,369	
	20	Organizations that follow FASB ASC 958, che	ck boro	► X		20	,,
ŝ		and complete lines 27, 28, 32, and 33.					
ŭ	27			-62,766,777.	27	-65,491,218	
ala	28	Net assets with donor restrictions	1,258,571.	28	1,036,797		
ы Б	20	Organizations that do not follow FASB ASC 9	_,,	20			
E.			56, chec				
P	20	and complete lines 29 through 33.				20	
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			-61,508,206.	31	_64 454 401
ž	32	Total net assets or fund balances				32	-64,454,421
	33	Total liabilities and net assets/fund balances			312,349,766.	33	317,428,948 Form 990 (202

Form 990 (2021)

Form 990 (2021)
Part X Bala

SEABROOK VILLAGE, INC.

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Form	1990 (2021) SEABROOK VILLAGE, INC.	52-2126751	L	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,	950,	386.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,	375,	793.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,	425,	407.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-61,	508,	206.
5	Net unrealized gains (losses) on investments	5		250,	350.
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	5,	729,	542.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-64,	454,	421.
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 (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			1
	Act and OMB Circular A-133?	·····	3a	Х	I
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

	Inspection
wor	identification num

Nam	e of t	he organization							identification number		
Der	T I		OK VILLAGE, INC						52-2126751		
Par		Reason for Public (-			ee instruction	S.			
1 [2 [3 [zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Forn anization described in se	in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).	(iii) Entor	the beenitel's name		
4 [A medical research organiz city, and state:	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	n 170(b)(1)(A)	(III). Enter	the hospital's hame,		
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7		A federal, state, or local gor An organization that norma section 170(b)(1)(A)(vi). (C	lly receives a substa				.,	e general p	public described in		
8 [9 [A community trust describe An agricultural research org or university or a non-land-g university:	anization described	in section 170(b)(1)(A)(ix) operate						
10 [X	An organization that norma activities related to its exen income and unrelated busin	npt functions, subjec ness taxable income	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	support fi	rom gross investment		
11 [12 [
a b		 Type I. A supporting orgative supported organization organization. You must of Type II. A supporting organization are supported or supported or support of the support of the	on(s) the power to rec complete Part IV, Se anization supervised	gularly appoint or elect a ections A and B.	majority o	f the directs supporte	tors or trustee	es of the su	ipporting		
с		control or management o organization(s). You mus Type III functionally inte	t complete Part IV, grated. A supporting	Sections A and C. g organization operated	in connect	ion with, a	and functional				
d	 its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 										
e		Check this box if the orga functionally integrated, or	anization received a v Type III non-functior	written determination fro	m the IRS	that it is a		I, Type III			
		r the number of supported o	-								
g		ride the following information i) Name of supported organization	(ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)		
Total											

Schedule A	(Form	990	202
		000	1202

Sche	edule A (Form 990) 2021 SE.	ABROOK VILLAG	E, INC.			52-212675	1 Page 2
	T II Support Schedule for C (Complete only if you checked fails to qualify under the tests	the box on line 5	, 7, or 8 of Part I o	or if the organizatio			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		<i>"</i> , , , , , , , , , , , , , , , , , , ,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
.0	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, e	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stop	•					
Sec	tion C. Computation of Public	Support Per	centage				······ •
	Public support percentage for 2021 (lir			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the or					nore, check this box a	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the or	ganization did no	t check a box on				

b 33 1/3% support test - 2020. If the orga	anization did not check a box on line 1	13 or 16a, and line 15	is 33 1/3% or more, check	k this
and stop here. The organization qualifies	s as a publicly supported organization			

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, a	and line 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Par	t VI how the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	n▶[

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

►

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (e) 2021 (a) 2017 (b) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 236,809 2,291,871 1,053,832 1,319,628 1,432,711. 6,334,851. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 62,813,686 64,640,859 65,277,660 62,239,824. 61,031,781. 316,003,810. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 63,050,495, 65,694,691, 66,597,288 63,672,535. 63,323,652, 322,338,661. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 100,000 100,000 100,000 100,000, 267,000, 667,000. 3 received from disqualified persons 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 100 000 100,000 100,000 100,000, 267,000 667 000. 321,671,661. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 63,050,495 65,694,691 66,597,288 63,672,535 63,323,652 322,338,661. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 826,436, 733,223 788,498, 649,689, 623,706, 3,621,552. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 826,436, 733,223 788,498 649,689 623,706 3,621,552. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 1,645, 1,645. assets (Explain in Part VI.) 67,385,786. 63,949,003. 325,961,858. 63,876,931. 66,427,914. 64,322,224. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage <u>%</u> 98.68 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 98.67 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 1.11 17 % 1.18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

2

3a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990) 202	1 SEABRO	OK	VILLAGE,	INC.
Part IV	Supporting	Organizations	(col	ntinued)	

Yes

1

2

No

11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control in the person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control in the person described on line 11a above? Image: Control in the person described on line 11a above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image: Control in the person described on line 11a or 11b above? Image:

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 Image: Image:

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how	vou supported a	aovernmental entitv	(see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

(Form 990) 2021	

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

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

Schedule A (Form 990) 2021

132027 01-04-22

Sche	dule A (Form 990) 2021 SEABROOK VILLAGE, IN	1C.		52-2126751 Page 7
Par		a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions		• •	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2021 AMOUNT: \$ 1,645.

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

|--|

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 for an *exclusively* set is 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., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* 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., *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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page 2
Name of o	rganization	Emp	loyer identification number
SEABROOK	VILLAGE, INC.		52-2126751
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$267,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$764,615.	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
3		\$48,447.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$27,013.	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		\$9,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page 2
Name of o	rganization	Empl	oyer identification number
SEABROOK	VILLAGE, INC.		52-2126751
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,474.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,085.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page
Name of o	rganization		Employer identification number
SEABROOK	VILLAGE, INC.		52-2126751
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 contribution	(d) Is Type of contribution
13		\$8,	606. Person X 606. Noncash I (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contribution	(d)
<u>No.</u>	Name, address, and ZIP + 4		Image: system system Type of contribution 320. Person X 320. Payroll Image: system (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
15		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
16		\$15,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
17		\$76,	666. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
18			623. (Complete Part II for noncash contributions.)

ame of or	rganization	E	mployer identification num
EABROOK	VILLAGE, INC.		52-2126751
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(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

Schedule B (Form 990) (2021)

lame of or	ganization			Employer identification number			
EABROOK	VILLAGE, INC.			52-2126751			
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	rough (e) and the following line en ritable, etc., contributions of \$1,000 o	ntry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gi	ift				
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No.			Γ				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	Transferee's name, address, and	(e) Transfer of gi ZIP + 4		nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
—							
	Transferee's name, address, and	(e) Transfer of gi		nsferor to transferee			
ſ	<i>L L</i>		•				

		Supplemente	l Financial Statements			. 1545-0047
(Forr	HEDULE D n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,	Al Financial Statements anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20)21
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspe	to Public ction
Nam	e of the organization	on SEABROOK VILLAGE, INC.		Em	ployer identifica 52-21267	
Pa	rt I Organiza		d Funds or Other Similar Funds or A			
		n answered "Yes" on Form 990, Part IV, line			Complete I	
	-		(a) Donor advised funds	(b) Fur	nds and other acc	ounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	Did the organizatio	on inform all donors and donor advisors in v	vriting that the assets held in donor advised fun	ds		
	are the organizatio	n's property, subject to the organization's e	exclusive legal control?		Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used c	nly		
	for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose confer	ing		
						No
Pa		ation Lasements. Complete if the org servation easements held by the organization	anization answered "Yes" on Form 990, Part IV	, line 7.		
2	Protection o	n of land for public use (for example, recreat f natural habitat n of open space through 2d if the organization held a qualifi	tion or education) Preservation of a hist Preservation of a cert ied conservation contribution in the form of a co	ified hi	storic structure	
	day of the tax year				Held at the End o	f the Tax Year
а	Total number of co	2a				
b	Total acreage restr	2b				
С	Number of conserv	2c				
d			fter 7/25/06, and not on a historic structure			
	listed in the Nation	2d				
3	Number of conservence year	vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	zation	during the tax	
4	Number of states v	where property subject to conservation eas	ement is located 🕨			
5	Does the organizat	tion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	handling of violations, and enforcing conservation	on ease	ements during the	e year
	►					
7	Amount of expens	es incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation ea	semen	ts during the yea	r
	►\$					
8			e satisfy the requirements of section 170(h)(4)(B)			
_						└── No
9		•	on easements in its revenue and expense statem			
			ote to the organization's financial statements th	at desc	cribes the	
Pa		ounting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Assets	
I a		the organization answered "Yes" on Form		mma		
4-					hoot works	
19	U U	· •	8, not to report in its revenue statement and bal lic exhibition, education, or research in furtheral			
	or art, mistorical tre	asures, or other similar assets held for pub	inc exhibition, equivation, or research in furtheral	0000	public	

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Service included on Form 990, Part VIII, line 1

	(I) Revenue included on Form 990, Part VIII, line 1		Ψ.	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990. Part X		\$	

Schedule D (Form 990) 2021

Sche		ILLAGE, INC.					52-212		Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other	[.] Simila	r Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	t make sig	gnificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	Loan or e	kchange progra	am				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	on's exem	npt purpo	se in Part 2	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	asures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma							Yes	No
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizat	ion answered '	"Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ons or other ass	sets not i	ncluded			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liabili	ty?	X	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								X
Pa	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions			_					
с	Net investment earnings, gains, and losses								
d	Grants or scholarships			_					
е	Other expenditures for facilities								
	and programs			_					
f	Administrative expenses			_					
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment								
с		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for the	e organiza	ation		
	by:								res No
	(i) Unrelated organizations							3a(i)	<u> </u>
	(ii) Related organizations							3a(ii)	<u> </u>
	If "Yes" on line 3a(ii), are the related organiza			?				3b	
4 Dai	t VI Land, Buildings, and Equipm		wment funds.						
1 4	Complete if the organization answere) Part IV line 11a	See Form 000	Dart X	lino 10			
	Description of property	(a) Cost or c basis (investr		st or other is (other)		ccumulate preciation		(d) Book	value
4 -	Land	· · ·		.6,749,004.	uep	JI COLACION		16 7	49,004.
	Land			.8,749,004. .2,620,754.	1	18 613	383	,	
	Buildings			2,020,734.		18,613,		194,0	07,371.
	Leasehold improvements			6,436,948.		3,963,	787	۰ م ۱	73,161.
	Equipment			9,818,255.		<u> </u>			10,629.
	Other		<u> </u>	, ,		'	×20.		40,165.
l ota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X, column (B), line</u>	<u>10c.)</u>				444,0	το,το <u></u> ο.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN COMERICA		
(B) LEGACY FOUNDATION	34,684.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST IN NATIONAL CCRC		
(D) BUSINESS TRUST 1	62,501,589.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME SECURITIES	12,548,864.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	75,085,137.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

(a) Description of liability (b) Book value 1 (1) Federal income taxes RESIDENT DEPOSITS 255,667,552. (2) RESIDENT REFUNDS 18,051,432. (3) EMPLOYEE HEALTH PLAN 946,498. (4) FUNDS HELD FOR RESIDENTS 190,002. (5) UNCLAIMED PROPERTY 2,684. (6) DEFERRED MANAGEMENT FEES 122,014. (7) MARKETING FEE DEFERRED 42,518. (8) CAPITAL LEASE 84,310. (9) 275,107,010. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2021 SEABROOK VILLAGE, INC.			52-212675	51 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	69,690,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-250,350.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,990,202.		
е	Add lines 2a through 2d			2e	5,739,852.
3	Subtract line 2e from line 1			3	63,950,386.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	63,950,386.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	72,433,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a			
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	58,051.		
е	Add lines 2a through 2d			2e	58,051.
3	Subtract line 2e from line 1			3	72,375,793.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	72,375,793.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT PAYMENTS

PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE DEPOSITS

ARE REPORTED ON FORM 990, PART X, LINE 21.

PART X, LINE 2:

SEABROOK VILLAGE, INC. ("SBV") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE STATE

INCOME TAX REGULATIONS. TINTON FALLS CAMPUS, LLC ("TFC") IS A SINGLE

MEMBER LIMITED LIABILITY COMPANY AND HAS ELECTED TO BE DISREGARDED FOR

FEDERAL AND STATE INCOME TAX PURPOSES. TFC'S FINANCIAL STATEMENT ACTIVITY

IS REFLECTED ON SBV'S BOOKS AND RECORDS. MANAGEMENT HAS EVALUATED SBV'S

		 Faye J
Part XIII Supplemental Information (continued)		
TAX POSITIONS AND HAS CONCLUDED THAT SBV HAS TAKEN NO UN	ICERTAIN TAX	
POSITIONS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE 1	IN THE CONSOLIDATED	
FINANCIAL STATEMENTS.		
· · · · · · · · · · · · · · · · · · ·		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-1,066.	
CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS		
TRUST I	5,477,376.	
FUNDRAISING EXPENSES NETTED WITH REVENUE	4,817.	
UNREALIZED GAIN ON INTEREST SWAP		
TOTAL TO SCHEDULE D, PART XI, LINE 2D		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS		
	54,300.	
FUNDRAISING EXPENSES NETTED WITH REVENUE	4,817.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	58,051.	

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" or ganization entered more than \$				or 19,	or if the	2021		
Department of the Treasury		Attach to Form 99					_	Open to Public		
Internal Revenue Service Name of the organizatio		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	Employer id	Inspection		
Name of the organizatio		ILLAGE, INC.					52-21267	entification number		
Part I Fundrais		Complete if the organization answ	urad "V		Earm 000 Dart IV/	ino 1				
	complete this part		lereu r	85 01	1 FOITT 990, Fatt IV, 1	ine i	7. FUIII 990-E	Z mers are not		
1 Indicate whether th	e organization rais	ed funds through any of the follow	ing activ	vities. (Check all that apply.					
a 📃 Mail solicita	tions	e 📃 Solicit	ation of	non-g	overnment grants					
b Internet and	b Internet and email solicitations f Solicitation of government grants									
c 🔄 Phone solic	tations	g 🔛 Specia	al fundra	aising	events					
d 🔄 In-person so										
•		r oral agreement with any individua	•	Ũ		tees,				
		art VII) or entity in connection with			e e	.	Ye Ye			
	east \$5,000 by the	viduals or entities (fundraisers) purs	uant to	agreer	ments under which ti	ne tu	ndraiser is to t	be		
					r					
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid		
or entity (fund		(ii) Activity	have c or cor	ustody itrol of	from activity		fundraiser	to (or retained by) organization		
			contrib	utions?		lis	ted in col. (i)	organization		
			Yes	No						
Total				•						
Total 3 List all states in wh	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from r	egistration		
or licensing.			Somo		o. nuo soon notilleu	11.13	exempt nonn	Systation		

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events	
			TELETHON	BIRTHDAY BASH		(add col. (a) through	
a			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	135,461.	8,660.		144,121.	
	2	Less: Contributions	135,461.			135,461.	
	3	Gross income (line 1 minus line 2)		8,660.		8,660.	
	4	Cash prizes					
	5	Noncash prizes	754.	100.		854.	
benses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	861.			861.	
_	8	Entertainment					
	9	Other direct expenses	3,102.			3,102.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			4,817.	
11 Net income summary. Subtract line 10 from line 3, column (d)							

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ő	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
		· · ·				

Scł	nedule G (Form 990) 2021	SEABROOK VILLAG	GE, INC.	52-21	26751	1	Page 3
11	Does the organization conduct g	aming activities with no	onmembers?		<u> </u>	Yes	No
			trust, or a member of a partnership or other entity form				
	to administer charitable gaming?	?				Yes	No No
13	Indicate the percentage of gamir	ng activity conducted in:	1:				
1	a The organization's facility				13a		%
					13b		%
			s the organization's gaming/special events books and				
	Address <a>						
15	a Does the organization have a co	ntract with a third party	from whom the organization receives gaming revenue	?	<u> </u>	Yes	└── No
I	b If "Yes," enter the amount of gar	ning revenue received b	by the organization 🕨 💲 and th	ie amount			
	of gaming revenue retained by th	ne third party 🕨 \$					
	If "Yes," enter name and address	s of the third party:					
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation						
	daming manager compensation	•					
	Description of services provided	•					
		-					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
		er state law to make cha	aritable distributions from the gaming proceeds to				
	retain the state gaming license?			1		Yes	🗌 No
1			aw to be distributed to other exempt organizations or s				
	organization's own exempt activ	ities during the tax year	· • \$				
Pa	art IV Supplemental Info	rmation. Provide the	e explanations required by Part I, line 2b, columns (iii) a	nd (v); and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provid	ide any additional information. See instructions.				

SEABROOK VILLAGE, INC.

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art IV Supplemental Information (continued)		
(continued)		
	·	

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 for	m 990. or the latest inform	nation.		Open to Public Inspection
Name of the organizati	on SEABROOK VILL	AGE, INC.						Employer identification number 52-2126751
Part I General In	formation on Grants a	nd Assistance						
-	ation maintain records t ward the grants or assis		-			-		on X Yes No
	IV the organization's pro					· · · · · · · · · · · · · · · · · · ·		
	d Other Assistance to I nat received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	er of section 501(c)(3) and the section 501(c)(3) and the section for the sect	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

SEABROOK VILLAGE, INC.

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
43	86,899.	0.		
		recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT SEABROOK

VILLAGE. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE TWO

YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED AND

DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN EMPLOYED BY

SEABROOK VILLAGE ON OR BEFORE SEPTEMBER 30, OF THE START OF THEIR

JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700 HOURS

OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE 1. OF THEIR

JUNIOR YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE

SEABROOK VILLAGE, INC.

Part IV Supplemental Information

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

ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN "GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE FALL OF 2021 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO SEMESTERS WILL COUNT AS THE TWO ALLOCABLE SEMESTER LAPSES.) SCHOLARS WHO LAPSE FROM THE PROGRAM FOR MORE THAN A TOTAL OF TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM ARE NO LONGER ELIGIBLE TO RECEIVE THE

AWARD.

SC	CHEDULE J Compensation Information				1545-004	47			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			20	21				
				20		l			
	Department of the Treasury				Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	Inspe		mbor			
INdii	e of the organization	SEABROOK VILLAGE, INC.	52-212		Sn nu	nper			
Pa	rt I Question	s Regarding Compensation	52-212	20/31					
14					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	NO			
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	330,						
	First-class or c		naluse						
	Travel for com	i i i i i i i i i i i i i i i i i i i							
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account							
	,	······································	,,						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	,			-					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	3						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	ocommittee Written employment contract							
	X Independent of	ompensation consultant							
	Form 990 of o	ther organizations X Approval by the board or compensation of	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 re	lated organization:							
а	Receive a severance	e payment or change-of-control payment?		4a	Х				
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4 b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4 c		X			
	If "Yes" to any of lir	nes 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	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r								
				<u>5a</u>		X			
b		ation?		5b		X			
		or 5b, describe in Part III.							
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r					x			
				<u>6a</u>		X			
a		ation?		6b					
7		or 6b, describe in Part III.							
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х				
٥		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		-					
8	-			8		x			
9		id the organization also follow the rebuttable presumption procedure described in							
3	Regulations section			9					
LHA		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2021			

52-2126751

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHILIP JEAN	(i)	176,212.	36,500.	1,063.	750.	266.	214,791.	٥.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NEAL FIORE	(i)	137,474.	21,500.	1,226.	750.	22,295.	183,245.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 7/31/21)	(ii)	105,000.	0.	75,000.	0.	0.	180,000.	0.
(4) KATHRYN VICTOR	(i)	130,158.	24,724.	842.	4,704.	559.	160,987.	0.
REGIONAL DIRECTOR, EHWC	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VICE PRESIDENT	(ii)	156,667.	0.	0.	0.	0.	156,667.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$75,000.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J, PART II:

PHILIP JEAN AND NEAL FIORE ARE LISTED IN SCHEDULE J. PART II AND ARE

EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED

ORGANIZATION TO SEABROOK VILLAGE, INC., IN ACCORDANCE WITH THE

MANAGEMENT AGREEMENT BETWEEN SEABROOK VILLAGE, INC. AND ESL. SEE

SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3.

THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THESE FORMS

W-2. UNDER THE MANAGEMENT AGREEMENT, SEABROOK VILLAGE, INC. REIMBURSES

ESL FOR THE COST OF SERVICES PERFORMED FOR SEABROOK VILLAGE, INC.

(Form 990) Department of t	SCHEDULE K Supplemental Information on Tax-Exempt Bonds Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury Internal Revenue Service Attach to Form 990.									C	OMB No. 1545-0047 2021 Open to Public Inspection			
Name of the	e organization								Emp	loyer	identif	icatio	n num	ıber
	SEABROOK VILLAGE	, INC.								52-21	26753	1		
Part I	Bond Issues								_		_		-	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	(g) De	feased	(h) On	behalf	(i) Po	oled
											of issuer		er financin	
									Yes	No	Yes	No	Yes	No
VA SMA	ALL BUSINESS FINANCING													ĺ
A AUTHOR		54-1300845	NONE	10/15/20	94,1	39,690.	REFUND OF PR	IOR ISSUE		X		Х	Х	
VA SMA	ALL BUSINESS FINANCING													1
B AUTHOR	RITY	54-1300845	NONE	10/15/20	17,5	78,506.	NEW MONEY			X		Х	Х	
														ĺ
C					_									
														1
D														
Part II	Proceeds													
				A			В	C		_		D		
										_				
					120 600					_				
	proceeds of issue			/	,139,690.	17,578,506.				_				
	s proceeds in reserve funds									_				
	alized interest from proceeds									_				
									_					
-					883,329.	. 78,506.				_				
										_				
	ing capital expenditures from proceeds				,500,000.		7 170 520			_				
	al expenditures from proceeds				,300,000. ,756,361.		7,179,520.			_				
-	spent proceeds			,	,750,501.		10,320,480.			_				
		·····			2020		10,520,400.			_				
13 Year	of substantial completion					Vee	No	Vaa	Na	_	Vaa		Na	
14 10/000	the bonds issued as part of a refunding i	iccup of tax avamat h	ands (or	Yes	No	Yes		Yes	No	+	Yes		No	
	the bonds issued as part of a refunding i	•		x			x							
	ied prior to 2018, a current refunding issues the bonds issued as part of a refunding i													
	d prior to 2018, an advance refunding iss				х		x							
	he final allocation of proceeds been made			37			x							
	the organization maintain adequate book									+				
	allocation of proceeds?		PP011 110	x		х								

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 SEABROOK VILLAGE, INC.

Part III Private Business Use		4		В		с)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		NO	x		165	NO	162	NO
	·····		21					
2 Are there any lease arrangements that may result in private business use of	x		x					
bond-financed property?	A		Α					
3a Are there any management or service contracts that may result in private	x		х					
business use of bond-financed property?			Δ					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or oth			x					
counsel to review any management or service contracts relating to the finance	ed property? X		X					
${\bf c}~$ 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 oth	her							
outside counsel to review any research agreements relating to the financed pr								
4 Enter the percentage of financed property used in a private business use by e	entities							
other than a section 501(c)(3) organization or a state or local government	>	%		%		%		
5 Enter the percentage of financed property used in a private business use as a	L I							
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government	►	%		%		%		
6 Total of lines 4 and 5		%		%		%		(
7 Does the bond issue meet the private security or payment test?		x		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	e issued?	x		x				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		c
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
 9 Has the organization established written procedures to ensure that all 								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	x		х					
Part IV Arbitrage				1		1		
		4		В		с	Г	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	100	X	100		100	
2 If "No" to line 1, did the following apply?						1		
a Rebate not due yet?	Х		Х					
b Exception to rebate?		X		x				
		x		x				
						1		L
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed			x	1		1		1
3 Is the bond issue a variable rate issue?	A		X					L

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Schedule K (Form 990) 2021 SEABROOK VILLAGE, INC.

52-	21	26	7	5	1
52	~ ~	20	'	-	÷

Page 3

Part IV Arbitrage (continued)		A		В		<u></u>	r)
4a Has the organization or the governmental issuer entered into a qualified	Yes	A No	Yes	B No	Yes	No	Yes) No
hedge with respect to the bond issue?		X	X		103		103	140
b Name of provider			TRUIST BAN	NK.				
c Term of hedge				12.0000000)			
d Was the hedge superintegrated?				x				
e Was the hedge terminated?				x				
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		х					
Part V Procedures To Undertake Corrective Action	1							
		A		В	()	[)
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		х					
Part VI Supplemental Information. Provide additional information for responses to question	ons on Schedul	e K. See insti	ructions.	-			•	
PART I, LINE A, COLUMN (C):								
CUSIP #'S 928104NC8, 928104ND6								
PART II, LINE 3, COLUMN (A):								
THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO TH	Ε							
DRGANIZATION FROM THE \$381,030,000 VIRGINIA SMALL BUSINESS FINANCING								
AUTHORITY SERIES 2020A, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE								
ORGANIZATION AND CERTAIN OF ITS AFFILIATES.								
PART II, LINE 3, COLUMN (B):								
THE AMOUNT SHOWN REPRESENTS THE SHARE OF BOND PROCEEDS ALLOCABLE TO TH	IE							
DRGANIZATION FROM THE \$118,800,000 VIRGINIA SMALL BUSINESS FINANCING								
AUTHORITY SERIES 2020B, THE PROCEEDS OF WHICH WERE ALLOCABLE TO THE								
DRGANIZATION AND CERTAIN OF ITS AFFILIATES. SERIES B WAS ISSUED AS A								
DRAWDOWN BOND AND THE SERIES A & B ARE PART OF THE SAME ISSUE.								
PART III, LINE 1, COLUMNS A & B: THE ORGANIZATION IS A MEMBER OF A DISREGARDED ENTITY WHICH OWNS BOND								

FINANCED PROPERTY.

Schedu	e K (Form 990) 2021	SEABROOK VILLAGE, INC.	52-2126751	Page 4
Part VI	Supplemental Informati	on. Provide additional information for responses to quest	tions on Schedule K. See instructions. (continued)	
	II, LINES 4 & 6, COLU			
THE PE	RCENTAGE IS LESS THAN	N 3%.		

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 52-2126751

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEABROOK VILLAGE, INC.

MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND

ACCEPTANCE. WELCOME HOME!

VISION STATEMENT - SEABROOK VILLAGE, INC. CELEBRATES AGING! GROUNDED IN

INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND

OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR

COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND

GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.

FORM 990, PART VI, SECTION A, LINE 1A:

IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE

GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN

EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.

UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO

AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,

PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY

EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF

THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS

RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF

THE STATE OF MARYLAND.

FORM 990, PART VI, SECTION A, LINE 1B:

ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE

INDEPENDENT.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SEABROOK VILLAGE, INC.	52-2126751

THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE

INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM

THE ORGANIZATION OR FROM A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY

PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR

TRUSTEES, OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON?

SEABROOK VILLAGE, INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING

AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND

MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC

("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF APRIL 30, 2020. WHILE BASED IN

LARGE PART ON THE PRIOR AGREEMENT, AMONG OTHER THINGS, THE NEW MANAGEMENT

AND MARKETING AGREEMENT EXTENDS THE TERM BEYOND THE PRIOR EXPIRATION,

INCLUDES VARIOUS OBJECTIVE PERFORMANCE REQUIREMENTS ON THE PART OF THE

MANAGER AS WELL AS CERTAIN NON-COMPETITION PROVISIONS BENEFITTING THE

COMMUNITY. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE

SCALE CONTINUING CARE RETIREMENT COMMUNITIES.

TAX-EXEMPT BONDS HAVE BEEN ISSUED FOR THE BENEFIT OF THE ORGANIZATION, AND

THE MANAGEMENT AGREEMENT COMPLIES WITH REV. PROC. 2017-13.

THE ORGANIZATION ENTERED INTO A DEVELOPMENT SERVICES AGREEMENT DATED AS OF

DECEMBER 16, 2021 WITH ERICKSON LIVING HOLDINGS, LLC, AN AFFILIATE OF ESL,

TO RESPOSITION VILLAGE CENTRE.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
SEABROOK VILLAGE, INC.	52-2126751
THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS	
OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND	
MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. PHILIP JEAN,	
EXECUTIVE DIRECTOR AND NEAL FIORE, DIRECTOR OF FINANCE, ARE LEASED	
EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES	
THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM	
990, PART VII, SECTION A.	
FORM 990, PART VI, SECTION A, LINE 4:	
DID THE ORGANIZATION MAKE ANY SIGNIFICANT CHANGES TO ITS GOVERNING	
DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED?	
THE COMMUNITY AMENDED ITS CHARTER IN 2021 TO INCLUDE THE FOLLOWING:	
1. THE PROMOTION OF THE HEALTH OF THE ELDERLY THROUGH THE PROVISION OF ONE	
OR MORE RESIDENTIAL COMMUNITIES OFFERING VARIOUS LEVELS OF CARE SERVICES	
FOR ELDERLY PERSONS;	
2. PROVIDING FINANCIAL AND OTHER ASSISTANCE TO SENIORS WHO LIVE IN ANY	
COMMUNITY WHERE THE MEMBER IS, DIRECTLY OR INDIRECTLY, A MEMBER, WHEN THEY	
HAVE EXHAUSTED ALL OF THEIR ASSETS AND OTHER FINANCIAL ASSISTANCE AVAILABLE	
TO THEM;	
3. PROMOTION OF AND CARRYING ON EDUCATIONAL ACTIVITIES RELATED TO THE	
PROMOTION OF HEALTH OF SENIORS, INCLUDING THE PROVISION OF SCHOLARSHIPS TO	
STUDENTS TO PROMOTE THEIR INTEREST IN OR EMPLOYMENT WITH RESPECT TO	
SERVICES FOR SENIORS;	
4. PROMOTION OF AND CARRYING ON SCIENTIFIC RESEARCH RELATED TO THE HEALTH	
OF SENIORS INSOFAR AS, IN THE OPINION OF THE BOARD OF DIRECTORS, SUCH	

RESEARCH MAY BE CARRIED ON OR IN CONNECTION WITH THE FACILITIES AVAILABLE.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SEABROOK VILLAGE, INC.	52-2126751
SEABROOK VILLAGE, INC.	52-2128751

THE COMMUNITY AMENDED ITS BYLAWS IN 2021 TO DELETE THE REQUIREMENT THAT THE

VICE CHAIR SERVE AS THE PRESIDENT OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

SEABROOK VILLAGE, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.

("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING

ORGANIZATION" WITH RESPECT TO SEABROOK VILLAGE, AS WELL AS CERTAIN OTHER

ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE

REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE

BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF

THE ORGANIZATION.

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

DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD

THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY?

THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION

BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS

WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.

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

ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO

APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING

BODY?

CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SEABROOK VILLAGE, INC.	52-2126751
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
COMMUNITIES.	

has the organization provided a complete copy of this form 990 to all

MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?

THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE

REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS

GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS

FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.

Name of the organization

SEABROOK VILLAGE, INC.

Page 2 Employer identification number 52-2126751

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

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE

COMPLIANCE WITH THE POLICY?

ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A

POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SEABROOK VILLAGE, INC.'S

AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF

PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT

COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS

POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF

INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT

INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS

AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO

THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE

BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE

WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN

ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE

CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.

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

DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,

EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY

EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION

AND DECISION?

THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SEABROOK VILLAGE, INC.	52-2126751
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
MUE DIDECMODE CONDENSATION TO CONDUCTED BACK FICAL VEAD AN INDEDENDENT	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
SEABROOK VILLAGE, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT	
AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	

TO THE PUBLIC DURING THE TAX YEAR.

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S

OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BO	ARD DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND	ALL RELATED	
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.		
FORM 990, PART VII, SECTION B:		
INDEPENDENT CONTRACTORS COMPENSATION.		
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR I	IVING IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AN	D SHARED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INC	LUDE SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF S	ERVICES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES,		
INIME, HERE, REMER REPORCED, INFORMATION DERVICED,	AND OPERATIONS.	
THERE , BEAM, NOMEN RESOURCES, THIOREMITOR DERVICES,	AND OPERATIONS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AND OPERATIONS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	-54,300.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS	-54,300.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS FRUST I	-54,300. 5,477,376.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS TRUST I JNREALIZED GAIN ON INTEREST SWAP	-54,300. 5,477,376. 509,075.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS TRUST I INREALIZED GAIN ON INTEREST SWAP CAPITAL CONTRIBUTION TO RELATED ORGANIZATION	-54,300. 5,477,376. 509,075. -202,609.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: REVERSAL OF PRIOR AMORTIZATION CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS TRUST I INREALIZED GAIN ON INTEREST SWAP CAPITAL CONTRIBUTION TO RELATED ORGANIZATION	-54,300. 5,477,376. 509,075. -202,609.	

REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED

FORM 990, PART VII, SECTION A:

Schedule O (Form 990) 2021 Name of the organization

SEABROOK VILLAGE, INC.

SCHE	DULE	R
(Form	990)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEABROOK VILLAGE, INC.

52-2126751

Employer identification number

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	1				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		loroign country)			
TINTON FALLS CAMPUS, LLC - 52-2027818					
3000 ESSEX ROAD					
TINTON FALLS, NJ 07753	OWNER OF LAND AND BUILDINGS	MARYLAND	0.	269,546,524.	SEABROOK VILLAGE, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
CEDAR CREST VILLAGE, INC - 52-2184915							
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
EAGLE'S TRACE, INC - 03-0498683							
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		1
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
FOX RUN VILLAGE, INC - 52-2291271 41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
ANN'S CHOICE, INC - 52-2095427	COMMONITY	MARILAND	501(0)(3)	LINE IV	COMMONITIES, INC		
10000 ANN'S CHOICE, INC - 52-2095427	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		х
HIGHLAND SPRINGS, INC - 51-0536892		FENNSIDVANIA	501(0/(5)	DINE 10	COMMONITIES, INC		
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LINDEN PONDS, INC - 14-1849849			501(0/(5)	DINE IU	COMMONITIES, INC		
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
MARIS GROVE, INC - 55-0878964			501(0/(5)	DINE IU	COMMONITIES, INC		
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		х
NATIONAL SENIOR COMMUNITIES, INC -		FENNSIDVANIA	501(0/(5)	DINE 10	COMMONITIES, INC		
20-4356247, 816 CONNECTICUT AVE NW, 7TH	_			LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	IINE 120, III-FI	N/A		х
OAK CREST VILLAGE, INC - 52-1874053			501(0/(5/				
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
RIDERWOOD VILLAGE, INC - 52-2126753			501(0/(5/	DINE 10	COMMONTITES, INC		
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
TALLGRASS CREEK, INC - 87-0765641			501(0/(5/	DINE 10	COMMONTITES, INC		
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
WIND CREST, INC - 51-0549976			501(0/(5/	DINE 10	COMMONTITES, INC		
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
GREENSPRING VILLAGE, INC 52-2095427			501(0/(3/				
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	o
NATIONAL CCRC BUSINESS TRUST			NATIONAL								
I - 26-6455718, 701 MAIDEN			SENIOR								
CHOICE LANE, BALTIMORE, MD	CHARITABLE		COMMUNITIES,								
21228	BUSINESS TRUST	MD	INC	EXCLUDED	6,199,812.	52,686,209.		x	N/A	x	5.52%
NATIONAL CCRC STATUTORY TIER											
IV TRUST - 85-3943847, 701	1										
MAIDEN CHOICE LANE,	CHARITABLE										
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A	x	N/A
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	i) ction b)(13) rolled tity?	
		country)		0				Yes	No
THE TALON BAR COMPANY - 56-2520131									
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		х
	-								

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a		Х
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)			:
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	x	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)		X	+
p Reimbursement paid to related organization(s) for expenses		x	
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)			

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

Schedule R (Form 990) 2021 SEABROOK VILLAGE, INC.

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.

(0)	<u> </u>	C	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V URI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec.)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												
												<u> </u>

Schedule R (Form 990) 2021

SEABROOK VILLAGE, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

NATIONAL CCRC BUSINESS TRUST I

DIRECT CONTROLLING ENTITY: NATIONAL SENIOR COMMUNITIES, INC