** 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.

Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> F	or the	2023 calendar year, or tax year beginning	nd ending	<u> </u>						
B (Check if pplicable	C Name of organization			D Employer identifi	cation number				
	Addres									
	Name				45-28573	07				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	suite						
	 □Final □return/	5275 WESTVIEW DRIVE	110		301-354-2710					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	•		G Gross receipts \$	6,813,031.				
	Amend return	ed FREDERICK, MD 21703			H(a) Is this a group r	eturn				
	Application	F Name and address of principal officer: CYNTHIA WALTERS			for subordinates	s? Yes X No				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No				
<u> 1 7</u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions				
	Nebsit				H(c) Group exemption					
		organization: X Corporation Trust Association Other	L,	Year c	of formation: 2011 i	M State of legal domicile: VA				
Pa	art I	Summary								
Φ		Briefly describe the organization's mission or most significant activities: PRO		RI	ESIDENTIAL	CARE AND				
Governance		ASSISTED LIVING SERVICES TO OLDER ADULTS								
ern	l	Check this box if the organization discontinued its operations or displacement of the organization discontinued in the organization discontinued its operations or displacement of the organization discontinued its operation of the organization of the organiza			1	1				
Š	1				<u>3</u>	3				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b				125				
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)				8				
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12				0.				
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
		vet unrelated business taxable income norm offit 350-1,1 art i, line 11		T	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			21,343.	27,383.				
Revenue	l	Program service revenue (Part VIII, line 2g)			6,628,359.	6,303,595.				
š	ı	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			453,404.	448,314.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			29,805.	33,739.				
	ı	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			7,132,911.	6,813,031.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
	ı	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
ű	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))		3,226,370.	3,148,075.				
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
xpe	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,552,355.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,778,725.	9,588,710.				
	19	Revenue less expenses. Subtract line 18 from line 12		 ·	-2,645,814.	-2,775,679.				
SOF					ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)			<u>24,686,036.</u>	24,052,613.				
Net Assets or	21	Total liabilities (Part X, line 26)			<u>40,484,098.</u> 15,798,062.	28,935,130. -4,882,517.				
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20			15,790,002.	-4,002,317.				
		ties of perjury, I declare that I have examined this return, including accompanying schedu	ilee and eta	teme	nte and to the heet of m	v knowledge and helief it is				
		tions of perjury, I declare that I have examined this return, including accompanying series, and complete. Declaration of preparer (other than officer) is based on all information of				y knowledge and bellet, it is				
trao	, 001100		Willow prop	<i>y</i> ar 01 1	8/5/2	024				
Sig	n	Signature of officer			Date	<u></u>				
Her		CYNTHIA WALTERS, PRESIDENT AND CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature			check [PTIN				
Paid	ı	JEFFREY J. PETRELL JEFFREY J. PET	RELL	0	8/02/24 self-emplo	p00138808				
Prep	arer	Firm's name BAKER TILLY ADVISORY GROUP, LP				9-0859910				
Use	Only	Firm's address 20 STANWIX STREET								
		PITTSBURGH, PA 15222			Phone no. 4 1	2.697.6400				
May	the IF	S discuss this return with the preparer shown above? See instructions				X Yes No				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE LEGACY AT NORTH AUGUSTA, INC. IN ORDER TO FULFILL ITS CHRISTIAN
	MINISTRY, IS ORGANIZED FOR THE PURPOSE OF PROVIDING AN ARRAY OF
	OPTIONS FOR SENIORS, INCLUDING RESIDENTIAL LIVING AND HOME AND HEALTH
	SERVICES, WHICH ARE DESIGNED TO MEET INDIVIDUAL NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,152,732. including grants of \$) (Revenue \$ 6,303,595.)
	RESIDENTIAL CARE AND ASSISTED LIVING:
	THE LEGICAL AT MODELL ANGUERS. A MATTOWN LUTTERS AND COMPUTED AT LEGISCOP.
	THE LEGACY AT NORTH AUGUSTA, A NATIONAL LUTHERAN COMMUNITY, IS LICENSED
	BY THE COMMONWEALTH OF VIRGINIA TO PROVIDE RESIDENTIAL CARE AND
	ASSISTED LIVING SERVICES TO UP TO 135 RESIDENTS. THE LEGACY AT NORTH
	AUGUSTA PROVIDES SERVICES IN 121 RESIDENCES, INCLUDING 18 DEMENTIA CARE
	RESIDENCES.
	THOSE WHO REQUIRE LIVING ASSISTANCE RECEIVE SERVICES IN THE COMFORT AND
	SECURITY OF THEIR PRIVATE APARTMENTS. THE LEGACY AT NORTH AUGUSTA'S
	GOAL IS TO OPTIMIZE AND ENRICH THE LIFESTYLE OF THOSE WHO LIVE WITH
	ASSISTANCE BY ENSURING SUFFICIENT SUPPORT, SECURITY AND SOCIALIZATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	BENEVOLENT CARE:
	THE ORGANIZATION EXTENDS CHARITY CARE AND OTHER SUPPORT TO RESIDENTS
	WHO MEET CERTAIN CRITERIA UNDER ITS BENEVOLENT CARE POLICY AND ARE
	UNABLE TO PAY FOR SERVICES, AT ALL LEVELS OF CARE AS NEEDED AND WHEN
	APPROPRIATE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED
	RATES. BECAUSE THE ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS
	DETERMINED TO BE BENEVOLENT CARE, THESE AMOUNTS ARE NOT REPORTED AS
	RESIDENT SERVICE REVENUES.
	THE ORGANIZATION MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF
	BENEVOLENT CARE IT PROVIDES. THE ESTIMATED COSTS OF PROVIDING
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,152,732.
	Farma 990 (2000)

Form 990 (2023) THE LEGACY AT NORTH AUGUSTA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		- 21	х
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		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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

	990 (2023) THE LEGACY AT NORTH AUGUSTA, INC. 45-2857	307	Р	age 4
Par	TIV Checklist of Required Schedules (continued)		1	
			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		X
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		Х	
04-	Schedule J	23	Λ	
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	040	Х	
h	Schedule K. If "No," go to line 25a	24a 24b	- 25	Х
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-25
C		24c		x
ч	any tax-exempt bonds? 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	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Charle if Cahadula O cantains a reasonne ar note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a		_		
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
Ü	sia and organization dompty with backap withholding fulled for reportable payments to vendors and reportable galfilling			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) THE LEGACY AT NORTH AUGUSTA, INC.

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	110			
	filed for the calendar year ending with or within the year covered by this return	2a	125						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.			2b	Х				
3a	5.11			3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х			
b	If "Yes," enter the name of the foreign country		,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	. _i		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e					
е									
f	3 , 3 , 1 , 1								
g									
h	, , , , , , , , , , , , , , , , , , , ,								
8	,								
_	sponsoring organizations maintaining donor advised funds								
9	Did the appropriate appropriation makes and to call distributions and appropriate 40000								
_	a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a depart depa								
10	 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I						
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c		14a		Х			
14a	0 , , , , , , , , , , , , , , , , , , ,								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15									
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	τ inco	me?	16		X			
47	If "Yes," complete Form 4720, Schedule O.	. ::-							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4051, 4052 or 40532			47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17					
	n res, complete romi doos.								

Form **990** (2023) 332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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 4									
	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
Ū		3	Х							
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
	5:11	6	Х							
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	21							
7a		7-	Х							
	more members of the governing body?	7a	Λ							
р	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
_	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7						
0	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 Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	•								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
-	DONNA CASNER - 301-354-2710									
	5275 WESTVIEW DRIVE, SUITE 110, FREDERICK, MD 21703									

THE LEGACY AT NORTH AUGUSTA Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

Name and title Average hours per week (list any hours for related organizations below line) (1) CYNTHIA WALTERS PRESIDENT/CEO (2) DONNA CASNER VICE PRESIDENT FINANCE (3) RICHARD MAZZA CHIEF FINANCIAL OFFICER (3) RICHARD MAZZA CHIEF FINANCIAL OFFICER (5) ROD RONNEBERG Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization from related organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC) A 2 4 2 4 , 5 7 9 . 48 , 5 35 A 0 . 196 , 5 7 5 . 18 , 6 39 A 100 , 6 5 6 . 0 . 8 , 4 0 4	(A)	(B)							(D)	(E)	(F)
hours per week list any hours for related organizations below line line	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Canada C		hours per	box	, unle	unless person is both an				compensation	compensation	amount of
Total Control Contro				cer an	u a director/trustee)			tee)			
Total Control Contro		1 '	irecto								•
Total Control Contro			e or d	stee			sated			,	
Total Control Contro			truste	al trus		y employee	hest compen ployee			1000 (120)	
Total Control Contro		below	ividual	titution	icer			mer	,		organizations
PRESIDENT/CEO 32.50 X X 0. 424,579. 48,535	(1) CYNTHIA WALTERS		프	SE .	#0	Ş.	를 등 등 등	-B			
Table Tabl	PRESIDENT/CEO		\mathbf{x}		x				0.	424,579.	48,535.
VICE PRESIDENT FINANCE 32.50 X 0. 196,575. 18,639	(2) DONNA CASNER										
(3) RICHARD MAZZA	VICE PRESIDENT FINANCE				х				0.	196,575.	18,639.
CHIEF FINANCIAL OFFICER 32.50 X 0. 156,605. 17,533 (4) CHERIE LYNN POWERS 40.00 EXECUTIVE DIRECTOR X 100,656. 0. 8,404 (5) ROD RONNEBERG 1.00 CHAIR X X 0. 0. 0. 0 (6) LISA SHOAF VICE CHAIR X X X 0. 0. 0. 0 (7) BILL BIGELOW 1.00	(3) RICHARD MAZZA									,	•
X 100,656. 0. 8,404	CHIEF FINANCIAL OFFICER				Х				0.	156,605.	17,533.
(5) ROD RONNEBERG 1.00 CHAIR X X (6) LISA SHOAF 1.00 VICE CHAIR X X (7) BILL BIGELOW 1.00	(4) CHERIE LYNN POWERS	40.00									
X X 0. 0. 0 0 0 0 0 0	EXECUTIVE DIRECTOR						X		100,656.	0.	8,404.
(6) LISA SHOAF VICE CHAIR (7) BILL BIGELOW 1.00 X X X 0. 0. 0. 0		1.00							_	_	
VICE CHAIR X X X 0. 0. 0 (7) BILL BIGELOW 1.00 <td< td=""><td>CHAIR</td><td></td><td>X</td><td></td><td>X</td><td></td><td>_</td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	CHAIR		X		X		_		0.	0.	0.
(7) BILL BIGELOW 1.00	, , ,	1.00	l								
		1 00	X		X		├		0.	0.	0.
BOARD MEMBER X 0. U.	, , ,	1.00	.,								0
	BOARD MEMBER		X				┝		0.	0.	0.
			-								
			1								
			-								
			1								
			-				_				
			-								
			1								

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	1 Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	١		Pos	ition			Reportable	Reportable	,		imated	ł
	hours per			ot check more than one unless person is both an				compensation	compensation			ount o	
	week					r/trus		from	from related		c	other	
	(list any	ctor						the	organization	าร	comp	ensati	.on
	hours for	Individual trustee or director				- - -		organization	(W-2/1099-MIS	SC/	fro	m the	
	related	tee o	ıstee			nsat		(W-2/1099-MISC/	1099-NEC))	orga	ınizatio	n
	organizations	trus	lal tr		oyee	om pe		1099-NEC)			and	relate	d
	below	idua	Institutional trustee	e	key employee	Highest compensated employee	Jer				orgai	nizatio	ns
	line)	Indiv	Insti	Officer	Key	High	Former						
		1											
										\neg			
		1											
									-+				
		1											
						_				-			
		-											
	1				<u> </u>								
		1											
1h Subtotal	1			l	<u> </u>	_		100,656.	777,7	59.	93	,11	1.
1b Subtotal c Total from continuation sheets to Part V								0.	7 7 7 7 7	0.		, ,	0.
								100,656.	777,7		0.3	,11	
d Total (add lines 1b and 1c)								•			9 3	,,	<u> </u>
2 Total number of individuals (including but r	iot limited to th	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,	000 of reportable	Э			1
compensation from the organization											1.	V	
										ſ		Yes	No
3 Did the organization list any former officer	•	,	,	•	,	,	•		•				
line 1a? If "Yes," complete Schedule J for s	uch individual										3	_	X
4 For any individual listed on line 1a, is the st	•								•				
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors	•												
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	ion from	m	
the organization. Report compensation for													
(A)								(B)			(C)	١	
Name and business	address	NO	ONE	3				Description of s	ervices	C	ompen	, sation	
								•			•		
							\dashv			-			
							_						
							\Box						
]						
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi					(•					

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c					
fts,		Related organizations 1d					
ig je		Government grants (contributions) 1e					
Sir							
utio	T	All other contributions, gifts, grants, and	27,383.				
들됨		similar amounts not included above 1f	27,303.				
out	_	Noncash contributions included in lines 1a-1f		27 202			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		27,383.			
		DEG	Business Code	C 202 F0F	C 202 F0F		
Se	2 a	RES. CARE/ASSISTED LIV	623000	6,303,595.	6,303,595.		
Program Service Revenue	b						
Sen	С						
eve	d						
Б	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,303,595.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		310,231.			310,231.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory 7a 138, 083.	(.,, 0				
	h	Less: cost or other basis					
ø.	D						
ğ	_						
ther Revenue				138,083.			138,083.
Ä		Net gain or (loss)		130,003.			130,003.
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
,			Business Code				
ous	11 a	OTHER	623000	30,616.			30,616.
Miscellaneous Revenue	b	CAFETERIA INCOME	623000	1,551.			1,551.
elle eve	С	REFUNDS	623000	1,398.			1,398.
<u>I</u> SC		All other revenue	623000	174.			174.
≥		Total. Add lines 11a-11d		33,739.			
	12	Total revenue. See instructions		6,813,031.	6,303,595.	0.	482,053.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,635,547. 2,213,892. 421,655. Other salaries and wages 7 Pension plan accruals and contributions (include 23,236. 9,358. 13,878. section 401(k) and 403(b) employer contributions) 271,718. 42,103. 229,615. Other employee benefits 9 217,574. 184,771. 32,803. 10 Payroll taxes Fees for services (nonemployees): 661,896. 661,896. Management 223. 223. Legal 17,580. 17,580. Accounting Lobbying Professional fundraising services. See Part IV, line 17 41,401. 41,401. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,710,309. 1,702,796. 7,513. column (A), amount, list line 11g expenses on Sch O.) 82,712. 82,712. Advertising and promotion 12 104,771. 94,226. 10,545. Office expenses 13 97,918. 97,918. Information technology 14 15 Royalties 214,512. 212,573. 1,939. 16 Occupancy 15,152. 12,050. 3,102. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,711,934. 1,711,934. 20 Payments to affiliates _____ 21 964,656. 964,656. Depreciation, depletion, and amortization 22 32,583. 32,583. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,800. 375,324. 371,524. FOOD 107,699. REPAIRS & MAINTENANCE 91,682. 16,017. 99,953. 38,876. 61,077. DUES & SUBSCRIPTIONS 54,160. 54,160. d MEDICAL SUPPLIES 22,254. 147,852. 125,598. e All other expenses 9,588,710. 8,152,732. 1,435,978. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			17,400.	3	10,000. 37,826.
	4	Accounts receivable, net			4,797.	4	37,826.
	5	Loans and other receivables from any current or	r former	officer, director,			
		trustee, key employee, creator or founder, subst	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			0 565	8	1 4 4 7 4
⋖	9				2,765.	9	14,474.
	10a	Land, buildings, and equipment: cost or other		25 202 566			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	25,902,566.	17 542 260		16 710 017
	1				17,543,360. 7,117,714.	10c	16,719,917. 7,270,396.
	11	Investments - publicly traded securities			/,11/,/14.	11	1,210,390
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	24,686,036.	15	24,052,613.		
	16	Total assets. Add lines 1 through 15 (must equ			1,079,071.	16 17	966,707
	17 18	Accounts payable and accrued expenses			1,010,011.	18	500,707.
	19	Grants payable		19			
	20	Deferred revenue			23,508,341.	20	23,089,254.
	21	Escrow or custodial account liability. Complete		- 4 O - 1 1 - 1 - D	23/300/3120	21	23,003,231
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
Ē		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			15,896,686.	25	4,879,169.
	26	Total liabilities. Add lines 17 through 25			40,484,098.	26	28,935,130.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			-16,061,378. 263,316.	27	-5,109,840. 227,323.
Ва	28				263,316.	28	227,323.
pur		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or ed				30	
t As	31	Retained earnings, endowment, accumulated in		······	15 500 000	31	4 000 545
Re	32				-15,798,062.	32	-4,882,517.
	33	Total liabilities and net assets/fund balances .			24,686,036.	33	24,052,613.

	1330 (2020)				ı u	<u>gc</u>	
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		<u>,81</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,58			
3	Revenue less expenses. Subtract line 2 from line 1	3		,77			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-15	,79			
5	Net unrealized gains (losses) on investments	5		19	<u>5,4</u>	78.	
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	13	,49	<u>5,7</u>	<u>46.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10 -4						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				NORTH AUGUST					5-2857307
Par	tΙ	Reason for Public C	Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The c	rgan	ization is not a private found							
1	Ĭ	A church, convention of chu					I)(A)(i).		
2		A school described in secti							
3	$\overline{}$	A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4		A medical research organiza					•	(iii). Enter	the hospital's name,
- •		city, and state:	·					` '	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	一	An organization that normal	-					e general r	oublic described in
- '		section 170(b)(1)(A)(vi). (Co	•	mai pai t or no support ii	o a go			e general p	
8		A community trust describe		1)(A)(vi) (Complete Par	+ II)				
9	=	An agricultural research org				ed in coni	inction with a	land-grant	college
0 1		or university or a non-land-g				-		-	-
		university:	grant conege or agrice	altare (see instructions).	Litter tile i	name, eny	, and state or	ine conege	, 01
10	X	An organization that normal	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	in fees, and	d aross receints from
.0 (activities related to its exem							
		income and unrelated busin		· ·					-
		See section 509(a)(2). (Cor		(1000 000 tion of the taxy in c	in baoine	occ doqui	iod by the org	arnzation c	artor darre do, roro.
11		An organization organized a		vely to test for public sa	fety See	section 50)9(a)(4).		
12	一	An organization organized a						ry out the	nurnoses of one or
		more publicly supported org	·		-			-	
		lines 12a through 12d that of	-						
а		Type I. A supporting orga	* *					-	aivina
-		the supported organization	•		•	-			
		organization. You must c							
b		Type II. A supporting orga			ion with its	s supporte	ed organization	n(s), by hay	vina
_		control or management of	•				-	•	-
		organization(s). You mus			po.co.			,	55,155
С		☐ Type III functionally inte			in connect	tion with. a	and functional	v integrate	ed with.
		its supported organization						, 3	,
d		Type III non-functionally		•	•	-	-	ted organiz	zation(s)
		that is not functionally into						-	
		requirement (see instructi	-	•	-		-		
е		Check this box if the orga	•	-				I, Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, , ,	
f	Ente	er the number of supported o							
g	Prov	vide the following information	about the supported	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									
Oto									

332021 12-21-23

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

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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	Sec	tion A. Public Support						
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 Part VI how the		-		-				
 17a 10% -facts-and-circumstances test - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 Part VI how the 	b		-			l line 15 is 33 1/3%	or more, check th	is box
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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 Part VI how the		· · · · · · · · · · · · · · · · · · ·						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 Part VI how the	17a							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 Part VI how the		•		•	•	•	VI how the organiz	zation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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.)

End	qualify under the tests listed by	olow, picaco comp	ioto i ait ii.j				
	ction A. Public Support						T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	24 017	640 410	1155650	01 242	07 202	1000012
	include any "unusual grants.")	34,01/.	640,418.	1157652.	21,343.	27,383.	1880813.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	5435025.	5016124.	6214362.	6628359.	6303595.	29597465.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	11 001	11 002	10 100	26 275	22 241	100 601
	iness under section 513	11,884.	11,902.	18,199.	26,275.	34,341.	100,601.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5480926.	5668444.	7390213.	6675977.	6363319.	31578879.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						<u>31578879.</u>
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2019 5480926.	(b) 2020	(c) 2021 7390213.	(d) 2022	(e) 2023	(f) Total 31578879.
9	Amounts from line 6	34609 ⊿6•	5668444.	/390213.	6675977.	0303319.	DID/00/9.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,447.	114,805.	149,146.	194,158.	310,231.	873,787.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	105,447.	114,805.	149,146.	194,158.	310,231.	873,787.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		114,805.	149,146.	194,158.	310,231.	873,787.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	105,447.	114,805.	149,146.	194,158.	310,231.	873,787. 873,787.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	105,447. 274.				310,231.	873,787.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain	105,447.	114,805.	149,146.	194,158.	310,231.	873,787.
10 a b c c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	274. 5586647.	114,805. 159. 5783408.	5,155. 7544514.	3,530. 6873665.	1,398. 6674948.	10,516. 32463182.
10 a b c c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the sale of capital and the sale of capital assets.	274. 5586647.	114,805. 159. 5783408. st, second, third, 1	5,155. 7544514. Fourth, or fifth tax y	3,530. 6873665. year as a section 5	310,231. 1,398. 6674948. 01(c)(3) organization	10,516. 32463182.
10 a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the sale of capital and the sale of capital assets.	274. 5586647. e organization's fin	114,805. 159. 5783408. st, second, third, the second is	5,155. 7544514. Fourth, or fifth tax y	3,530. 6873665. year as a section 5	310,231. 1,398. 6674948. 01(c)(3) organization	10,516. 32463182.
10 a b 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here.	274. 5586647. se organization's fin	114,805. 159. 5783408. rst, second, third, the centage	5,155. 7544514. Tourth, or fifth tax y	3,530. 6873665. year as a section 5	310,231. 1,398. 6674948. 01(c)(3) organization	10,516. 32463182. on, 97.28 %
10 a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	274. 5586647. ine organization's fire c Support Per ine 8, column (f), d	114,805. 159. 5783408. st, second, third, 1	5,155. 7544514. Tourth, or fifth tax y	3,530. 6873665. year as a section 5	310,231. 1,398. 6674948. 01(c)(3) organization	10,516. 32463182.
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public public support percentage for 2023 (I	274. 5586647. ie organization's fir c Support Per ine 8, column (f), d Schedule A, Part	114,805. 159. 5783408. rst, second, third, 1	5,155. 7544514. Tourth, or fifth tax y	3,530. 6873665. year as a section 5	1,398. 6674948. 01(c)(3) organization	10,516. 32463182. on, 97.28 %
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage from 2022 (IPublic support percentage from 2022)	274. 274. 5586647. de organization's fine 8, column (f), de Schedule A, Part ettment Income	114,805. 159. 5783408. rst, second, third, for the centage iivided by line 13, centage iivided by line 15.	5,155. 7544514. Fourth, or fifth tax y	3,530. 6873665. /ear as a section 5	1,398. 6674948. 01(c)(3) organization	10,516. 32463182. on, 97.28 % 97.88 % 2.69 %
10abb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2022 extion D. Computation of Inves	274. 274. 5586647. e organization's fine 8, column (f), do Schedule A, Part of the Income 123 (line 10c, column 125).	114,805. 159. 5783408. rst, second, third, the centage invided by line 13, centage invided by line 15. Percentage in (f), divided by line 15.	5,155. 7544514. Fourth, or fifth tax y	3,530. 6873665. year as a section 5	1,398. 6674948. 01(c)(3) organization	10,516. 32463182. on, 97.28 % 97.88 %
10abb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here contained to the contained properly in the support percentage for 2023 (legion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investine Description of the support percentage for 2022 (legion D. Computation of Investine Description C. Computation of Investine Description C. Computation of Investine Description C. 2022 (legion D. 2022 (legio	274. 274. 5586647. e organization's fine 8, column (f), d Schedule A, Part stment Income 23 (line 10c, colum 2022 Schedule A,	114,805. 159. 5783408. st, second, third, formula to the second	5,155. 7544514. Fourth, or fifth tax y	3,530. 6873665.	1,398. 6674948. 01(c)(3) organization	10,516. 32463182. on, 97.28 % 97.88 % 2.69 % 2.06 %
10abb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2022 cition D. Computation of Investment income percentage from 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and stop this box and stop tests of the check this box and stop here.	274. 274. 5586647. The organization's firmer s, column (f), do Schedule A, Part of the street income 123 (line 10c, column 2022 Schedule A, organization did not stop here. The	114,805. 159. 5783408. est, second, third, for the centage in (f), divided by line 17 or check the box corganization quality.	5,155. 7544514. fourth, or fifth tax y	3,530. 6873665. rear as a section 56	1,398. 6674948. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 ion	97.28 % 97.88 % 2.69 % 2.06 %
10abb	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cition C. Computation of Public Public support percentage from 2022. Stion D. Computation of Investment income percentage from 2021. Investment income percentage from 33 1/3% support tests - 2023. If the	274. 274. 5586647. be organization's fine 8, column (f), do Schedule A, Partetment Income 23 (line 10c, column 2022 Schedule A, organization did not stop here. The organization did not stop here.	114,805. 159. 5783408. st, second, third, the centage ivided by line 13, colling line 15. Percentage inn (f), divided by line 17 ot check the box coorganization quality of check a box on the control of the control	5,155. 7544514. Fourth, or fifth tax y column (f)) The 13, column (f)) The 14, and line fies as a publicly so line 14 or line 19a	3,530. 6873665. Vear as a section 50. 15 is more than 33. upported organization, and line 16 is mo	1,398. 6674948. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 ion re than 33 1/3%, a	97.28 % 97.88 % 2.69 % 2.06 %

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	3a		
	- U		
	3b		
	3с		
	4a		
	4h		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9с		
	10a		
<u> </u>	10b	. 666	2002

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

Schedule A (Form 990) 2023

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

8

1

2

<u>4</u> 5

6

Schedule A (Form 990) 2023

Current Year

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

1 Adjusted net income for prior year (from Section A, line 8, column A)

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

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

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

2 Enter 0.85 of line 1.

5

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
_ <u>i</u> _	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
0	8				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

THE LEGACY AT NORTH AUGUSTA 45-2857307 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

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 cyear, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than sis checked, enter here the total contributions that were received during the year for an exclusively religious, charitate purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received religious, charitable, etc., contributions totaling \$5,000 or more during the year	S1,000. If this box ble, etc.,

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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;

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE LEGACY AT NORTH AUGUSTA, INC.

45-2857307

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

Name of organization Employer identification number

THE LEGACY AT NORTH AUGUSTA, INC.

45-2857307

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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
323453 12-26			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** THE LEGACY AT NORTH AUGUSTA, INC. 45-2857307 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE LEGACY AT NORTH AUGUSTA, INC.

Employer identification number 45-2857307

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

332051 09-28-23

Schedule D (Form 990) 2023

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

collection items (check all that apply).

Public exhibition

Scholarly research

Loan or exchange program

Other ___

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included	С	Preservation for future generations										
to be sold for raise funds rather than to be maintained as part of the organization's collection? Secretary S	4	Provide a description of the organization's coll	lections and explair	n how they	further th	e organizatio	n's exemp	ot purpose in F	Part X	III.		
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IX?	5	During the year, did the organization solicit or	receive donations of	of art, histo	orical treas	sures, or othe	r similar a	ssets			_	_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, * explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1												No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			te if the or	ganizatior	answered "	es" on Fo	orm 990, Part	V, lin	e 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount		reported an amount on Form 990, Part	X, line 21.									
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount	1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for co	ntribution	s or other as	sets not in	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Co		on Form 990, Part X?								Yes		No
c Beginning balance 1c 1d	b											
d Additions during the year Distributions during the year 16 17 18 18 19 19 19 19 19 19										Amoun	t	
d Additions during the year Ending balance It	С	Beginning balance						1c				
e Distributions during the year 1 e 1 1 1 1 1 1 1 1	d							1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes								1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_							1f				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for three years back) (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for three years back) (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for three years back) (c) Two years back (for three years back) (d) Three years back (for three years back) (e) Four years back (for three years back) (for three years back} (for three years back (for three years back years bac	2a							, ₂		Yes	$\overline{}$	No
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Four years back (d		-					•					╡。
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four year												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment								t) Three vears b	ack	(e) Four	r vear	s back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9 Permanent endowment 9 Term endowment 9 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? 3a(ii) 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 923, 248. 923, 248. 923, 248. 923, 248. 52, 354, 712. 7, 010, 399. 15, 344, 313. c Leasehold improvements d Equipment Cotal Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	1a	Beginning of year balance	``	, ,		, ,	Ť	•		· ,		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									+			
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									+			
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	· · · · · · · · · · · · · · · · · · ·										
g End of year balance									-			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									\rightarrow			
a Board designated or quasi-endowment	_			<u></u>		<u> </u>						
b Permanent endowment	2		•		column (a)) held as:						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In the line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 923,248. 923,248. 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements d Equipment 2,624,606. 2,172,250. 452,356. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.	а			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations listed as required on Schedule R? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 9 23 , 248 . 9 23 , 248 . 9 23 , 248 . 9 23 , 248 . 9 23 , 248 . 10 Equipment 2 , 624 , 606 . 2 , 172 , 250 . 4 52 , 356 . 10 Other 10 Other 11	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 22, 354, 712. 7, 010, 399. 15, 344, 313. c Leasehold improvements d Equipment 2,624,606. 2,172,250. 452,356. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 16,719,917.	С	Term endowment	Ó									
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Related organizations? (iv) Related organizations? (iv) Standard (iv) Again (iv) (iv) Cost or Other (iv) Cost		The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
(ii) Unrelated organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 1b Part X, line 10. 1b Part X, line 10. 1c Part X, line 10. 1c Part X, line 10. 1c Part X, line 10. 1a Land 1b Part X, line 10. 1c P	3a	Are there endowment funds not in the possess	sion of the organiza	ation that a	ire held ar	nd administer	ed for the					
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 923,248. 923,248. 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements d Equipment 2,624,606. 2,172,250. 452,356. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.		organization by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.		(i) Unrelated organizations?								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.		(ii) Related organizations?								3a(ii)	L	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) Complete if the organization answered "Yes" on Form 990, Part X, line 10c. column (B)) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 7 2 3 2 4 8 2 2 3 3 4 4 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	b									3b	·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 5 Buildings C Leasehold improvements 4 Equipment 6 Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 7 2 3 2 4 8 2 9 2 3 2 4 8 3 2 3 3 4 4 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3	_											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t VI Land, Buildings, and Equipme	ent									
ta Land 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements 2,624,606. 2,172,250. 452,356. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.		Complete if the organization answered	"Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990	, Part X, Iir	ne 10.				
1a Land 923,248. 923,248. b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements 2,624,606. 2,172,250. 452,356. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 16,719,917.		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated		(d) Boo	k val	ue
b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements 2,624,606. 2,172,250. 452,356. e Other 20tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.			1 ',		basis	(other)	٠,					
b Buildings 22,354,712. 7,010,399. 15,344,313. c Leasehold improvements 2,624,606. 2,172,250. 452,356. e Other 20tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 16,719,917.		Land			92	3,248.				92	3,2	248.
c Leasehold improvements 2,624,606. 2,172,250. 452,356. e Other 2 through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 16,719,917.							7.0	10,399.	15			
d Equipment 2,624,606. 2,172,250. 452,356. e Other					,	•	, -					
e Other					2,62	4,606.	2.1	72,250.		45	2 -	356.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 16,719,917.			•		_,	_,,,,,,,,		-,			_ , ~	
			· I	V line 10-	0.01.100==	/D))			16	71	9 C	17.
	ı Uldi	- Add iiiles Ta tillough Te. (Column (a) Must ea	uai FOIIII 990, Part	<u>∧, iiiie 100</u>	. column	(<u>D</u>))						

Schedule D (Form 990) 2023 THE LEGACY A Part VII Investments - Other Securities			2857307 Page
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		+	
(8)		+	
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	114. 666 1 6111 666, 1 41124, 1116 16.	(b) Book value
(1)			(2) 20011 14:00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities		•	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			4,879,169.
(3)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

(4) (5) (6) (7) (8)

41,401

 $9,\overline{588,710}$

Sche	edule D (Form 990) 2023 THE LEGACY AT NORTH AUGUSTA, INC.			2857307	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Retu	ırn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	7,174,	101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a 1	.95,478.			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	28,222.			
е			2e	423,	700.
3	Subtract line 2e from line 1		3	6,750,	401.
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				
b	Other (Describe in Part XIII.)	62,630.			
	Add lines 4a and 4b		4c	62,	630.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,813,	031.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses per Re	turn	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	9,718,	309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
	Prior year adjustments 2b				
С	Other losses 2c				
d		71,000.			
е	Add lines 2a through 2d		2e	<u>17</u> 1,	000.
3	Subtract line 2e from line 1		3	9,547,	309.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Part XIII | Supplemental Information

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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.

4a

401

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND HAS BEEN RECOGNIZED AS TAX EXEMPT UNDER SECTION 501(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE AN ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANIES AND RECOGNIZE A TAX LIABILITY OR ASSET IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICES (IRS). THE ORGANIZATION HAS CONCLUDED THAT AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO UNCERTAIN

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE LEGACY AT NORTH AUGUSTA, INC. Part XIII Supplemental Information (continued)	45-2857307 Page 5
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUI	RE RECOGNITION OF
A LIABILITY OR ASSET OR DISCLOSURE IN THE FINANCIAL STATE	EMENTS.
GENERALLY, TAX RETURNS FOR YEARS ENDED DECEMBER 31, 2021	, AND THEREAFTER
REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX A	UTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NET ASSETS RELEASED FROM RESTRICTION	57,222.
CHANGE IN ESTIMATED REAL ESTATE TAX ACCRUAL	171,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	228,222.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR RESTRICTED CONTRIBUTIONS	21,229.
INVESTMENT EXPENSES	41,401.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	62,630.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN ESTIMATED REAL ESTATE TAX ACCRUAL	171,000.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES	41,401.
·	

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Employer identification number THE LEGACY AT NORTH AUGUSTA INC. 45-2857307

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>х</u> х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6/c)?	a		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) CYNTHIA WALTERS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	423,547.	0.	1,032.	14,200.	34,335.	473,114.	0.
(2) DONNA CASNER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	191,023.	5,000.	552.	8,173.	10,466.	215,214.	0.
(3) RICHARD MAZZA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,287.	0.	318.	3,673.	13,860.	174,138.	0.
	(i)							
((ii)							
	(i)							
((ii)							
	(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 3:

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

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

THE CEO:

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

PART I, LINE 7:

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

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

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

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

THE YEAR.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2023
Open to Public Inspection

Name of the organization

THE LEGACY AT NORTH AUGUSTA, INC.

Employer identification number 45-2857307

Part I Bond Issues SE	E PART VI	FOR COLUM	NS (A) AN	D (F) (CONTIN	UATIONS		•					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) D	efeased	(h) On of iss		(i) Po	
								Yes	No	Yes		Yes	
INDUSTRIAL DEVELOPMENT						ACQUISIT							
	54-1251304	355741AD1	08/22/11	1700		INDEPEND:	ENT LIV	IN	X		Х		<u>X</u>
ECONOMIC DEVELOPMENT						CAPITAL							
B AUTHORITY OF THE CITY OF	54-1270797	857774AA1	03/21/19	9,890	,000.	IMPROVEM:	ENTS &	CO	X		X		<u>X</u>
<u>C</u>													
D													
Part II Proceeds			<u> </u>				_						
			2 1 E	0,000.	1 .	<u>в</u> 150,000.	С				D		
1 Amount of bonds retired		<u></u>	2,13	0,000.	⊥,.	150,000.			-				
2 Amount of bonds legally defeased			17 00	0,151.	0	890,000.							
3 Total proceeds of issue				9,523.		508,463.							
Gross proceeds in reserve funds Capitalized interest from proceeds			4.4	0,470.	·	300,403.							
• D				0, 100									
			47	1,631.	196,316.								
			·· '	<u> </u>		130,3101							
Working capital expenditures from proceeds													
10 Capital expenditures from proceeds			15,88	7,143.	9,	9,185,221.							
11 Other spent proceeds					·	,							
12 Other unspent proceeds													
46 37 7 1 1 1 1 1 1 1 1			2	011		2021							
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	ssue of tax-exempt b	onds (or,											
if issued prior to 2018, a current refunding issued	ue)?			X		X							
15 Were the bonds issued as part of a refunding	ssue of taxable bond	ds (or, if											
issued prior to 2018, an advance refunding iss	sue)?			X		X							
16 Has the final allocation of proceeds been mad	e?		Х			X					\perp		
17 Does the organization maintain adequate boo	ks and records to sup	oport the											
final allocation of proceeds?			X		X								
For Paperwork Reduction Act Notice, see the Ins	tructions for Form 9	90.							Sche	dule K	(Form	990)	2023

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

Schedule K (Form 990) 2023

Par	t III Private Business Use								
		,	A		В	(С	Γ)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					
Par	t IV Arbitrage								
			Ą	I	В		Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	X			X				
_2	If "No" to line 1, did the following apply?		_						T
a	Rebate not due yet?			X					
b	Exception to rebate?				X				
c	No rebate due?			X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								T
3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)								
		A	E	3		Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action			_		_			
		A	E	3	(<u> </u>		<u> </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF	FREDE	RICK, V	IRGINI <i>E</i>	1				
(F) DESCRIPTION OF PURPOSE:								
ACQUISITION OF INDEPENDENT LIVING CAMPUS IN STAUN	ITON, V	A						
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF STA	UNTON,	VIRGIN	IIA					
(F) DESCRIPTION OF PURPOSE:								
CAPITAL IMPROVEMENTS & CONSTRUCTION OF ADDITIONAL	HOUSI	NG & ME	MORY CA	RE UNI				
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF THE CITY OF STA	UNTON,	VIRGIN	IIA					
DATE THE REBATE COMPUTATION WAS PERFORMED: 04	/29/20	24						

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE LEGACY AT NORTH AUGUSTA, INC.

Employer identification number 45-2857307

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

WE OFFER THIS CONVENIENCE BECAUSE IT IS OUR BELIEF THAT BY PRESERVING

THE DIGNITY OF THOSE IN OUR CARE, WE CAN BETTER SUPPORT AND ENCOURAGE

THEIR VITALITY. IN FACT, WE ARE ONE OF THE ONLY COMMUNITIES IN THE AREA

THAT HELPS COUPLES STAY TOGETHER LONGER.

OUR GOAL IS TO OPTIMIZE AND ENRICH THE LIFESTYLES OF THOSE WHO LIVE

WITH ASSISTANCE; THUS, OUR ASSISTED LIVING AND CONNECTEDLIVING LIFE

ENRICHMENT PROGRAMMING ARE TAILORED TO BETTER MEET OUT RESIDENTS' NEEDS

AND COINCIDE WITH THEIR PREFERRED SCHEDULES-AN IMPORTANT CONSIDERATION.

OUR RESIDENTS ENJOY CHOICES IN RESTAURANT-QUALITY DINING, EDUCATIONAL

AND WELLNESS PROGRAMS, RESIDENT-LED EVENTS, AND SOCIAL OCCASIONS.

OUR ASSISTED LIVING SERVICES ARE DESIGNED TO PROVIDE SUPPORT, SECURITY AND ARE TAILORED TO INDIVIDUAL NEEDS. WE PROVIDE AND SOCIALIZATION, ASSISTANCE WITH THE ACTIVITIES OF DAILY LIVING (ADLS), WHICH INCLUDE EVERYDAY TASKS SUCH AS EATING, BATHING, GETTING DRESSED, USING THE SHIFTING POSITIONS OR MOVING FROM ROOM TO ROOM. BATHROOM, WE ALSO PROVIDE MEDICATION MANAGEMENT AS WELL AS DEMENTIA PROGRAMMING. DAILY EXPERIENCES ARE TAILORED BASED UPON WHAT IS LEARNED ABOUT RESIDENTS' PAST JOBS, HOBBIES AND RELATIONSHIPS - TO PROMOTE POSITIVE EMOTIONS WHILE MINIMIZING STRESS. AT THE LEGACY AT NORTH AUGUSTA, THOSE WHO REQUIRE LIVING ASSISTANCE ENJOY MORE FULFILLING LIFESTYLES - ALL WITH THE FREEDOM OF A MONTHLY RENT. HERE, THERE'S NO LONG-TERM CONTRACT, JUST A LONG-TERM COMMITMENT TO SUPPORT AND ENCOURAGE THEIR

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

Schedule O (Form 990) 2023

VITALITY.

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

Name of the organization

THE LEGACY AT NORTH AUGUSTA, INC.

Employer identification number 45-2857307

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

BENEVOLENT CARE IS BASED UPON THE DIRECT AND INDIRECT COSTS IDENTIFIED

WITH SPECIFIC BENEVOLENT CARE PROVIDED. THE COST OF BENEVOLENT CARE

PROVIDED FOR SENIORS AMOUNTED TO APPROXIMATELY \$262,000 AND \$208,000

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

FOR YEARS ENDED DECEMBER 31, 2023 AND 2022.

NATIONAL LUTHERAN, INC. (EIN 47-2584315), THE PARENT ENTITY, PROVIDES

FINANCIAL AND MANAGEMENT FUNCTIONS SUCH AS HUMAN RESOURCES, INFORMATION

TECHNOLOGY AND FINANCE FOR THE LEGACY.

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

NATIONAL LUTHERAN, INC. IS THE SOLE MEMBER OF THE FILING ORGANIZATION.

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

NATIONAL LUTHERAN, INC., THE SOLE MEMBER OF THE LEGACY AT NORTH AUGUSTA,

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

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

WITH OR WITHOUT CAUSE.

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

APPROVAL OF THE FOLLOWING MATTERS IS RESERVED EXCLUSIVELY TO THE

MEMBERSHIP. THE MEMBERSHIP MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH

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

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

APPROVED BY THE MEMBERSHIP.

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

Name of the organization

THE LEGACY AT NORTH AUGUSTA, INC.

Employer identification number

45-2857307

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

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

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

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

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

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

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

WELL.

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

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

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

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

BOARD DETERMINES THE COMPENSATION FOR THE CEO THROUGH THE COMBINED USE OF

SEVERAL METHODS. THE NLI EXECUTIVE COMMITTEE SERVES AS A COMPENSATION

Schedule O (Form 990) 2023 Page 2

Employer identification number Name of the organization THE LEGACY AT NORTH AUGUSTA, INC. 45-2857307 COMMITTEE WHICH OVERSEES THE PROCESS. THE CEO, EXECUTIVE DIRECTOR, AND DIRECTOR OF HUMAN RESOURCES USE SALARY SURVEYS TO DETERMINE THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES TO ASSURE THEY ARE WITHIN THE LOCAL MARKET RANGE. THE SERVICES THE INDIVIDUAL PROVIDES TO THE ORGANIZATION AND THE TENURE OF THE OFFICER ARE ALSO FACTORS CONSIDERED IN SALARY DETERMINATIONS. ONCE THE EXECUTIVE COMMITTEE GIVES ITS APPROVAL, ITS DECISIONS ARE NOTED AT THE BOARD LEVEL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND AT NO COST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES: 1,702,796. PROGRAM SERVICE EXPENSES 7,513. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,710,309. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,710,309. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: GAIN ON FORGIVENESS OF DUE TO AFFILIATES 13,495,746. FORM 990, PART IX THE LEGACY AT NORTH AUGUSTA, INC. DID NOT HAVE ANY FUNDRAISING EXPENSES AT THE COMMUNITY LEVEL, RATHER THESE EXPENSES ARE REMITTED FROM INVESTMENT ASSETS HELD BY THE PARENT ORGANIZATION, NATIONAL LUTHERAN, Schedule O (Form 990) 2023

2023.04010 THE LEGACY AT NORTH AUGUS 223248_1

Schedule O (Form 990) 20	23							Page 2
Name of the organization		LEGACY	ΑТ	NORTH	AUGUSTA,	INC.	Employer identificat	
INC.								
								,
								,
								,
								,
								,
								,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury

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

OMB No. 1545-0047

Open to Public Inspection

Internal nevenue dervice	do to www.ii.o.gov/i orinicco for moti dottorio and the latest information.		
Name of the organization		Employer ide	entification number
	THE LEGACY AT NORTH AUGUSTA, INC.	45-28	57307
Part I Identification of D	sregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.		

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL LUTHERAN HOME FOR THE AGED, INC							
26-2222476, 5275 WESTVIEW DRIVE, SUITE 110,					NATIONAL		1
FREDERICK, MD 21703	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12A, I	LUTHERAN, INC.		X
THE VILLAGE AT ROCKVILLE, INC 53-0196624							
9701 VEIRS DRIVE	CONTINUING CARE RETIREMENT				NATIONAL		
ROCKVILLE, MD 20850	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	LUTHERAN, INC.		X
THE VILLAGE AT ORCHARD RIDGE, INC							
26-3445374, 400 CLOCKTOWER RIDGE DRIVE,	CONTINUING CARE RETIREMENT				NATIONAL		
WINCHESTER, VA 22603	COMMUNITY	VIRGINIA	501(C)(3)	LINE 10	LUTHERAN, INC.		X
THE VILLAGE AT PROVIDENCE POINT, INC	CONTINUING CARE RETIREMENT						
45-4024593, 5275 WESTVIEW DRIVE, SUITE 110,	COMMUNITY IN DEVELOPMENT				NATIONAL		
FREDERICK, MD 21703	STAGES	MARYLAND	501(C)(3)	LINE 10	LUTHERAN, INC.		X

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	
NATIONAL LUTHERAN, INC 47-2584315				001(0)(0))		Yes	No
5275 WESTVIEW DRIVE, SUITE 110	7						ĺ
FREDERICK, MD 21703	- CORPORATE OVERSIGHT	MARYLAND	501(C)(3)	LINE 10	N/A		Х
AUGSBURG LUTHERAN HOME OF MD, INC					1	1	
52-0696196, 6811 CAMPFIELD ROAD, BALTIMORE,	CONTINUING CARE RETIREMENT				NATIONAL		
MD 21207	COMMUNITY	MARYLAND	501(C)(3)		LUTHERAN, INC.		Х
					,		
	-						
	- -						
	1						
	-						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal Direct controlling Predominant income (related, unrelated, income		Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	1										
]										
	1										
	1										
	1										
							1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	NO_	

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

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)	1b 1c		X						
 c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	1c								
d Loans or loan guarantees to or for related organization(s)			X						
e Loans or loan guarantees by related organization(s)	1d		X						
	1e	Х							
f Dividends from related organization(s)	1f		Х						
g Sale of assets to related organization(s)	1g		X						
h Purchase of assets from related organization(s)									
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		X						
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses	1q		Х						
r Other transfer of cash or property to related organization(s)	1r	х							
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount invo	olved								
type (a-s)									
1)									
2)									
3)									
4)									
5)									
6)									
			2023						

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

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

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

Schedule R (Form 990) 2023