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. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2021 calendar year, or tax year beginning C Name of organization MOUNT OLIVET ROLLING ACRES, INC. Name

D Employer identification number Check if applicable X Address 41-0907046 change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 7200 ROLLING ACRES ROAD 952-474-5974 42,519,044. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended VICTORIA, MN 55386 H(a) Is this a group return return
Application
pending F Name and address of principal officer: TRACY MURPHY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.MTOLIVETROLLINGACRES.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 1965 M State of legal domicile: MN Part I Summary TO PROVIDE PERSONS WITH Briefly describe the organization's mission or most significant activities: Governance DISABILITIES A QUALITY OF LIFE THAT IS VALUED BY SOCIETY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 594 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 41 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I. line 11 0. 7h **Current Year** 499,069 4,147,712. Contributions and grants (Part VIII, line 1h) 8 Revenue 37,250,645 38,137,371. Program service revenue (Part VIII, line 2g) 46,204 54,561. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,017 140,964. 11 37,906,935 42,480,608. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,834,513. 20,147,096. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17,801,603. 18,640,572. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,636,116. 38,787,668. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 270,819. 3,692,940. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 18,860,807 16,898,423. Total assets (Part X, line 16) 12,597,394, 6,643,315. 21 Total liabilities (Part X, line 26) 三年 6,263,413. 10,255,108. Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer Date Sign TRACY MURPHY, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CHAD LASSEN CHAD LASSEN 10/17/22 Paid P01587992 self-employed CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's name Firm's EIN ▶ Firm's address 220 S 6TH STREET, SUITE 300 Use Only Phone no.612-376-4500 MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? See instructions Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE PERSONS WITH DEVELOPMENTAL AND OTHER DISABILITIES THE		
	RESIDENTIAL FACILITIES, CARE AND SERVICES THAT WILL MEET THEIR		
	PHYSICAL, SPIRITUAL AND PSYCHOSOCIAL NEEDS IN ORDER THAT THEY WILL		
	REALIZE A QUALITY OF LIFE THAT IS VALUED BY SOCIETY.		
2	Did the organization undertake any significant program services during the year which were not lis	eted on the	
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	um services:	
4	Describe the organization's program service accomplishments for each of its three largest program	n carvicas as magaired by	avnancac
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	•	· ·
	revenue, if any, for each program service reported.	anono to otnoro, the total c	Aponoco, and
 4а	(Code:) (Expenses \$ 17,055,000. including grants of \$	0. (Revenue \$	16,452,000.)
-14	PROVIDE CARE AND LODGING FOR INDIVIDUALS WITH DEVELOPMENTAL AND OTHER		
	DISABILITIES IN PLEASANT, SAFE SUBURBAN NEIGHBORHOODS, INCLUDING THE		
	INTERMEDIATE CARE FACILITY (ICF/MR) GROUP HOMES AT OUR VICTORIA CAMPUS		
	AND SUPPORTED LIVING SERVICES (SLS) CARE IS PROVIDED IN FOUR-PERSON,		
	SINGLE FAMILY COMMUNITY HOMES ALONG WITH MULTI-BED FACILITIES		
	THROUGHOUT HENNEPIN, CARVER AND SCOTT COUNTIES. WE SERVE APPROXIMATELY		
	130 CLIENTS FOR WHICH WE PROVIDE 1) CARE AND SUPERVISION 24 HOURS PER		
	DAY BY SKILLED AND CARING STAFF, 2) TRAINING IN ACTIVITIES OF DAILY		
	LIVING, 3) THERAPEUTIC LEISURE AND RECREATION ACTIVITIES, 4) NURSING		
	AND BEHAVIOR ANALYST SERVICES AS NEEDED AND 5) A PERSON CENTERED		
	APPROACH IN ALL SERVICES PROVIDED.		
4b	(Code:) (Expenses \$ 17,223,000. including grants of \$	0. (Revenue \$	16 723 000.)
	PROVIDE TRANSITIONAL SUPPORT AND CRISIS SERVICES FOR CHILDREN, AND		
	ADULTS, WITH DEVELOPMENTAL AND OTHER DISABILITIES, AS WELL AS OTHER		
	COMMUNITY SUPPORT SERVICES FOR THESE INDIVIDUALS, INCLUDING PROVIDING A		
	SAFETY NET OF PROGRAMS FOR CHILDREN AND ADULTS WHO HAVE A TEMPORARY		
	NEED FOR SPECIALIZED HOUSING WITH INTENSIVE SERVICES. MOUNT OLIVET		
	ROLLING ACRES SERVES A SIGNIFICANT NUMBER OF INDIVIDUALS IN THIS AREA		
	ON A SHORTER DURATION.		
4c	(Code:) (Expenses \$ 2 ,008 ,639including grants of \$	0 . (Revenue \$	4,962,371.
	PROVIDE CONTRACTED CASE MANAGEMENT SERVICES TO INDIVIDUALS AS DIRECTED		
	BY HENNEPIN, DAKOTA, ANOKA, AND GOODHUE COUNTIES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 36,286,639.		
			Form 990 (2021)

41-0907046

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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	<u> </u>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		Х
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		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		x
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Form 990 (2021) MOUNT OLIVET ROLLING ACRES

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, ,	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
ŭ	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	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		
b	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>			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	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
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
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			l
	Schedule N, Part II	32		Х
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	Х	—
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		l <u>.</u>
	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	1.		
	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?	1		l <u>.</u>
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
D	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			للا
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Ц		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	Х	ı

2021.04030 MOUNT OLIVET ROLLING ACRE 053-1731

Гоим	990 (2021) MOUNT OLIVET ROLLING ACRES, INC.		41-090704	6	_	5
Par	,		41 030704		<u> </u>	age 5
	o o o o o o o o o o o o o o o o o o o				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	594			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					
За				За		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule 6			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		x
h	If "Yes," enter the name of the foreign country	Joour	9:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	corin	te (FRAR)			
5a				5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
Va				6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			<u> </u>		
b			_	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	<i>i</i> ices n	rovided to the navor?	7a		х
			Tovided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
·	to file Form 8282?	-	an od	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		••	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	and the second section is a second section of the left of the section of the sect	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the consequence of the consequence of the consequence of the distribution of the consequence of the cons			9a		
				9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
	1 272			1		

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form **990** (2021)

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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 19								
	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 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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х					
6	Did the organization have members or stockholders?	6		х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
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:								
а	The governing body?	8a	Х						
a h	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD							
3	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.)	9							
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva							
D		10b							
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa							
12a									
b	, in the goldenia to								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х						
·	,	12c	х						
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written whistleblower policy? 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	14							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a		х					
a		15b		X					
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	IJD							
160									
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		44					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
		16b							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD		l					
17 10	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (section 501(a)(3))s	only	avoile!	ole.					
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	Offig) a	avallat	Sie					
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£:	ial						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	ial						
00	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								
	TRACY MURPHY - 952-474-5974								
	18986 LAKE DRIVE EAST, CHANHASSEN, MN 55317-9348								

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)). ga		((C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both a officer and a director/trustee					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TRACY MURPHY	55.00								_	
PRESIDENT			_	Х				165,619.	0.	18,570.
(2) JOE CHRISTENSON	55.00									
CONTROLLER	1.00			Х				6,689.	0.	0.
(3) CHRIS RUD	1.00									
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(4) PAMELA MILLER	1.00									
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(5) ELIZABETH PSIHOS	1.00	,		,,						
TREASURER	1 00	Х		Х				0.	0.	0.
(6) KRIS TEIGEN	1.00	Х		х				0.	0.	_
(7) PASTOR DAVID LOSE	1.00	Λ		^				0.	0.	0.
BOARD DIRECTOR	1.00	X						0.	0.	
(8) BRUCE ENSRUD	1.00	Λ						0.	٠.	0.
BOARD DIRECTOR	1.00	Х						0.	0.	,
(9) SUE DURKIN	1.00	Λ						0.	0.	0.
BOARD DIRECTOR	1.00	х						0.	0.	0.
(10) PASTOR MONICA HAMMERSTEN	1.00							0.	· ·	<u>·</u>
BOARD DIRECTOR	1.00	х						0.	0.	0.
(11) NANCY NASH	1.00							•	••	•
BOARD DIRECTOR		х						0.	0.	0.
(12) SHELLEY GRACE	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(13) SUE FERGUSON	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(14) JACKSON GEORGE	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(15) KYLE JOHNSON	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(16) DREW HENRY	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(17) AMY HEWITT, PH. D.	1.00									
BOARD DIRECTOR		х	L	L	L	L		0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21 Form **990** (2021)

TOTTI GGG (EGE 1)										9-
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) KIMBERLY FELLNER	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(19) JENNIFER NEU BOARD DIRECTOR	1.00	x						0.	0.	0.
(20) DEB BAXTER	1.00									
BOARD DIRECTOR		х						0.	0.	0.
(21) CHITRA NGDAPOTDAR	1.00									
BOARD DIRECTOR		х						0.	0.	0.
1b Subtotal							<u> </u>	172,308.	0.	18,570.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								172,308.	0.	18,570.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MERIDIAN SERVICES, INC., 9400 GOLDEN	Decemplian of cervices	Componication
VALLEY RD, GOLDEN VALLEY, MN 55427	CRISIS BED SERVICES	3,686,189.
BEACON SPECIALIZED LIVING, 1355 MENDOTA		
HEIGHTS RC., MENDOTA HEIGHTS, MN 55120	CRISIS BED SERVICES	2,782,571.
SNYDER HEALTH CARE SYSTEMS, INC.		
355 MARIE AVE E, WEST ST. PAUL, MN 55118	CRISIS BED SERVICES	1,522,109.
GENESIS GROUP HOMES, INC.		
8245 93RD AVE N, BROOKLYN PARK, MN 55445	CRISIS BED SERVICES	1,491,092.
RUDOLPH COMMUNITY AND CARE		
12400 PRINCETON AVE, SAVAGE, MN 55378	CRISIS BED SERVICES	1,384,211.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	12	
		000

		(2021) MOUNT OLIVET ROLLING	ACRES, INC.			41-090704	6 Page 9
Pa	rt V	Statement of Revenue					
		Check if Schedule O contains a response of	r note to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 :	a Federated campaigns 1a					
ant		b Membership dues 1b					
Q E		Fundraising events 1c					
iifts ar A		d Related organizations 1d					
s, G milk		Government grants (contributions)	3,329,000.				
ion	1	F All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	818,712.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f					
a C	ı	n Total. Add lines 1a-1f		4,147,712.			
		-	Business Code				
ce	2 8		623990	22,019,259.			
Program Service Revenue	ı	O COMMUNITY SERVICES	624200	16,118,112.	16,118,112.		
n S	(
ar Bev	(d					
roç							
_		f All other program service revenue		38,137,371.			
	3	Investment income (including dividends, interes		00,107,071			
	Ü	other similar amounts)		50,611.			50,611.
	4	Income from investment of tax-exempt bond pro		,			,
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a 32,640.					
		b Less: rental expenses 6b 0.					
	(Rental income or (loss) 6c 32,640.					
	•	d Net rental income or (loss)		32,640.			32,640.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	3,950.				
	ı	b Less: cost or other basis					
evenue		and sales expenses 7b C Gain or (loss) 7c	3,950.				
eve		. ,		3,950.			3,950.
₃r Re		d Net gain or (loss)a Gross income from fundraising events (not	······	3,330.			3,330.
Other	0 (including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	146,760.				
	ı	b Less: direct expenses 8b	38,436.				
		Net income or (loss) from fundraising events		108,324.			108,324.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Business Code				
sno	11 :	 					
ned			1				
ella							
Miscellaneous Revenue		d All other revenue					
		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	—	42 480 608.	38,137,371.	0.	195,525.

41-0907046

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 3 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, 177,456. trustees, and key employees 221,821. 44,365. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,594,280. 15,242,064. 1,352,216. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 230,029 230,029. 1,870,576 1,870,576 9 Other employee benefits 1,230,390. 1,230,390 10 Payroll taxes Fees for services (nonemployees): Management 363,031 323,078 39,953. Legal 29,472. 29,472 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 14,024,640 14,024,640 column (A), amount, list line 11g expenses on Sch O.) 29,468 16,408 13,060. Advertising and promotion 12 62,077 1,375. 467,666. 404,214. 13 Office expenses 398,407 398,407, 14 Information technology 15 Royalties 1. 979,778 979,777. 16 Occupancy 119,626 119,626. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 99,514, 96,343. 3,171. 20 Payments to affiliates _____ 21 822,761 822,761 22 Depreciation, depletion, and amortization 317,502 317,502 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.) 517,811 517,811. 0. REPAIRS & MAINTENANCE 0. 242,929 242,929. 0 ALL OTHER 227,967. 143,612. 62,662. 21,693. С d All other expenses 38,787,668 79,253. Total functional expenses. Add lines 1 through 24e 36,286,639 2,421,776 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2021) Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,378,109.	1	368,295.		
	2	Savings and temporary cash investments			2,573,198.	2	3,578,354.
	3	Pledges and grants receivable, net		74,407.	3	0.	
	4	Accounts receivable, net	2,476,803.	4	2,172,504.		
	5	Loans and other receivables from any current	, ,	•			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	•	,		6	
G	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				142,851.	9	119,735.
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D		18,432,070.			
	b			10,479,514.	7,849,388.	10c	7,952,556.
	11	Investments - publicly traded securities		2,112,451.	11	2,416,739.	
	12	Investments - other securities. See Part IV, line	0.	12	0.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		253,600.	15	290,240.	
	16	Total assets. Add lines 1 through 15 (must ed	18,860,807.	16	16,898,423.		
	17	Accounts payable and accrued expenses			2,771,416.	17	2,375,488.
	18	Grants payable		18			
	19	Deferred revenue			3,630,429.	19	1,567,071.
	20	Tax-exempt bond liabilities			431,772.	20	336,716.
	21	Escrow or custodial account liability. Complet		1		21	
ý	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, suk	stantial c	ontributor, or 35%			
abil		controlled entity or family member of any of th	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre	elated thir	d parties	5,510,191.	23	2,073,800.
	24	Unsecured notes and loans payable to unrela-	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			253,586.	25	290,240.
	26	Total liabilities. Add lines 17 through 25			12,597,394.	26	6,643,315.
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	6,172,386.	27	10,148,744.		
Ва	28	Net assets with donor restrictions		<u></u>	91,027.	28	106,364.
pur		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔛			
Ē		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			6,263,413.	32	10,255,108.
	33	Total liabilities and net assets/fund balances			18,860,807.	33	16,898,423.

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	,480,	608.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	10	,255,	108.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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	Х				
	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 X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
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					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** MOUNT OLIVET ROLLING ACRES INC. 41-0907046 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-)	(,	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	381,468.	541,204.	573,301.	426,541.	4,294,472.	6,216,986.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	381,468.	541,204.	573,301.	426,541.	4,294,472.	6,216,986.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						420,164.
6	Public support. Subtract line 5 from line 4.						5,796,822.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	381,468.	541,204.	573,301.	426,541.	4,294,472.	6,216,986.
	Gross income from interest,	,	,	<i>'</i>	,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	57,876.	132,890.	139,553.	138,844.	143,245.	612,408.
۵	Net income from unrelated business	. ,	,				,
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•				18,557.	19,110.	37,667.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10				10,337.	13,110.	6,867,061.
			>			12	164,181,691.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,				104,101,031.
13	•	· ·					▶□
Sec	organization, check this box and store ction C. Computation of Publi			•••••	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2021 (I			olumn (fl)		14	84.41 %
						15	76.35 %
15	Public support percentage from 2020 33 1/3% support test - 2021. If the control is the control is the control is the control in the control in the control in the control is the control in the control i						
102							
	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
L							
47-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	ū					*
	and if the organization meets the fact			-		_	▶ □
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test	-					U% Or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		• • •		P
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	D

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	75		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	9с		
	30		
	10a		
	10b		
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Pa	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
-	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).			·		

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s	3		
4		nts paid to acquire exempt-use assets		4		
5		Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

MOUNT OLIVET ROLLING ACRES, INC. 41-0907046 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** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 1 Person **Payroll** 110,577. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person **Payroll** Noncash 132,190. (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** Noncash 405,310. (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

 $41\!-\!0907046$

MOUNT OLIVET ROLLING ACRES, INC.

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

MOUNT OLIVET ROLLING ACRES, INC. 41-0907046

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

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** MOUNT OLIVET ROLLING ACRES, INC. $41 \!-\! 0907046$ 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 (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

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

MOUNT OLIVET ROLLING ACRES INC.

Employer identification number

Schedule D (Form 990) 2021

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	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 in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struction	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historical Transcruss or Of	de au Cincilau Accata
Pai	t III Organizations Maintaining Collections of		iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form		und beleine en els sek vicilie
та	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public 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	•	ıı gaırı, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

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

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 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?	Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
a	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	se of its			
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sed to raise funds rather than 10 be maintained as part of 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, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Beginning balance India In		collection items (check all that apply):								
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasurus, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? For a part IV Exports and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. In is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Beginning balance Beginning of year balance B	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds after than to be maintained as part of the organization's collection? For the part XIII and Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represent an amount to Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance Distributions during the year 1 to 1 t	b	Scholarly research e Other								
Second to be sed to raise funder rather than to be maintained as part of the organization's collection? Yes No	С	Preservation for future generations								
Do be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	e in Part XI	II.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X?	5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simil	ar assets				_
Tender T										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the organizatio	n answered "Yes" o	on Form 990,	Part IV, line	e 9, or		
on Form 990, Part X?		· · · · · · · · · · · · · · · · · · ·								
b If Yes, "explain the arrangement in Part XIII and complete the following table: Random File File	1a			•						7
Amount Telephone Teleph								Yes		No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
d Additions during the year										
Example Distributions during the year Fernance										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in Part XIII Part V Endowment Funds. Complete if the organization in Part XIII Part V Endowment Funds. Complete if the organization in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the Intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the intended uses of the organization's endowment Unds. Charles in Part XIII the organization answered "Yes" on Form 990, Part X. line 11a. See Form 990, Part X. line 10. Charles in Part XIII the Organization Charles in Part XIII th	е					I I				
b f *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										_
Part V		-				•		Yes		_ No
1a Beginning of year balance 91,027. 81,873. 68,240. 74,266. 66,650. b Contributions 19,763. 13,097. 17,4102,452. 11,048. c Net investment earnings, gains, and losses d Grants or scholarships 4,426. 3,943. 3,777. 3,574. 3,432. d Family September 19,763. 13,097. 17,4102,452. 11,048. d Grants or scholarships 4,426. 3,943. 3,777. 3,574. 3,432. d Family September 19,763. 13,097. 17,4102,452. 11,048. d Grants or scholarships 4,426. 3,943. 3,777. 3,574. 3,432. d Family September 19,763. 13,097. 17,4102,452. 11,048. d Grants or scholarships 4,426. 3,943. 3,777. 3,574. 3,432. d Family September 19,763. 10,000. 90. 106,364. 91,027. 81,873. 68,240. 74,266. d Family September 19,763. 10,000. 90. 106,364. 91,027. 81,873. 68,240. 74,266. d Family September 19,763. 10,000. 90.	Pai	Elidowillett Fullus. Complete i					aara baak 1	- \ Four	110050	haalı
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 4,426. 3,943. 3,777. 3,574. 3,432. f Administrative expenses g End of year balance 106,364. 91,027. 81,873. 68,240. 74,266. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .54,0000 % 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 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) basis (investment) basis (other) (b) Cost or other basis (other) depreciation 1a Land 1, 790, 365. 1, 790, 365. b Buildings 1, 1, 465, 380. 7, 0, 47, 078. 1, 790, 365. d Equipment 1, 0, 88, 878. 7, 49, 868. 3, 39, 010. e Other 1, 1, 088, 878. 7, 49, 868. 3, 39, 010. e Other 1, 234, 644. Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (8), line 10c. Formal Part X or and the care of the column (d) must equal Form 990, Part X, column (8), line 10c. Formal Part X or and the care of the column (d) must equal Form 990, Part X, column (8), line 10c. Formal Part X or and the care of t			- t		, ,	+		e) Four		
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 4, 426, 3, 943, 3, 777, 3, 574, 3, 432, 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 ▶	_		91,027.	01,0/3.	66,240	• /	74,200.		00,	650.
d Grants or scholarships e Other expenditures for facilities and programs 4,426, 3,943, 3,777, 3,574, 3,574, 3,432, f Administrative expenses g End of year balance 106,364, 91,027, 81,873, 68,240, 74,266. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .0000 % 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 (iv) endowned the interceted uses of the organization's endowment funds. Part VII 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 (other) depreciation 1a Land 1,790,365, 1,790			10 762	12 007	17 410		2 452		11	040
e Other expenditures for facilities and programs			19,763.	13,097.	17,410	•	-2,452.		11,	040.
## Administrative expenses ## Administrative expenses ## End of year balance ## End of yea										
f Administrative expenses g End of year balance 106,364. 91,027. 81,873. 68,240. 74,266. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 46,0000 % b Permanent endowment ▶ 54,0000 % 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 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 basis (other) (c) Accumulated depreciation (d) Book value basis (other) (e) Eccumulated depreciation (d) Book value casehold improvements (e) Leasehold improvements (f) Eccumulated depreciation (d) Book value casehold improvements (e) Leasehold improvements (f) Leaseho	е		4 426	3 013	3 777		3 574		2	132
g End of year balance			4,420.	3,343.	3,111	•	3,374.		٠,	432.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			106 364	91 027	81 873	-	58 240		71	266
a Board designated or quasi-endowment ▶ 46.0000 % b Permanent endowment ▶ 46.0000 % 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 3a(i) X 3	_					•1	70,240.		/=,	200.
b Permanent endowment ▶ 46.0000			•) rieid 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 (iv) Inerelated organizations (iv) Related organiza	_									
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 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) b Buildings 1 1,790,365. b Buildings 1 1,790,365. 1,790,365. C Leasehold improvements 4 Equipment 5 Cother 1 1,088,878. 749,868. 339,010. 6 Other Other Other 7,952,556.										
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 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) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1,790,365. b Buildings 1,790,365. 1,790,365. b Buildings 2,10,41,405,380. 1,790,365. 4,418,302. C Leasehold improvements 4,418,302. C Leasehold improvements 536,733. 466,498. 170,235. d Equipment 6,0ther 1,088,878. 749,868. 339,010. e Other Other 7,952,556.	C									
Yes No	32		•	tion that are held an	nd administered for	the organiza	tion			
(i) Unrelated organizations (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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 6 Other 1,088,878. 749,868. 339,010. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,952,556.	oa		331011 01 the organiza	tion that are note ar	a administered for	inc organiza	LIOIT	Γ	Yes	No
(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) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 90ther 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,952,556.										
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) (c) Accumulated depreciation (d) Book value depreciation 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 90, Part X, Column (d) must equal Form 990, Part X, Column (B), line 10c.) ↑7,952,556.								- '		
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 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,6444. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.	h	If "Yes" on line 3a(ii) are the related organiza	tions listed as require	ed on Schedule R2						
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 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) > 7,952,556.								0.0		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.				Williams rainas.						
basis (investment) basis (other) depreciation 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) > 7,952,556.		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part I	X, line 10.				
basis (investment) basis (other) depreciation 1a Land 1,790,365. 1,790,365. b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) > 7,952,556.		Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	d (0	d) Book	k valu	 е
b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.			1 ' '		' '		_ ``	,		
b Buildings 11,465,380. 7,047,078. 4,418,302. c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.	1a	Land		1	,790,365.		1,790,365.			
c Leasehold improvements 636,733. 466,498. 170,235. d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.	_					7,047,0	047,078. 4,418,302.			
d Equipment 1,088,878. 749,868. 339,010. e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.					· · · · · · · · · · · · · · · · · · ·			<u> </u>		
e Other 3,450,714. 2,216,070. 1,234,644. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,952,556.	_			1		· · · · · ·				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					· · · · · · · · · · · · · · · · · · ·	· · · · · ·				
										
		- Constitution	<u> </u>		,		Schedule D			

Schedule D (Form 99	90) 2021 MOUNT OLIVET ROL	LING ACRES, INC.	41	-0907046 Page 3
Part VII Invest	tments - Other Securities.			
Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1b. See Form 990, Part X, line 12.	
(a) Description of sec	Curity Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivati	ives			
(2) Closely held equ	ity interests			
(3) Other	-			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must ed	qual Form 990, Part X, col. (B) line 12.)			
Part VIII Invest	tments - Program Related.			
	ete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) De	escription of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	qual Form 990, Part X, col. (B) line 13.)			
Part IX Other	Assets.			
Comple	ete if the organization answered "Yes"		I1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) m Part X Other	ust equal Form 990, Part X, col. (B) line Liabilities.	e 15.)	>	
Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Federal inco	me taxes			
(2) DUE TO RE	SIDENTS			290,240.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2021

290,240.

41-0907046

Complete if the organization answered "Yes" on Form 990, Part IV		evenue per ne	turri.	
1 Total revenue, gains, and other support per audited financial statements			1	42,817,799.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	298,755.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	38,436.		
e Add lines 2a through 2d			2e	337,191.
3 Subtract line 2e from line 1			3	42,480,608.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	42,480,608.
Part XII Reconciliation of Expenses per Audited Financial		xpenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV				38 826 104
			1	38,826,104.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا			
a Donated services and use of facilities			-	
b Prior year adjustments	l l			
c Other losses		38,436.		
d Other (Describe in Part XIII.)				20 426
e Add lines 2a through 2d			2e	38,436.
3 Subtract line 2e from line 1			3	38,787,668.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			٥
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Part XIII Supplemental Information.	e 18.)		5	38,787,668.
	ad 4. David IV/ linear 4 h. am	al Oby Doub V. line 4	. Dart V 1:	na O. Davit VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			; Part X, II	ne 2; Part XI,
PART V, LINE 4:				
ENDOWMENT FUNDS ARE USED TO PURCHASE PROPERTY AND EQUIPMENT	I IN SUPPORT OF			
THE PROGRAMMATIC ACTIVITIES OF MORA.				
THE PROGRAMMITE NOTIFIED OF MORN.				
PART X, LINE 2:				
THE CORPORATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX	KES UNDER			
INTERNAL REVENUE CODE 501(C)(3). THE CORPORATION IS SUBJECT	T TO TAX ON			
INCOME FROM ANY UNRELATED BUSINESS.				
THE ORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD FOR U	ህርድ ጋ መል ነለ መአል			
POSITIONS. NO LIABILITY WAS RECOGNIZED BY THE CORPORATION A	AS A RESULT OF			
THE IMPLEMENTATION OF THIS STANDARD, THE ORGANIZATION FILE	S AS A			

Schedule D (Form 990) 2021 MOUNT OLIVET ROLLING ACRES, INC.	41-0907046	Page 5
Schedule D (Form 990) 2021 MOUNT OLIVET ROLLING ACRES, INC. Part XIII Supplemental Information (continued)		
TAX-EXEMPT ORGANIZATION. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY		
TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS		
<u> </u>		
FOR ANY OPEN TAX PERIODS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
TAKT ATT, DINE 2D OTHER ADDODUMENTS.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** MOUNT OLIVET ROLLING ACRES, INC. 41-0907046 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Pa	Ir L I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			, , , , ,			
Revenue	1	Gross receipts	146,760.			146,760.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	146,760.			146,760.
		Oash asinas				
	4	Cash prizes				
	5	Noncash prizes				
S	٦	Noncasii prizes				
Direct Expenses	6	Rent/facility costs				
ă X						
St.	7	Food and beverages				
Ö						
	8	Entertainment				
	9	Other direct expenses				38,436.
	10	Direct expense summary. Add lines 4 through			_	38,436.
Pa	11 irt l			990 Part IV line 19 o		108,324.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, 0	reported more than	
		¥ ,	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
S	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	7	Tient facility costs				
	5	Other direct expenses				
			Yes %	Yes%	6	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
9	Fn	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	-			Yes No
		No," explain:				
		· -				
		ere any of the organization's gaming licenses re			k year?	Yes No
b	lf "	Yes," explain:				
	_					
1320	22 10	0-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021 MOUNT OLIVET ROLLING ACRES, INC. 41	-090/046	0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	`	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	ı The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	,	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,
	,,,			

Schedule G	G (Form 990) MOT	NT OLIVET ROLLING ACRES, INC.	41-0907046	Page 4
Part IV	G (Form 990) MOT Supplemental Informat	On (continued)		
		(continued)		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

MOUNT OLIVET ROLLING ACRES, INC.

Employer identification number 41-0907046

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRACY MURPHY	(i)	165,619.	0.	0.	4,000.	14,570.	184,189.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MOUNT OLIVET ROLLING ACRES, INC.	41-0907046
FORM 990, PART VI, SECTION A, LINE 1A:	
CHAIRMAN, VICE-CHAIR(S), SECRETARY, AND TREASURER, MAKE UP THE EXECUTIVE	
COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CFO, ACCOUNTING TEAM AND CEO REVIEW AND APPROVE THE 990. IT IS ALSO	
SHARED WITH THE BOARD FINANCE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MANAGEMENT OF THE ORGANIZATION ATTEMPTS TO CONFIRM COMPLIANCE WITH THE	
CONFLICT OF INTEREST POLICY EACH YEAR BY WRITTEN COMMUNICATION WITH	
OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES. ANY DIRECTOR, PRINCIPAL OFFICER,	
MEMBER OF A BOARD DELEGATED COMMITTEE, OR EMPLOYEE WHO HAS A DIRECT OR	
INDIRECT FINANCIAL INTEREST IS REQUIRED TO FOLLOW THE POLICY. IN CONNECTION	
WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, INDIVIDUALS MUST	
DISCLOSE THE EXISTENCE OF HIS/HER FINANCIAL INTEREST AND MUST BE GIVEN THE	
OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE PRESIDENT. DISCLOSURES	
SHOULD BE IN WRITING AND SUBMITTED TIMELY. THE ISSUE IS THEN BROUGHT TO THE	
BOARD OF DIRECTORS OR THE BOARD EXECUTIVE COMMITTEE. ONCE THE INDIVIDUAL	
HAS PRESENTED THE ISSUE TO THE BOARD OR EXECUTIVE COMMITTEE, HE/SHE WILL	
LEAVE THE MEETING DURING THE DISCUSSION AND THE VOTE. APPROPRIATE	
DISCIPLINARY AND CORRECTIVE ACTION IS TAKEN UPON THOSE WHO FAIL TO REPORT A	
CONFLICT OF INTEREST. PROCEEDINGS ARE DOCUMENTED IN THE BOARD MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE GOVERNANCE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE SALARY AND	

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>
Page **2**

Schedule O (Form 990) 2021		Page 2
Name of the organization MOUNT OLIVET ROLLING ACRES, INC.		Employer identification number 41-0907046
COMPENSATION FOR THE CEO.		
COMPANDATION FOR THE CEO.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTE	REST POLICY ARE	
NOT AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL S	TATEMENTS ARE	
AVAILABLE TO THE PUBLIC UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	248,007.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	248,007.	
METRO CRISIS CORDINATION PROGRAM:		
PROGRAM SERVICE EXPENSES	13,776,633.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	13,776,633.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	14,024,640.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MOUNT OLIVET ROLLI	NG ACRES, INC.					41-0907046	<u> </u>	
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o	r Total inco	me End-of-yea	ar assets	Direct controlling		
of disregarded entity		foreign country)				е	entity	
CARE PROPERTIES LLC	OWN AND RENT PROPERTY TO							
18986 LAKE DRIVE EAST	INDIVIUDALS WITH					MOUNT OLIVE	T ROLLI	NG
CHANHASSEN, MN 55317	DISABILITIES	MINNESOTA	14,	,597. 35	53,385.	ACRES		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organization a	 answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	e or more	related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	status (if section		ect controlling		512(b)(13) rolled
of related organization		foreign country)	section			entity	ent	tity?
				501(c)(3))			Yes	No

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

Schedule R (Form 990) 2021

		0 11 20 1	"' "	D . N . II . O .		
Dort III Ide	entification 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 r	nore related
org	ganizations treated as a partnership during the tax year.					

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

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	(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	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-									
-									
-									

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	------------------	----------------------------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a				
	Gift, grant, or capital contribution to related organization(s)				1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)								
g	Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11				
m	Performance of services or membership or fundraising solicitations by related organ				1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n				
					10				
р	Reimbursement paid to related organization(s) for expenses				1p				
	Reimbursement paid by related organization(s) for expenses				1q				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
	If the answer to any of the above is "Yes," see the instructions for information on wi								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)									
(2)									
(3)									
(4)									
(5)									

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			

132165 11-17-21 Schedule R (Form 990) 2021