Inspection

9,547,374

# Form 990

Department of the Treasury Internal Revenue

Revenue

Expenses

Net Assets

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Service A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005 D Employer identification number C Name of organization B Check if applicable Please 52-2126753 Riderwood Village Inc use IRS Address change label or Number and street (or P O box if mail is not delivered to street address) Room/suite Name change print or type. See 3110 GRACEFIELD ROAD Initial return Specific E Telephone number City or town, state or country, and ZIP + 4 SILVER SPRING, MD 20904 Instruc-(301) 572-1300 Final return tions. Amended return F Accounting method Cash Accrual Other (specify) Application pending  ${f H}$  and  ${f I}$  are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(a)** Is this a group return for affiliates? \( \backslash \) Yes \( \backslash \) No

			,-	, , ,			
G	Web sit	tb site: ► www ericksoncommunities com/rwv		number	of affiliates 🟲		
				H(c)	Are all affiliates	ınclude	d?
J	Organiza	ation type (check only one) ▶ 🔽 🥵 501(c) (3) ◀ (Insert no ) 🦵 4947(a)(1)	or   52	7	(If "No," attach	n a list :	See instructions )
							n filed by an organization ing? Yes V No
	the mail, it should file a return without financial data. Some states require a complete return.				Group Exem	ption N	lumber ►
L	Gross r	eceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 78,974,767		M			ganization is <b>not</b> required to 00, 990-EZ, or 990-PF)
P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Ba	alances	(See the ır	struc	tions.)
	1	Contributions, gifts, grants, and similar amounts received					
	а	Direct public support	1a		443,454		
	ь	Indirect public support	1b				
	С	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 443,454 none	ash \$ 0		)	1d	443,454
	2	Program service revenue including government fees and contracts	(from Par	t VII, line	e 93) .	2	56,602,908
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	21,124,112

3	Membership dues and assessments				3	
4	Interest on savings and temporary cash inv	estments			4	21,124,11
5	Dividends and interest from securities .				5	
6a	Gross rents		6a	349,258		
ь	Less rental expenses		6b			
c	Net rental income or (loss) (subtract line 6	b from line 6a)			6c	349,25
7	Other investment income (describe $ ightharpoonup$ ) .				7	
8a	Gross amount from sales of assets	(A) Securities		(B) O ther		
	other than inventory		8a			
b	Less cost or other basis and sales expenses		8b			
c	Gain or (loss) (attach schedule)		8c			
d	Net gain or (loss) (combine line 8c, column	s (A ) and (B))			8d	

1	, , ,			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
9	Special events and activities (attach schedule) If any amount is fi	rom <b>gan</b>	ning, check here 🕨 🦵	
а	Gross revenue (not including \$ 303,357 of			
	contributions reported on line 1a) 🐉	9a	455,035	
Ь	Less direct expenses other than fundraising expenses	9b	53,547	

c	Net income or (loss) from special events (subtract line 9b from line 9a)	9с	401,488
10a	Gross sales of inventory, less returns and allowances 10a		
b	Less cost of goods sold		

С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	78,921,220
13	Program services (from line 44, column (B))	13	67,298,762

1			, ,
14	Management and general (from line 44, column (C))	14	3,320,437
15	Fundraising (from line 44, column (D))	15	128,843
16	Payments to affiliates (attach schedule)	16	

5	Payments to affiliates (attach schedule)	16	
7	Total expenses (add lines 16 and 44, column (A))	17	70,748,042
8	Excess or (deficit) for the year (subtract line 17 from line 12)	18	8,173,178

**17** 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . 19 641,204 20 Other changes in net assets or fund balances (attach explanation) 🔁 🔒 732,992

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2005)

# Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22	Grants and allocations (attach schedule) (cash $$^{29,500}$ noncash $$^{0}$ )  If this amount includes foreign grants, check here	22	29,500	29,500		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	165,068		165,068	
26	Other salaries and wages	26	19,054,461	17,024,012	1,936,923	93,526
27	Pension plan contributions	27	332,841	288,621	43,399	821
28	Other employee benefits	28	3,260,323	3,022,595	221,075	16,653
29	Payroll taxes	29	1,609,188	1,496,383	105,457	7,348
30	Professional fundraising fees	30				
31	Accounting fees	31	24,782	24,782		
32	Legal fees	32	49,981	49,981		
33	Supplies	33	2,189,098	2,102,455	81,629	5,014
34	Telephone	34	180,235	176,567	3,668	
35	Postage and shipping	35	25,661	16,548	8,985	128
36	Occupancy	36	23,711,301	23,711,301		
37	Equipment rental and maintenance	37	703,535	673,751	26,670	3,114
38	Printing and publications	38				
39	Travel	39	71,557	44,626	25,557	1,374
40	Conferences, conventions, and meetings	40				
41	Interest	41	50	50		
42	Depreciation, depletion, etc (attach schedule)	42	2,033,593	2,033,593		
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	70,748,042	67,298,762	3,320,437	128,843

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 

Yes 
No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$

Part III	Statement of Program Service Accomplishments	(See the instructions.)	_
	otatement of frogram out tree freedingment.	(See the modifications)	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		RIDERWOOD VILLAGE, INC IS FORMED EXCLUSIVELY	
		E PURPOSES, INCLUDING THE PROMOTION OF THE	
		ON OF A RESIDENTIAL COMMUNITY OFFERING VARIOUS	
		RRYING ON EDUCATIONAL ACTIVITIES RELATED TO	
		TIAL COMMUNITY, PROMOTION OF AND CARRYING ON	
		OF THE RESIDENTIAL COMMUNITY AND, PERFORMING	Program Service
		RAL LAWS OF THE STATE OF MARYLAND, TO THE	Expenses
		GANIZATIONS WHICH ARE EXEMPT FROM FEDERAL	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
` /` /		ITERNAL REVENUE CODE IN ADDITION, RIDERWOOD	trusts, but optional for
		A HOME FOR THE AGED THAT SATISFIES THE THREE	others )
		OR HOUSING, THE NEED FOR HEALTH CARE, AND THE	· ·
NEED FOR FINANCIAL SECURITY RIDERWOO	DAIL	LAGE, INC PROVIDES HOUSING BY ESTABLISHING RE	
8U		de-mand common Chata the month of the beauty	
		in a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	
charitable trusts must also enter the amount of grants and al			
		EDED BY SENIOR RESIDENTS, THERE ARE 1,607	
		VING UNITS, AND 82 SKILLED NURSING UNITS THE	
		CLUDE, BUT ARE NOT LIMITED TO, FOOD, MEDICAL,	
		RECREATIONAL AND PASTORAL ACTIVITIES	
	,		
(Grants and allocations \$ 29,500)		If this amount includes foreign grants, check here 🕨 🦵	67,298,762
b			07,230,702
D			
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
	,	If this amount includes loreign grants, check here	
c			
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
·	)	If this amount includes foreign grants, check here 🕨 🦵	
·	)	If this amount includes foreign grants, check here 🕨 🦵	
(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
·	)	If this amount includes foreign grants, check here	
d	)		
(Grants and allocations \$	)		

Pa	rt IV	Balance Sheets (See the instruction	ons.)				
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	3,850	45	4,650		
	46	Savings and temporary cash investments			14,385,210	46	16,196,262
	47a	Accounts receivable	47a	1,537,904			
	ь	Less allowance for doubtful accounts	47b	40,540	1,085,670	47c	1,497,364
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trusted (attach schedule)	es, and • •	key employees		50	
	51a	Other notes and loans receivable (attach					
y)		schedule)	51a	350,309,332			_
Assets	b	Less allowance for doubtful accounts	51b		277,280,733		350,309,332
ă	52	Inventories for sale or use			156,074	52	168,541
	53	Prepaid expenses and deferred charges .			1,250,603	53	2,291,711
	54	Investments—securities (attach schedule)	•	► Cost FMV		54	
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	14,173,108			
	ь	Less accumulated depreciation (attach schedule)	57b	6,843,614	6,193,620	57c	7,329,494
	58	Other assets (describe <b>F</b>		)	95,226,351	58	100,084,915
	59	Total assets (must equal line 74) Add lines	45 th	ough 58	395,582,111	59	477,882,269
	60	Accounts payable and accrued expenses	2,322,617	60	3,008,808		
	61	Grants payable		61			
	62	Deferred revenue	[		62		
en L	63	Loans from officers, directors, trustees, and	mployees (attach				
		schedule)		63			
ķ.;	64a	Tax-exempt bond liabilities (attach schedu		0	64a	77,241,732	
	Ь	Mortgages and other notes payable (attach	sched	ule)	77,102,739	64b	0
	65	Other liablilities (describe -		)	315,515,551	65	388,084,355
	66	<b>Total liabilities</b> Add lines 60 through 65 .			394,940,907	66	468,334,895
	Orga	inizations that follow SFAS 117, check here   67 through 69 and lines 73 and 74	►  ▼ a	nd complete lines			
ςŅ.	67	Unrestricted			16,073	67	8,618,392
ĕ	68	Temporarily restricted			625,131	68	928,982
Balances	69	Permanently restricted				69	
핕	Orga	nizations that do not follow SFAS 117, chec	k here	► 「and			
Fund		complete lines 70 through 74		,			
ъ	70	Capital stock, trust principal, or current fun			70		
S.	71	Paid-in or capital surplus, or land, building,		71			
Assets	72	Retained earnings, endowment, accumulate		72			
Z S	73	<b>Total net assets or fund balances</b> (add lines 70 through 72,	67 th	ough 69 <b>or</b> lines			
		column (A) <b>must</b> equal line 19, column (B)	641,204	73	9,547,374		
	74	Total liabilities and net assets / fund balances	395,582,111	74	477,882,269		

Par	tiv-A Reconciliation of Revenue the instructions.)	ue per Audited Fina	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u></u>	Total revenue, gains, and other suppor	rt per audited financial sta	tements			а	80,020,436
ь	A mounts included on line <b>a</b> but not on	•					<u> </u>
1	Net unrealized gains on investments		b1	1	732,992		
2	Donated services and use of facilities		b2		•		
3	Recoveries of prior year grants		b3				
4	Other (specify)						
	o their (speelify)		b4		312,677		
	Add lines <b>b1</b> through <b>b4</b>					ь	1,045,669
c	Subtract line <b>b</b> from line <b>a</b>					с	78,974,767
d	A mounts included on line 12, but not o	on line <b>a</b>					
1	Investment expenses not included on	line 6b	d1				
2	Other (specify)						
			_ d2		-53,547		
	Add lines <b>d1</b> and <b>d2</b>					d	1,045,669
e	Total revenue (line 12) Add lines can	d <b>d</b>			. •	е	78,921,220
Par	IV-B Reconciliation of Expens	ses per Audited Fina	ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audited	financial statements .				a	71,114,266
b	A mounts included on line <b>a</b> but not on						
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on line	e 20	b2				
3	Losses reported on line 20		b3				
4	Other (specify) 💆		b4		366,224		
	Add lines <b>b1</b> through <b>b4</b>				-	ь	366,224
с	Subtract line <b>b</b> from line <b>a</b>					с	70,748,042
d	A mounts included on line 17, but not o						<u> </u>
1	Investment expenses not included on		d1	1			
2	Other (specify)						
			d2				
	Add lines <b>d1</b> and <b>d2</b>					d	
e	Total expenses (line 17) Add lines c a	nd <b>d</b>			🕨	e	70,748,042
Par	Current Officers, Directo director, trustee, or key em instructions.)	rs, Trustees, and Ke	y Emplo				
	(A) Name and address	(B) Title and average hours	(C) Con	npensation	(D) Contribu	efit plans &	<b>(E)</b> Expense account and other
		per week devoted to position	(If not pair	a, enter -u)	deferred complans		allowances
See A	dditional Data Table						

Par	t V-A Current Officers, Director	s, Trustees, and Key	y Employees (cont	tinued)		Yes	No
75a	Enter the total number of officers, directo	rs, and trustees permitted	l to vote on organizatio	n business at board			
	meetings		<u>13</u>				
b	Are any officers, directors, trustees, or ke						
	employees listed in Schedule A, Part I, or						
	contractors listed in Schedule A, Part II-						
	relationships? If "Yes," attach a statemer	nt that identifies the indivi	duals and explains the	relationship(s) .	75b	Yes	
c	Do any officers, directors, trustees, or ke	y employees listed in Forr	n 990, Part V-A, or hig	jhest compensated			
	employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other in	dependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive compe	nsation from any other	organizations, whether			
	tax exempt or taxable, that are related to	this organization through	common supervision o	or common control?	75c	Yes	
	<b>Note.</b> Related organizations include sections	on 509(a)(3) supporting o	organizations				
	If "Yes," attach a statement that identifies	s the individuals, explains	the relationship betwe	een this			
	organization and the other organization(s)	), and describes the comp	ensation arrangements	5,			
	including amounts paid to each individual	by each related organizat	tion				
d	Does the organization have a written conf				75d	Yes	
Par	t V-B Former Officers, Director						
	<b>Benefits</b> (If any former offi (described below) during the						
	benefits in the appropriate c			e amount of compens	ation	or othe	-1
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation		oense acc ner allowa	
				plans			
Par	t VI Other Information (See the	instructions.)				Yes	No
76	Did the organization engage in any activity not pre	viously reported to the IRS? If '	'Yes," attach a detailed des	cription of each activity	76		Νο
77	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77	Yes	
	If "Yes," attach a conformed copy of the changes						
78a	8a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? • • • •						Νo
	b If "Yes," has it filed a tax return on Form 990-T for this year?						
	Was there a liquidation, dissolution, termination, or			statement	79		Νο
80a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through co	mmon membership,			
	governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	inization?		80a	Yes	
h	If "Yes," enter the name of the organization	on 🛌 See Additional Data	Table				
U	in res, enter the hame of the organization		ıs	onevemnt			
81a	Enter direct or indirect political expenditu			i i			
	Did the organization file Form 1120-POL for				81b		
		,	<u> </u>				

• • • • • •	330 (2003)			- age
Par	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
Ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II (See ınstructions ın Part III )			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
ь	Gross receipts, included on line 12, for public use of club facilities 86b 0			
7	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		No
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
0a	List the states with which a copy of this return is filed 🕨 MD			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )  90b			870
1a	The books are in care of BARBARA LABUSKES  Telephone no (443)	883-4	771	
	991 CORPORATE BOULEVARD  Located at LINTHICUM, MD  ZIP + 4 21090			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	N o
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ►			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		1	<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			

<b>Part</b>	VIII A	nalysis of Income-Pr	oducing Activit	i <b>es</b> (See	the instructions	5.)		
		oss amounts unless otherwis		<u> </u>	d business income		ection 512, 513, or 514	(E)
	-			<b>(A)</b> Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
93	Progran	n service revenue						
а	RESIDE	ENT FEES						42,087,668
b	ANCIL	ARY FEES						5,715,901
c	PROCE	SSING FEES						161,950
d	RESIDE	ENT DEPOSITS						8,637,101
e	CONTR	ACT REVENUE						288
f	Medicai	re/Medicaid payments .						
a	Fees an	d contracts from governme	nt agencies					
94		rship dues and assessments	F					
95		on savings and temporary cash inv	F			14	21,124,112	
96		ds and interest from securit	-				, ,	
97		tal income or (loss) from rea						
а		anced property	-			30	349,258	
		t-financed property					·	
98		I income or (loss) from personal p	F					
99	Otherin	nvestment income						
100		oss) from sales of assets other th	F					
101	Netinc	ome or (loss) from special e	vents			01	401,488	
102	Gross p	rofit or (loss) from sales of	inventory					
103	Otherre	evenue <b>a</b>	Ī					
Ь								
С								
d								
e	-		_					
104	Subtota	I (add columns (B), (D), and	(E))				21,874,858	56,602,908
		ld line 104, columns (B), (D	· · · · L			<del>.</del>	<u> </u>	78,477,766
Line N	of the	Relationship of Active ann how each activity for which organization's exempt purply additional Data Table	ch income is report	ed ın colum	nn (E) of Part VII	contributed in		
Part	IX I	nformation Regardin	g Taxable Subs	idiaries	and Disregar	ded Entitie	<b>s</b> (See the instruc	ctions.)
N		(A) less, and EIN of corporation, lip, or disregarded entity	(B) Percentage of ownership interest		(C) Nature of activities	s	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets
			%					
			%					
			%					
Par	t X I	nformation Regarding	g Transfers Ass	ociated	with Persona	l Benefit C	ontracts (See th	e instructions.)
(a)	Did the ord	ganization, during the year, receive	e any funds, directly or	ındırectly, to	pay premiums on a p	ersonal benefit o	ontract?	┌ Yes ┌ No
(b)	Did the c	organization, during the year	, pay premiums, dir	ectly or ind	lirectly, on a pers	onal benefit c	ontract?	┌ Yes ┌ No
		s" to <b>(b),</b> file Form 8870 <b>and</b>		•				
		nder penalties of perjury, I declare	<u> </u>	•	cluding a			
		d belief, it is true, correct, and cor	nplete Declaration of p	reparer (othe	r than of			
Pleas Sign	se 📗	*****						
Here		Signature of officer						
		HAROLD L ASHBY SECRETARY						
	<u>                                      </u>	Type or print name and title						
		Preparer's		Date				
Paid		signature						
_	arer's							
Use		Firm's name (or yours if self-employed),						
Only	,	address, and ZIP + 4 Pricewat	erhouseCoopers LLP					
		1301 K G	ST NW 800W					
			GTON, DC 20005					
		I IIIICAW	010N, DC 20003					

#### Organization Exempt Under Section 501(c)(3) **SCHEDULE A** (Form 990 or

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

OMB No 1545-0047

Service Name of the organization Riderwood Village Inc

Department of the

990EZ)

Treasury Internal Revenue

**Employer identification number** 

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
DONNA FMASON	ASSC EXEC DIRECTOR				
3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	40 0	119,683	10,543	0	
BO-INGE LUNDH	ASS'T EXEC DIRECTOR				
3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	40 0	102,876	16,016	0	
ROBERT RILEY	DIR OFGEN SVCS				
3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	40 0	112,277	6,296	0	
BARBARA D RICHARDS	DIR OF HUMAN RESRCS				
3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	40 0	90,247	10,432	0	
GARRET FALCONE	SR ADMIN-EX'TD CARE				
3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	40 0	118,436	543	0	
Total number of other employees paid over \$50,000	48				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter

"None.")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ERICKSON RETIREMENT COMMUNITIES		
701 MAIDEN CHOICE LANE	MANAGEMENT SERVICES	2,047,105
BALTIMORE,MD 21228		
SENIOR CAMPUS PHYSICIANS MD		
701 MAIDEN CHOICE LANE	PHYSICIAN PRACTICE	796,536
BALTIMORE,MD 21228		
ZIEGLER		
1 S WACKER DRIVE	FINANCING	77,000
CHICAGO,IL 60606		
	1	
Total number of others receiving over \$50,000 for		
professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B

> (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
WASTE MANAGEMENT		
PO BOX 830003	WASTE MANAGEMENT	123,826
BALTIMORE, MD 21283		
BUSINESS FLOORING INC		
9105 WHISKEY BOTTOM ROAD	BUILDING IMPROVEMENT	271,007
LAUREL, MD 20723		
CYPRESS CONTRACTING LLC		
45975 NOKES BOULEVARD SUITE 105	BUILDING IMPROVEMENT	279,175
STERLING, VA 20166		
FRESH START INTERIORS		
1262 WASHINGTON DRIVE	INTERIOR DESIGN	279,470
ANNAPOLIS, MD 21403		
TRUGREEN LANDCARE		
21486 NETWORK PLACE	LANDSCAPING	395,417
CHICAGO,IL 60673		
Total number of other contractors receiving over \$50,000 for other services		

ĊЦ	•	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Durin	g the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to ınfl	uence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	conne	ection with the lobbying activities ► \$(Must equal amounts on line 38, Part VI-A, or line			
	ıofPa	art VI-B )	1		N o
		nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
		ızatıons checkıng "Yes" must complete Part VI-B AND attach a statement gıvıng a detailed description of the			
	•	ing activities			
		g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with axable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	princi	pal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
а	Sale,	exchange, or leasing property?	2a	Yes	
b	Lendı	ng of money or other extension of credit?	2b	Yes	
c	Furnis	shing of goods, services, or facilities?	2c	Yes	
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e '	Trans	fer of any part of its income or assets?	2e	Yes	
а	Doyo	u make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you			
	deter	mine that recipients qualify to receive payments ) 🕏	3a	Yes	
b	Doyo	u have a section 403(b) annuity plan for your employees?	3b	Yes	
c	Durin	g the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		Νo
а	Did y	ou maintain any separate account for participating donors where donors have the right to provide advice			
	on the	e use or distribution of funds?	4a		Ν¢
b	Doyo	u provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No
3 ) )	 	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hose and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IV) (Also complete the Support Schedule in Part IV-A)			, ci
а	ı	An organization that normally receives a substantial part of its support from a governmental unit or from the gene	eral pu	iblic	
h	_	Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)  A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
լ <b>ե</b> ջ	<u>ا</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee	s and	arnee	
•	1*	receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to		-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from bu		-	
		acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> ii			)
}	$\sqcap$	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports	orgar	ıızatıo	ns
		described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section			
		Check the box that describes the type of supporting organization 🕨 🗆 Type 1 📁 Type 2 💮 Type 3			
		Provide the following information about the supported organizations (see page 5 of the instructions	)		
		(a) Name(s) of supported organization(s)	<b>)</b> Line		er
		(=)	c	harra	
			from a	bove	
			rrom a	роле	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2003	<b>(c)</b> 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not	539,764	183,728	90,322		813,814
16	include unusual grants See line 28 ) Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of	44,830,713	29,311,206	16,787,868	10,072,138	101,001,925
	facilities in any activity that is related to the	44,030,713	23,311,200	10,707,000	10,072,130	101,001,325
18	organization's charitable, etc , purpose Gross income from interest, dividends, amounts					
10	received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and	15,519,917	10,290,997	7,027,446	4,872,778	37,711,138
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the		, ,	, ,	, ,	
	organization after June 30, 1975					
19	Net income from unrelated business activities					(
	not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its					
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of services or					
	facilities generally furnished to the public without					
	charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 🎜	0	0	32,255	28,794	61,049
	gain or (loss) from sale of capital assets	O .	O .	32,233	20,794	01,045
23	Total of lines 15 through 22	60,890,394	39,785,931	23,937,891	14,973,710	139,587,926
24	Line 23 minus line 17	16,059,681	10,474,725	7,150,023	4,901,572	38,586,001
25	Enter 1% of line 23	608,904	397,859	239,379	149,737	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	t ın column (e), lır	ne 24	► 26a	
	governmental unit or publicly supported organization the amount shown in line 26a. <b>Do not file this list</b> amounts  Total support for section 509(a)(1) test. Enter line	with your return.			ed ▶ 26b ▶ 26c	
_	Add Amounts from column (e) for lines 18	24, column (e)	19			
C	22				 ▶   26d	
_	Public support (line 26c minus line 26d total)				▶ 26e	
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		▶ 26f	
27	Organizations described on line 12: a For amou			7 that were recei		lalified person "
Ŀ	prepare a list for your records to show the name of <b>Do not file this list with your return.</b> Enter the sun  (2004) 0 (2003) 0  For any amount included in line 17 that was received.	, and total amount n of such amounts ed from each pers	ts received in eac s for each year (2002) <u>0</u> son (other than "d	h year from, each	n "disqualified per (2001) <u>0</u> ns"), prepare a lis	rson " st for your
	records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations de return. After computing the difference between the these differences (the excess amounts) for each y	scribed in lines 5 amount received	through 11, as w	vell as ındıvıduals	) Do not file this	list with your
	(2004) 0 (2003) 0		(2002)0		(2001)0	
				_		
c	Add Amounts from column (e) for lines 15	813	,814 16	0		
	17 101,001,925 20		0 21	0	► 27c	101,815,739
	Add Line 27a total 0	and line 27b tot	al	0	▶ 27d	(
e	Public support (line 27c total minus line 27d total			1 !	▶ 27e	101,815,739
f	Total support for section 509(a)(2) test Enter am			<b>27f</b> 13	9,587,926	
g	Public support percentage (line 27e (numerator) d				► 27g	72 94 %
h	Investment income percentage (line 18, column (e				<u>▶ 27h</u>	27 02 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	that received any	unusual grants d	urıng 2001 throu	gh 2004,

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			l
	programs, and scholarships?	30		l
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		1
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	December of the control of the contr			
32	Does the organization maintain the following	225		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	, Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
•	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
ē	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		
ď	Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f		
ç	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		i

chedule A (F	orm 990 or 990-EZ) 2005			Page <b>5</b>						
Part VI-A	art VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)									
	(To be completed ONLY by an eligible organization that filed Form 5768)									
heck 🕨 a 🦵 if the organization belongs to an affiliated group — Check 🕨 b 🦵 if you checked "a" and "limited control" provision										
	Limits on Lobbying Expenditures	3	(a)	(b) To be completed						

	<b>Limits on Lo</b> (The term "expenditure:	<b>(a)</b> A ffiliated group totals	(b) To be completed for ALL electing organizations			
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter the amount from the following table—					
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ነ			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	- }	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36		43		0
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs more than lıne 38		44		0
	Caution: If there is an amount on either	er line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section  $501(\bar{h})$  election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

		Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in) 🏲	(a) 2005	<b>(b)</b> 2004	(c) 2003	( <b>d</b> ) 2002	(e) Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								

#### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 (	11 of the instructions.
--	-------------------------

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- Paid staff or management (Include compensation in expenses reported on lines  ${f c}$  through  ${f h.}$ )
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	A mount	

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

			ly engage in any of the following ) organizations) or in section 52°			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11
a Trans	fers from the reporting	organization to a no	ncharitable exempt organization	of	[	Yes	No
(i)	Cash				51a(i)		Νo
(ii)	Otherassets				a(ii)		Νo
<b>b</b> Other	transactions						
(i)	Sales or exchanges o	fassets with a nonch	arıtable exempt organızatıon		b(i)		Νo
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		Νo
(iii)	Rental of facilities, ed	uipment, or other as:	sets		b(iii)		Νo
(iv)	Reimbursement arran	igements			b(iv)		Νo
(v)	Loans or loan guarant	tees			b(v)		Νo
(vi)	Performance of service	ces or membership or	fundraising solicitations		b(vi)		Νo
<b>c</b> Sharir	ng of facilities, equipm	ent, mailing lists, oth	er assets, or paid employees		С		Νo
goods	, other assets, or serv action or sharing arran	rices given by the rep	ete the following schedule Colur orting organization If the organi mn (d) the value of the goods, ot	zatıon received less than fair ma	rket valı		
(a) ine no	(b) A mount involved	Name of noncha	(c) aritable exempt organization	Description of transfers, tran arrangeme		, and	s harı
descri	ibed in section 501(c) s," complete the follov	of the Code (other th	with, or related to, one or more to an section 501(c)(3)) or in sect	ion 527?	Г	Yes	<b>▽</b>
	(a) Name of organiza	ition	<b>(b)</b> Type of organization	(c) Description of rela	itionship		
			l				

#### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARY HELEN LORENZ 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 60	4,109	0	0
HAROLD ASHBY 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	SECRETARY/DIRECTOR 10 0	6,281	0	0
WILLOW PASLEY 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 6 0	2,036	0	0
JEFFREY JACOBSON 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	ASS'T TREASURER 10 0	0	0	0
BRUCE GRINDROD JR 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	EXEC VICE PRESIDENT 10 0	0	0	0
HARRY H WEIL 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	RESIDENT DIRECTOR 3 0	2,350	0	0
MILTON FELDMAN 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	FORMER RESIDENT DIR 3 0	4,100	0	0

# Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-	PROGRAM SERVICE REVENUES ALLOW RIDERWOOD VILLAGE TO PROVIDE
93E	FOR THE HEALTH NEEDS AND ENHANCE THE SOCIAL AND SPIRITUAL
0	INTEREST OF MARYLAND AREA RESIDENTS AGE 62 AND OVER THE
0	FEES ARE USED EXCLUSIVELY FOR THE EXEMPT PURPOSE OF
0	PROVIDING FOR THE PRIMARY NEEDS OF ELDERLY INDIVIDUALS
0	THE ORGANIZATION RENDERS SERVICES AT THE LOWEST FEASIBLE
0	COSTS AND MAINTAINS RESIDENTS UNABLE TO PAY REGULAR CHARGES
0	RIDERWOOD'S ACTIVITIES RELATE TO ITS CHARITABLE PURPOSE
0	PURSUANT TO REVENUE RULING 72-124
93A	RESIDENT FEES ARE THE MAIN MONTHLY FEES FOR THE RESIDENTS
0	OF THE COMMUNITY THESE FEES COVER ALL UTILITIES EXCEPT
0	TELEPHONE (AIR CONDITIONING, HEAT, ELECTRICITY, WATER,
0	SEWER, TRASH REMOVAL), MAINTENANCE (APPLIANCES, MAJOR
0	REPAIRS, LANDSCAPING), PROPERTY TAXES, ACCESS TO CONVENIENT
0	CLUBHOUSE PAY-FOR SERVICES AND TO AMENITIES (I E CRAFT
0	ROOM, CLASS ROOMS, LOUNGES, BILLIARD ROOM, MUSIC AND GAME
0	ROOMS), REGULARLY SCHEDULED TRANSPORTATION, ONE MEAL PER DAY
0	IN COMMUNITY RESTAURANTS, CABLE TELEVISION, AND 24-HOUR
0	SECURITY
93B	ANCILLARY FEES ARE ADDITIONAL SERVICES THE RESIDENTS HAVE
0	ELECTED TO CUSTOMIZE THEIR SERVICES BASED ON THEIR NEEDS,
0	WISHES OR DESIRES FROM THE PALETTE OF SERVICES OFFERED
0	WITHIN THE COMMUNITY INCLUDING ITEMS SUCH AS RESTAURANTS,
0	MEDICAL CENTER, CONVENIENCE STORE, COMPUTER LAB, SWIMMING
0	POOL AND FITNESS CENTER, HOUSEKEEPING, OUTPATIENT THERAPY
0	AND HOME SUPPORT SERVICES
93C	PROCESSING FEES ARE THE ONE-TIME FEE TO OFFSET THE COST OF
0	ADDING AN ADDITIONAL PERSON TO OUR PRIORITY LIST WAITING FOR
0	AN AVAILABLE UNIT OR BED
93D	RESIDENT DEPOSITS RESULT FROM THE AMORTIZATION OF THE
0	REFUNDABLE ENTRANCE DEPOSITS EACH RESIDENT PAYS ON ENTRANCE
0	TO THE COMMUNITY THIS REVENUE IS THE RESULT OF PROPER GAAP
0	TREATMENT AND DIRECTLY RELATES TO THE FINANCIAL STRUCTURE
0	ESTABLISHED TO PROVIDE FOR THE NEEDS OF SENIORS
93E	CONTRACT REVENUE RESULTS FROM SERVICES PROVIDED UNDER
0	THE ERICKSON ADVANTAGE HEALTH PLAN, A HEALTH INSURANCE PLAN
0	AVAILABLE TO RESIDENTS OF THE COMMUNITY
<u>,                                      </u>	

#### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

-				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KERRY C JONES 3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	V P /EXEC DIRECTOR 40 0	165,068	15,008	0
JAMES M ANDERS JR 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	TREASURER/DIRECTOR 10 0	5,555	0	0
REV DR L CARROLL YINGLING JR 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	VICE PRES /DIRECTOR 10 0	4,873	0	0
AMY FREDERICKS 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 6 0	4,092	0	0
LAWRENCE D SHUBNELL 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 10 0	5,725	0	0
STANLEY W ELWELL 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 10 0	5,510	0	0
RONALD E WALKER 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	PRESIDENT/DIRECTOR 10 0	5,415	0	0
MERYLE O TWERSKY 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 10 0	5,717	0	0
RODNEY M COE 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 6 0	2,912	0	0
WILLIAM KENNEDY 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	DIRECTOR 6 0	4,493	0	0

#### **TY 2005 Cash Grants Paid Schedule**

Name: Riderwood Village Inc

Class of Activity	Recipient's name	Address	Amount	Relationship
	ALEXANDER LEWIS BRODT - EASTERN MEN	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	AYODELE COLE - TOWSON UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	BETHKEHEM BERU - TEMPLE UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	BONTU ITANA - HOWARD UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	CHRISTOPHER QUASHIE - MONTGOMERY CO	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	CHRISTOPHER QUASHIE - BALL STATE UN	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	DERRICK HARRIGAN - HOOD COLLEGE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	ELIZABETH PEREZ - UNIVERSITY OF MA	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee

Class of Activity	Recipient's name	Address	Amount	Relationship
	EVELYN BAILY - UNIVERSITY OF MARYL	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	FANNY FERMAN - PRINCE GEORGE'S COM	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	FERDDY CALDERON - OMEGA STUDIO'S SC	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	GELEA DABA - UNIVERSITY OF MARYLAND	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	GLENDDY BUSTAMANTE - MONTGOMERY COM	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JACOB ANDREW CRIDER - UNIVERSITY OF	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JAMEASE MCDONALD - HAMPTON UNIVERS	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JANAY E LITTLE - FROSTBURG STATE U	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee

Class of Activity	Recipient's name	Address	Amount	Relationship
	JANET POPOOLA - MORGAN STATE UNIVER	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	JENNIFER FARIA - MONTGOMERY COLLEGE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JENNIFER TWIGG - GOUCHER COLLEGE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	JESSICA MARTINEZ - MONTGOMERY COLL	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JIMA H PATEL - PRINCE GEORGE'S COM	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JOHN SSEMANDA - PENNSYLVANIA STATE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	JOHNESHA RENAY DAY - JACKSONVILLE U	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	JULIANA SSEMANDA - TUFTS UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee

Class of Activity	Recipient's name	Address	Amount	Relationship
	KAREN REYES - PRINCE GEORGE'S COMMU	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	KATHRYN MCNEALY - FROSTBURG STATE U	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	KATHY CONSTANTIN - ART INSTITUTE OF	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	KEVIN SERVANCE - JACKSONVILLE UNIVE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	KIANA LAUREN RANDALL - GEORGE MASON	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	LEEMU KOLLEH - MORGAN STATE UNIVERS	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	LILIANA CAMPOS - MONTGOMERY COLLEGE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	LISHEL VONETTE - UNIVERSITY OF THE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee

Class of Activity	Recipient's name	Address	Amount	Relationship
	OLUWASEYI AJAYI - VIRGINIA COMMONW	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	PETA BLACK - UNIVERSITY OF MARYLAND	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	RAIZA CASTRO - AMERICAN UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	ROYA ELIZABETH VASSELL - VILLA JULI	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	SARA LIBBEE - MCDANIEL COLLEGE	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	SHEENA CRUTCHFIELD - PENNSYLVANIA S	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	SUEANN A LENN - JOHNSON WALES UN	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	TAMBETTA OJONG - CORNELL UNIVERSITY	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee

Class of Activity	Recipient's name	Address	Amount	Relationship
	VANESSA SENATUS - MONTGOMERY COLLEG	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	VANESSA SENATUS - UNIVERSITY OF MAR	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee
	VIVAN ORIAKU - UNIVERSITY OF MIAMI	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	1,000	Employee
	YANNICK BAKIELE - MONTGOMERY COLLEG	3110 GRACEFIELD ROAD SILVER SPRING, MD 20904	500	Employee

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### **TY 2005 General Explanation Attachment**

Name: Riderwood Village Inc

ldentifier	Return Reference	Explanation
GENERAL		WORK IN PROCESS \$5,000 FURNITURE AND FIXTURES 5,021,451 EQUIPMENT 9,146,657
EXPLANATION	(LINE 42) AND FIXED	EQUALS TOTAL FIXED ASSETS 14,173,108 LESS ACCUMULATED
ATTACHMENT #1	ASSETS (LINE 57)	DEPRECIATION (6,843,614) EQUALS NET PROPERTY AND EQUIPMENT
		7,329,494 CURRENT YEAR DEPRECIATION AND AMORTIZATION EXPENSE \$2,033,593

# Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
ANN'S CHOICE INC	X	
BROOKSBY VILLAGE INC	х	
CAMPUS HOME CARE INC	х	
CEDAR CREST VILLAGE INC	х	
EAGLE'S TRACE INC	х	
FOX RUN VILLAGE INC	х	
HIGHLAND SPRINGS INC	х	
GREENSPRING VILLAGE INC	х	
LINDEN PONDS INC	х	
MARIS GROVE INC	х	
MONARCH LANDING INC	х	
OAK CREST VILLAGE INC	х	
SEABROOK VILLAGE INC	Х	
SEDGEBROOK INC	Х	
WIND CREST INC	X	

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-2126753

Name: Riderwood Village Inc

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONTRACT PROFESSIONAL SERVICES	43a	4,788,309	4,137,322	650,987	
<b>b</b> FOOD	43b	3,634,550	3,634,424	126	
c UTILITIES	43c	3,134,845	3,134,845		
d RESIDENT RELATIONS	43d	255,285	243,006	11,414	865
e ADMINISTRATIVE	43e	438,751	351,545	87,206	
f MANAGEMENT FEES	43f	2,047,105	2,047,105		
g INSURANCE	43g	665,834	665,834		
h TAXES	43h	2,389,916	2,389,916		
i MISCELLANEOUS	43i	-47,727		-47,727	

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT #2	FORM 990 - MORTGAGES AND OTHER NOTES PAYABLE (LINE 64B)	RWW has issued Variable Rate Demand Bonds, Series 2001, in the aggregate principal amount of \$77,000,000. The timely payment of principal and interest on the Bonds is secured by an irrevocable transferable direct pay letter of credit issued by M&T Bank. The Series 2001 Bonds consist of \$77,000,000 of taxable, variable rate demand bonds with a final maturity on July 1, 2031. The bonds have a 3.78% fixed interest swap agreement (effective May 2002) that was terminated on October 31, 2005 and replaced with a new 3.565% fixed interest swap agreement which expires in September, 2008. The interest rate on the bonds was 3.40% and 2.03% as of December 31, 2005 and 2004, respectively. All interest incurred on the bonds was capitalized. A letter of credit was issued by M&T Bank, for the face value of the bonds, plus 50 days interest thereon for a total amount of \$78,055,000. The letter of credit requires an annual interest payment of 2.375% of the stated amount, which was \$2,086,710 for December 31, 2005 and 2004. The letter of credit expires on July 18, 2006. Letter of credit fees are recorded as capitalized bond interest. On March 1, 2004, the existing taxable bonds were converted to tax-exempt bonds, pursuant to RWV receiving their tax-exempt status. All of the terms attached to the taxable bonds remained the same in the conversion to tax-exempt bonds. RWV is required by SOC to reserve 5% of the initial resident deposits in the Development Fee Reserve Fund ("DFR") until building occupancy reaches 90%. After reaching 90%, the fees may be released from the DFR. A sof December 31, 2004, the DFR held cash and cash equivalents of \$3,115,198. As of April 27, 2005, the conditions required to close the DFR were met, and the account was closed. Development fees are no longer withheld from SOC. BONDS PAYABLE \$77,000,000. INTEREST PAYABLE 241,732

ldentifier	Return Reference	Explanation
GENERAL	SCHEDULE	2A If you answered "yes" to Part III, question 2a, please provide the following information a The name of the
	Reference	·
		party unrelated to the individual or organization being used. As part of the original plan of development, the Organization wanted to ensure management and development were aligned. Once development is complete, the Organization will consider other managers upon the expiration of the management contract. 2E If you answered "yes" to Part III, question 2e, please provide the following information a The name of the individual to whom the organization transferred any part of its income or assets. The Organization lends the initial entrance deposits to Silver Oaks Campus, LLC under the Community Loan Agreement. b The individual's relationship with the organization, i.e., substantial contributor, trustee, director, officer, creator, key employee or a member of those individuals' families. Silver Oaks Campus, LLC, is wholly owned subsidiary of Erickson Retirement Communities.

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT #4	SCHEDULE A - QUESTION 3a	Scholar Candidates must be currently employed year-round at Riderwood. Only medical leaves of absence are allow able during the two years. Other requests for a leave of absence will be reviewed and determined case by case. A Scholar Candidate must have been employed by Riderwood on or before September 30, 2005. The Candidate must also achieve 1,000 hours of work during a time span that begins no earlier than August 1, 2005 of their junior year of high school and ends no later than July 31, 2007 of their senior year of high school (500 of the 1,000 hours must be completed by the end of their junior year of high school to qualify.) Any hours worked prior to August 1, 2005 do not count toward the 1,000 hour requirement. Candidates must achieve the 1,000 hour requirement as well as fulfill the two-year minimum employment requirement. Candidates must be in "good standing" from their original date of hire through their last day of work. To maintain "good standing," Scholar Candidates, as employees, must abide by all employment policies and procedures, to include giving two weeks notice to their supervisor when terminating employment. Scholar Candidates must complete each step as outlined in the Program Description by the respective due dates. Furthermore, Candidates must turn in their proof of full-time student status within the dates specified in this Program Description for each spring and fall semester they attend school. Failure to do so will disqualify the Scholar for that semester and will count toward one of the two allowable semester lapses. Candidates should intend to go to college or trade school after high school. Scholar Candidates must attend school full-time (12 credit hours each semester) after high school. Scholar Candidates must attend school full-time (12 credit hours each semester) after high school. Scholar Candidates must attend school full-time (12 credit hours each semester) after high school. Scholar Candidates must attend school full-time (12 credit hours each semester) after high school. Sch

Identifier	Return	Explanation
	Reference	Беринист
GENERAL EXPLANATION ATTACHMENT #5	FORM 990, PART V-A, QUESTIONS 75B & 75C	QUESTION 75B The Organization and Erickson Retirement Communities, LLC have common officers. Two of the officers of the Organization, Bruce R. Girndrod, Jr., Executive Vice President, and Jeffrey A. Jacobson, Assistant Treasurer are also officers of Erickson Retirement Communities. LLC OLDERSTON 75C Officers, directors, trustees, or levy employees. Explanation of compensation arrangement. Total compensation has been defined by the communities of the properties of the properti

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#### **TY 2005 Non Cash Grants Paid Schedule**

Name: Riderwood Village Inc

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#### **TY 2005 Other Assets Schedule**

Name: Riderwood Village Inc

Description	Beginning of Year Amount	End of Year Amount
DEFERRED FINANCING COSTS (NET)	2,450,280	2,359,464
CAPITALIZED BOND INTEREST	17,776,071	22,725,451
PURCHASE OPTION DEPOSIT	75,000,000	75,000,000

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# **TY 2005 Other Changes in Net Assets Schedule**

Name: Riderwood Village Inc

Description	Amount
UNREALIZED GAIN ON INTEREST RATE SWAP	732,992

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# **TY 2005 Other Expenses Included Schedule**

Name: Riderwood Village Inc

Description	Amount
SPECIAL EVENT EXPENSE	53,547
ADJUSTMENT TO TRNA	312,677

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#### **TY 2005 Other Liabilities Schedule**

Name: Riderwood Village Inc

Description	Beginning of Year Amount	End of Year Amount
ADVANCE DEPOSITS	1,228,200	1,994,700
RESIDENT REFUNDS	1,577,206	2,848,654
RESIDENT DEPOSITS (NET)	310,181,975	379,497,946
ACCRUED INT RATE SWAP	1,871,822	1,138,830
FUNDS HELD FOR RESIDENTS	84,629	138,458
EMPLOYEE HEALTH PLAN	571,719	724,303
UNCLAIMED PROPERTY	0	91,464
PARKING DEPOSITS	0	1,650,000

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# **TY 2005 Other Notes/Loans Receivable Short Schedule**

Name: Riderwood Village Inc

Category/Name	Amount
PROMISSORY NOTES RECEIVABLE	3,181,600
SILVER OAKS HOLDINGS, INC.	347,127,732

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#### **TY 2005 Other Revenues Included Schedule**

Name: Riderwood Village Inc

Description	Amount
ADJUSTMENT TO TRNA	312,677

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# **TY 2005 Other Revenues Not Included Schedule**

Name: Riderwood Village Inc

Description	Amount
SPECIAL EVENT EXPENSE	-53,547

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## **TY 2005 Special Events Schedule**

Name: Riderwood Village Inc

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
BENEVOLENT CARE GALA	455,035	303,357	455,035	53,547	401,488

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#### **TY 2005 Other Income Schedule**

Name: Riderwood Village Inc

Description	2003	2002	2001	2000	Total
MISC REVENUE	0	0	32,255	28,794	61,049

### **TY 2005 Scholarship Award Statement**

Name: Riderwood Village Inc

**EIN:** 52-2126753

**Statement:** SEE GENERAL EXPLANATION ATTACHMENT #4



## **TY 2005 Self Dealing Statement**

Name: Riderwood Village Inc

Line Number	Explanation
2a	SEE GENERAL EXPLANATION ATTACHMENT #3

Line Number	Explanation
2b	SEE GENERAL EXPLANATION ATTACHMENT #3

Line Number	Explanation
2c	SEE GENERAL EXPLANATION ATTACHMENT #3

Line Number	Explanation
2d	FORM 990, PART V

Line Number	Explanation
2e	SEE GENERAL EXPLANATION ATTACHMENT #3

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### **TY 2005 Supplemental Support Schedule**

Name: Riderwood Village Inc

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	539,764		44,830,713	15,519,917				0	60,890,394
2004	183,728		29,311,206	10,290,997				0	39,785,931
2003	90,322		16,787,868	7,027,446				32,255	23,937,891
2002			10,072,138	4,872,778				28,794	14,973,710