EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

A F	For the	2020 calendar year, or tax year beginning and	ending	_							
B	Check if applicable	C Name of organization		D Employer identifie	cation number						
Г	Addres	HARTFORD VILLAGE									
	Name change			47-14041	00						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)									
	Final return/	26200 TAUGED DOAD	248-281-								
	termin ated		1,451,969.								
	Ameno		eturn								
	Application	F Name and address of principal officer: LARRY MATHEWS		for subordinates							
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes											
1	I Tax-exempt status: X 501(c)(3)										
J١	Websit	e: ▶ WWW.PVM.ORG		H(c) Group exemptio	n number 🕨						
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2011	∥ State of legal domicile: M I						
Pa	art I	Summary									
ce	1	Briefly describe the organization's mission or most significant activities: DEVE. INCOME SENIOR LIVING COMMUNITY	LOP AN	D OPERATE A	MIXED						
Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.						
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	9						
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9						
တ္တ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	Ω .	5	0						
/itie		Total number of volunteers (estimate if necessary)	U	6	9						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
				Prior Year 0 •	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,073.								
	9	Program service revenue (Part VIII, line 2g)		1,372,974.	1,363,460.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,214.	86,436.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,463,188.	1,451,969.						
	1	Grants and similar amounts paid (Part IX, column (A), Jines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		148,415.	0. 155,489.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		140,413.	155,469.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.						
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,378,538.	1,436,285.						
	''	Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)		1,526,953.	1,591,774.						
		Revenue less expenses. Subtract line 18 from line 12		-63,765.	-139,805.						
	19	TOTALISO 1000 OXPOLIDOS. GUDERAGE IITO 10 ITOTI IITO 12	Re	eginning of Current Year	End of Year						
ets (20	Total assets (Part X, line 16)		14,550,574.	14,178,160.						
Net Assets or	21	Total liabilities (Part X, line 26)		14,228,652.	13,996,043.						
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		321,922.	182,117.						
Pa	art II	Signature Block									
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.							
Sig	n	Signature of officer		Date							
Her	е	LARRY MATHEWS, BOARD TREASURER									
		Type or print name and title	T	Data I ⊏	DTIN						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		KEITH R. PFEIFLE, CPA KEITH R. PFEIFLI	E, CPI								
	parer	Firm's name MANER COSTERISAN PC		Firm's EIN ▶	38-2157642						
use	Only	Firm's address 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291		Di E1	7-323-7500						
Max	, the IF	S discuss this return with the preparer shown above? See instructions		Phone no. 31	X Yes No						
IVIA\	, 111 12 11	vo cuacuaa nua rennu wuni ne oreoarer shown above? See Instructions			144 TES INO						

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: DEVELOP AND OPERATE A MIXED INCOME SENIOR LIVING COMMUNITY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 985,058. discluding grants of \$) (Revenue \$ 1,449,896. discluding grants of \$) (Revenue \$) (Re
	STRESS OF OLD AGE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
710	(Code:) (Expenses \$
	~~
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 985,058.
	Form 990 (2020

Form 990 (2020) HARTFORD VILLAGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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 VIII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part 1	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			₩.
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-51		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Check it deficulte of contains a response of flote to any line in this part v		Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
b	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	ł 12-23-20		990	(2020)

Form 990 (2020) HARTFORD VILLAGE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b									
4a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	b If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1							
11	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	the state of the s								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
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?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
		Eorn	990	(2020)					

Form **990** (2020)

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Scheduk Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TIAN CHEN - 517-323-7500

SOUTHFIELD

300.

26200 LAHSER ROAD, SUITE

48033

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	I .	orga T	niza			nper	sate	1		,- -
(A)	(B)			() Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pei nd a d	rson i irecto	is botl or/trus	n an tee)	compensation	compensation from related	amount of
	week (list any	.o.					Ĺ	from the	organizations	other compensation
	hours for	direct				Į,		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	nal tr		oyee	om pe		()		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1) VII GUI MODEON	line)	Pu	lns	#	Ke	e E	For	.01		
(1) VICKI MORTON MEMBER	1.00	X						0.	0.	0.
(2) ISAIAH LAPSLEY	1.00	^				H		0.	0.	0.
MEMBER	1.00	X				C		0.	0.	0.
(3) PAUL HUBBARD	1.00					/-		0.	0.	0.
MEMBER	1.00	X				1		0.	0.	0.
(4) ARTELIA J. GRIGGS	1.00		 (U						0.
MEMBER		X	0					0.	0.	0.
(5) JAMES FARMER	1.00	1	•							
MEMBER		X						0.	0.	0 .
(6) NATALIE BROTHERS	1.00									
MEMBER	110	X						0.	0.	0.
(7) LARRY MATHEWS	1.00								_	_
TREASURER		Х		Х		_		0.	0.	0.
(8) ROGER L MYERS	1.00	l								
VICE CHAIR		Х		Х	_	├		0.	0.	0.
(9) RONALD L SPEARS	1.00	. ,		٦,					_	0
CHAIR		X		Х		-		0.	0.	0.
		-								
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Form 990 (2020)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)	—			
(A) (B) Name and title Average					(C Posi	C) ition	,		(D) (E)			(F)		
	Name and title Ave			not cl	heck i	more	than c		Reportable Reportable compensation compensation			Estimated amount of		
		week					s both or/trust		from	from related			other	Oi
		(list any	ector						the	organizations			pensa	tion
		hours for related	or dir	96			ated		organization	(W-2/1099-MIS	2)		om th	
		organizations	rustee	l truste		ee	npens		(W-2/1099-MISC)			_	anizat d relat	
		below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er					anizati	
		line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
											\dashv			
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			1											
											\neg			
	Subtotal).	>	0.		0.			0.
	Total from continuation sheets to Part VI			- 1					0.		0.			0.
	Total (add lines 1b and 1c)			4					0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	of limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization)	*									Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
_	line 1a? If "Yes," complete Schedule J for \$	Y . N .										3		Х
4	For any individual listed on line 1a, is the													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													77
800	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J fo	or su	ıch r	oers	on .					5		Х
1	Complete this table for your five highest co	managed inc	lono	ndor	at oc	ntr	aatar	ro th	not received more than [©]	100 000 of compa	nooti	ion fre	.m	
•	the organization. Report compensation for										;i ioati	1011 110	וווע	
	(A)	ino caronidar y	oui c	, riuii	.g **		<u> </u>		(B)	Jan.		(0)	
	Name and business	address	NC	ONE	S				Description of s	ervices	Co	ompe	nsatio	n
								4						
											—			
								\dashv						
								П						
2	Total number of independent contractors (i		ot lin	nited	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic	zation				(<u> </u>					_	000	000=
											F	-orm	990 (2020)

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Form	990	(2020) HARTFORD	VILL	AGE			47-1404	100 Page 9
	rt VII							
		Check if Schedule O contains a res	nonse	or note to any lin	e in this Part VIII			
		Onder a containe a rec	,501100	or moteries any im-	(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 1	а					
an	b	Membership dues 1						
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1	c					
	d	Related organizations 1						
	۵	Government grants (contributions)						
Sir	f	All other contributions, gifts, grants, and	1					
e ti	·	similar amounts not included above	F	2,073.				
혍	a		g \$,				
Sor	h	Total. Add lines 1a-1f			2,073.			
				Business Code	-			
ø	2 a	RENT REVENUE		624200	1,286,195.	1,286,195.		
Ş	b	OTHER TENANT CHARGES	3	624200	77,265.	77,265.		
Program Service Revenue	С	:						
am eve	d	_						
og B	е					30	<u> </u>	
<u>4</u>	f	All other program service revenue				~()\		
	g	Total. Add lines 2a-2f		•	1,363,460.			
	3	Investment income (including dividend			_			
		other similar amounts)						
	4	Income from investment of tax-exempt	-		1			
	5	Royalties(i) F						
	•	.	eai	(ii) Personal	6			
		Gross rents 6a 6b		•	0			
		Less: rental expenses 6b Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from sales of (i) Sec	urities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
une	_	and sales expenses		•				
en	С	Gain or (loss) 7c	1					
Rev		Net gain or (loss)						
Other Reve		Gross income from fundraising events (not)					
₹		including \$	f					
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses						
		Net income or (loss) from fundraising e		_				
	9 a	Gross income from gaming activities.						
		Part IV, line 19	- 1					
		Less: direct expenses						
		Net income or (loss) from gaming activ	ties	>				
	ъυа	Gross sales of inventory, less returns	40.					
	L	and allowances	1					
		Less: cost of goods sold		•				
	C	Net income or (loss) from sales of inver	itory	Rusiness Code				

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Form **990** (2020)

0.

900099

900099

11 a FORGIVENESS OF DEBT IN
b MISCELLANEOUS INCOME

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

451,969.1,449,896.

82,500.

3,936.

82,500.

86,436.

3,936.

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 136,733. 27,874. 108,859. Other salaries and wages 7 Pension plan accruals and contributions (include 1,582 1,582 section 401(k) and 403(b) employer contributions) 7,036. 036. Other employee benefits 9 10,138. 138 10 Payroll taxes Fees for services (nonemployees): 59,110 59,110. Management 495 495. Legal 8,500. 8,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 200,607 200,607. column (A) amount, list line 11g expenses on Sch O.) 1,521. 1,521. 12 Advertising and promotion 11,659. 8,434. 3,225 Office expenses 13 Information technology 14 15 Royalties 116,036. 116,036. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 381,287. 381,287. 20 Payments to affiliates _____ 21 417,260. 453,977. 36,717. 22 Depreciation, depletion, and amortization 103,871. 103,871. 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.) 93,802. 93,802. MISCELLANEOUS OPERATING **ELDERLY CARE** 5,420. 5,420 С d All other expenses 1,591,774. 985,058. 606,716. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			176,344.	1	137,732
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			46,494.	4	33,611
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges			44,442.	9	9,126
	10a	Land, buildings, and equipment: cost or other		45 405 065	A		
		basis. Complete Part VI of Schedule D	10a	15,195,265.	4 4 4 4 2 3 4 5		40 700 007
	b	Less: accumulated depreciation		1,457,030.	14,149,395.	10c	13,738,235
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	122 222	14	050 454		
	15	Other assets. See Part IV, line 11	133,899.	15	259,456		
	16	Total assets. Add lines 1 through 15 (must equ	14,550,574.	16	14,178,160		
	17	Accounts payable and accrued expenses	42,855.	17	238,876		
	18	Grants payable			20 000	18	20.000
	19	Deterred revenue			20,000.	19	20,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form	_				
Liabilities		trustee, key employee, creator or founder, subs					
-Iak		controlled entity or family member of any of the			13,574,709.	22	13,208,256
_	23	Secured mortgages and notes payable to unrel			13,5/4,/09.	23	13,200,230
	24	Unsecured notes and loans payable to unrelate	l .			24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			591,088.	05	528,911
	06	of Schedule D			14,228,652.	25 26	13,996,043
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ock bor	N ▼	14,220,032.	20	13,330,04
S		and complete lines 27, 28, 32, and 33.	eck liel				
ü	27				321,922.	27	182,117
sala	28				321/3221	28	102/11/
פ	20	Organizations that do not follow FASB ASC		ock here		20	
Fun		and complete lines 29 through 33.	JJO, CITE	OK HOLO			
ō	29	Capital stock or trust principal, or current funds	:			29	
ets	30	Paid-in or capital surplus, or land, building, or e		T I		30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	321,922.	32	182,117
Z	33				14,550,574.	33	14,178,160
		rotal habilities and not assets/fully balances				- 55	Form 990 (202

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,451,969. 1,591,774.				
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))	4	32	1,9	<u> 22.</u>			
5	Net unrealized gains (losses) on investments	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							
10								
	column (B)) 10							
column (B)) 10								
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a								
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	c 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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
	• ()		Form	990	(2020)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Employer identification number HARTFORD VILLAGE 47-1404100 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 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 X 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 (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) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,			
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly				1					
	supported organization) included				~~					
	on line 1 that exceeds 2% of the)				
	amount shown on line 11,				70-					
	column (f)									
6	Public support. Subtract line 5 from line 4.			•						
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	, ,	, ,		, ,	, ,	,,			
8	Gross income from interest,									
	dividends, payments received on			5						
	securities loans, rents, royalties,		\(()_						
	and income from similar sources									
9	Net income from unrelated business		~ O							
	activities, whether or not the		1,65							
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital		~							
	assets (Explain in Part VI.)	1,10								
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc. (see instruction	ons)			12	•			
	First 5 years. If the Form 990 is for the					01(c)(3)				
	organization, check this box and stor			•						
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%			
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact									
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported or	ganization		▶□			
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>			
_		·			Caba	dule A (Form 990	000 EZ\ 0000			

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			77,571.		2,073.	79,644.
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				1463188.	1449896.	2913084.
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				1		
5	The value of services or facilities						
	furnished by a governmental unit to				O -		
	the organization without charge				-07		
6	Total. Add lines 1 through 5			77,571.	1463188.	1451969.	2992728.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received			4			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
(Add lines 7a and 7b			S			0.
8	Public support. (Subtract line 7c from line 6.)						2992728.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6			77,571.	1463188.	1451969.	2992728.
10a	Gross income from interest, dividends, payments received on		1				
	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	V					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			DD 501	1 4 6 3 1 0 0	1 4 5 1 0 6 0	0000000
	assets (Explain in Part VI.)			77,571.	1463188.		2992728.
	assets (Explain in Part VI.)	· ·		fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
14	assets (Explain in Part VI.)	<u></u>		fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
14 Se	assets (Explain in Part VI.)	ic Support Per	centage	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n, ► X
14 Se 15	assets (Explain in Part VI.)	ic Support Per	centage ivided by line 13, o	column (f))	ear as a section 5	01(c)(3) organizatio	n, ▶X
14 Sec 15 16	assets (Explain in Part VI.)	ic Support Per line 8, column (f), d 9 Schedule A, Part	centage ivided by line 13, o	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n, ► X
14 Sec 15 16 Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Public support percentage from 2015 ction D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation Technology (Add Investigation D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation Technology (Add Investigation D. Computation Of Investigation D. Computation D	ic Support Per line 8, column (f), d Schedule A, Part stment Income	ivided by line 13, on the line 15. Percentage	column (f))	ear as a section 5	01(c)(3) organizatio	n, <u>▶X</u> <u>%</u> <u>%</u>
14 Sec 15 16 Sec 17	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Public support percentage from 2019 ction D. Computation of Investing Investment income percentage for 2020 (Public support percentage for 2019 ction D. Computation of Investing Investment income percentage for 2020 (Public support percentage for 2020 (ic Support Per line 8, column (f), d 9 Schedule A, Part stment Income 020 (line 10c, colur	ivided by line 13, of the Percentage	column (f))	ear as a section 5	15 16	yn,
14 Sec 15 16 Sec 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Public support percentage from 2019 check this box and stop here. Public support percentage from 2019 check this box and stop here. Public support percentage from 2019 check this box and stop here. Public support percentage from 2019 check this box and stop here.	ic Support Per line 8, column (f), d 9 Schedule A, Part stment Income 020 (line 10c, colur 2019 Schedule A,	ivided by line 13, of lill, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))	ear as a section 5	15 16	yon, yo yo yo yo yo yo yo yo yo y
14 Sec 15 16 Sec 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Public support percentage from 2015 ction D. Computation of Investment income percentage from a 31/3% support tests - 2020. If the	ic Support Per line 8, column (f), d Schedule A, Part stment Income 020 (line 10c, colur 2019 Schedule A, e organization did n	ivided by line 13, of lill, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of	column (f)) ne 13, column (f)) on line 14, and line	ear as a section 5	15 16 17 18 3 1/3%, and line 17	// / / / / / / / / / / / / / / / / / /
14 Sec 15 16 Sec 17 18 19a	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Public support percentage from 2018 ction D. Computation of Investment income percentage from 2018 as 3 1/3% support tests - 2020. If the more than 33 1/3%, check this box a	ic Support Per line 8, column (f), do Schedule A, Part stment Income 020 (line 10c, colur 2019 Schedule A, e organization did n and stop here. The	ivided by line 13, or lill, line 15	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su	ear as a section 5	15 16 17 18 3 1/3%, and line 17	// / / / / / / / / / / / / / / / / / /
14 Sec 15 16 Sec 17 18 19a	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2020 (Public support percentage from 2015 ction D. Computation of Investment income percentage from a 31/3% support tests - 2020. If the	ic Support Per line 8, column (f), d 9 Schedule A, Part stment Income 020 (line 10c, colur 2019 Schedule A, e organization did n nd stop here. The	ivided by line 13, or lill, line 15 Percentage Inn (f), divided by line 17 Into the check the box or organization qualitation check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly suline 14 or line 19a	ear as a section 5 15 is more than 3 upported organiza and line 16 is mo	15 16 17 18 3 1/3%, and line 17 tion	// / / / / / / / / / / / / / / / / / /

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")

 "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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3a		
3c			
3c			
3c	2h		
4a	30		
4a	20		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	30		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	4 -		
5a 5b 5c 6 7 8 9a 9b 9c	4a		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c			
5b	4c		
5b			
5b	5a		
5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a	5b		
6 7 8 9a 9b 9c 10a			
7 8 9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c 10a			
9a 9b 9c 10a	0		
9b 9c 10a	0		
9b 9c 10a			
9b 9c 10a	0 -		
9c 10a	9a		
9c 10a			
10a	9b		
10a			
	9c		
10b	10a		
10b			
	10b		

Par	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 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		100	110
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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			
	alon or type in supporting organizations		Vaa	Na
4	Ways a majority of the avantination's directors by twistood diving the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	alon 217th Type in capporting organizations		Vaa	Na
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1				
	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 in 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			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	l ' I	
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		
b	Did the activities described in 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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u> .		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
		All other Type III non-functionally integrated supporting organizations must c		· · · · · · · · · · · · · · · · · · ·	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net s	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3.	4		
5	Depr	reciation and depletion	5		
6	Porti	on of operating expenses paid or incurred for production or			
	colle	ction of gross income or for management, conservation, or			
	main	tenance of property held for production of income (see instructions)	6		
7	Othe	er expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect		- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggr	regate fair market value of all non-exempt-use assets (see		. \	
		uctions for short tax year or assets held for part of year):			
a		age monthly value of securities	1a	20,	
		age monthly cash balances	1b	-07	
		market value of other non-exempt-use assets	1c		
		I (add lines 1a, 1b, and 1c)	1d		
		ount claimed for blockage or other factors			
		ain in detail in Part VI):	Y)	
2		uisition indebtedness applicable to non-exempt-use assets	2		
3		rract line 2 from line 1d.	3		
4		n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
		nstructions).	4		
5	Net \	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		iply line 5 by 0.035.	6		
7		overies of prior-year distributions	7		
8		mum Asset Amount (add line 7 to line 6)	8		
Sect		- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2	Ente	r 0.85 of line 1.	2		
3	Minir	mum asset amount for prior year (from Section B, line 8, column A)	3		
4		r greater of line 2 or line 3.	4		
5		me tax imposed in prior year	5		
6		ributable Amount. Subtract line 5 from line 4, unless subject to			
		rgency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
		instructions).	0	2. 11 3 3	,

Schedule A (Form 990 or 990-EZ) 2020

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continued	<u>(a)</u>		
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		_
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		_
9	Distributable amount for 2020 from Section C, line 6			9		_
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	10		_
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.		.0,	_		
3	Excess distributions carryover, if any, to 2020			_		
a	From 2015					
b	From 2016)			
c	From 2017	.0				
<u>d</u>	From 2018	, (C				
<u>e</u>	From 2019					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years			_		
<u>h</u>	Applied to 2020 distributable amount	10				_
i_	Carryover from 2015 not applied (see instructions)			_		
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_		
4	Distributions for 2020 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years			_		
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.			-		
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.			+		
8	Breakdown of line 7:					
	Excess from 2016			\dashv		
	Excess from 2017			\dashv		
	Excess from 2018 Excess from 2019					
	Excess from 2020					
_	LACCOS ITOTTI AUAU			1		

Schedule A (Form 990 or 990-EZ) 2020

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

Name of the organization

HARTFORD VILLAGE

Employer identification number 47-1404100

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 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 writing	that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose conf	ferring
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (for example, recreation o		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a	
	day of the tax year.	.01	Held at the End of the Tax Year
	Total number of conservation easements		2a
b		in all addition (A)	2b
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7		2d
3	listed in the National Register Number of conservation easements modified, transferred, released		
3	year	, extriguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation easemer	t is located	
5	Does the organization have a written policy regarding the periodic	<u> </u>	
Ū	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handl		
_	> (10°)	3	3
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing conservation	easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement ease	sfy the requirements of section 170(h)(4)	n(B)(i)
	and a sting 170/b/(4)/D/(i)/0		Van Na
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Art,		r Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public ex	· ·	erance of public
	service, provide in Part XIII the text of the footnote to its financial s		
b	If the organization elected, as permitted under FASB ASC 958, to r	·	
	art, historical treasures, or other similar assets held for public exhib	pition, education, or research in furtheral	nce 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 treasures	·	n, provide
_	the following amounts required to be reported under FASB ASC 95		Δ.
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2020
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions for F	UIIII 33U.	3011euule D (F01111 990) 2020

Pai	t III Organizations Maintaining Co	llections of Art, Hist	orical Treasures, o	r Other Similar Ass	sets (continued)
3	Using the organization's acquisition, accession				
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange progra	am	
b	Scholarly research	е 🗌	Other		
С	Preservation for future generations				
4	Provide a description of the organization's colle	ections and explain how th	ney further the organization	on's exempt purpose in F	Part XIII.
5	During the year, did the organization solicit or r	eceive donations of art, hi	storical treasures, or other	er similar assets	
	to be sold to raise funds rather than to be main				Yes No
Pai	t IV Escrow and Custodial Arrange		e organization answered	"Yes" on Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Part				
1a	Is the organization an agent, trustee, custodian				
	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following t	table:		
					Amount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance			1f	
	Did the organization include an amount on For				Yes No
_	If "Yes," explain the arrangement in Part XIII. C				
Pai	T V Endowment Funds. Complete if t				
_		(a) Current year (b) F	Prior year (c) Two yea	rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance		401		
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships		6		
е	Other expenditures for facilities				
_	and programs) 		
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the currer		g, column (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Term endowment %				
0-	The percentages on lines 2a, 2b, and 2c should				
Sa	Are there endowment funds not in the possess	ion of the organization tha	at are neid and administer	red for the organization	Vac Na
	by: (i) Unrelated organizations				Yes No
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organization		chodulo P2		
4	Describe in Part XIII the intended uses of the o	•			
Pai	t VI Land, Buildings, and Equipme		iurius.		
	Complete if the organization answered		/ line 11a See Form 990	Part X line 10	
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	bescription of property	basis (investment)	basis (other)	depreciation	(a) Dook value
12	Land		683,500.		683,500.
b	Buildings		13,780,875.	1,205,827.	12,575,048.
	Leasehold improvements		5,369.	1,170.	4,199.
d	Equipment		725,521.	250,033.	475,488.
	Other		5 , 5 _ 2 _ 4		2.3,2000
	l. Add lines 1a through 1e. (Column (d) must equ	ial Form 990 Part Y colur	nn (R) line 10c \	•	13,738,235.
	ioolamii jaj mast egt	iai i oitti ooo, i ait /i, colul			

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			9-
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	to 11c. See Form 990, Part X, line 13. (c) Method of valuation. Cost or end	of year market value
·	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
<u>(1)</u>		-03	
(2)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(3)		- CO'	
(4)			
(5)			
(6)		101	
<u>(7)</u>		1.0	
(8)			
(9)	G		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	• 0-	A	
Complete if the organization answered "Yes"	on Form 000 Box IV line	11d Con Form 000 Port V line 15	
	Description	FITO. See FOITI 990, Part A, little 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)	() '		
(3)			
(4))		
(5)	<u>′</u>		
(6)			
(7)			
(8)			
(9)	451		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>9 75.)</u>	·····	
	on Form 000 Port IV line	110 or 11f Coo Form 000 Dort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25.	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes (2) DEVELOPER FEE PAYABLE			509,868.
2222172 2222			19,043.
			19,043.
(4)			
(5)			
(6)			
(8)			
(9)	05.)		528 911.

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 HARTFORD VILLAGE		4/	L4U4IUU Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.	5
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		1	1,451,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	1,451,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,451,969.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,591,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	<u></u>	2e	0.
3	Subtract line 2e from line 1	V	3	1,591,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4e and 4h		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,591,774.
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		4; Part X	X, line 2; Part XI,
	· C1			
PAI	RT X, LINE 2:			
IN	THE PREPARATION OF TAX RETURNS, TAX POSITION	ONS ARE TAKEN B	ASED	ON
IN'	TERPRETATION OF FEDERAL, STATE, AND LOCAL I	NCOME TAX LAWS.	MANA	AGEMENT
PEI	RIODICALLY REVIEWS AND EVALUATES THE STATUS	OF UNCERTAIN T	AX PO	SITIONS
ANI	MAKES ESTIMATES OF AMOUNTS, INCLUDING INT	EREST AND PENAL	ries,	1
UL'	TIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN	IDENTIFIED, OR	RECOF	RDED, AS
UN	CERTAIN TAX POSITIONS. FEDERAL, STATE, AND	LOCAL TAX RETURI	NS GI	ENERALLY
REI	MAIN OPEN FOR EXAMINATION BY VARIOUS TAXING	AUTHORITIES FO	RAI	PERIOD OF
THI	REE TO FOUR YEARS.			
PAI	RT X LINE 1			

Schedule D (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Bublic

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HARTFORD VILLAGE

Part I Questions Regarding Compensation

 $\begin{array}{c} \text{Employer identification number} \\ 47 - 1404100 \end{array}$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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?	<u>5a</u>		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			7.7
а	The organization?	6a	37	_X_
b	Any related organization?	6b	X	
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(i)					7			
(ii)			
(i)(ii)				CO3	•			
(i)				()				
(ii								
(i)				.(2)				
(ii								
(i)				•				
			09					
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](II	1					1	<u> </u>	

Page 2

Schedule J (Form 990) 2020

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART 1 LINE 6B
SELECTED MEMBERS OF SENIOR MANAGEMENT ARE ELIGIBLE TO PARTICIPATE IN AN
EXECUTIVE INCENTIVE COMPENSATION PROGRAM IF SELECTED FINANCIAL AND
QUALITY TARGETS ARE ACHIEVED ACROSS THE ENTIRE PRESBYTERIAN VILLAGES OF
MICHIGAN SYSTEM.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HARTFORD VILLAGE

Employer identification number 47-1404100

FORM 990, PART VI, SECTION A, LINE THE ORGANIZATION CONTRACTS WITH PRESBYTERIAN VILLAGES OF MICHIGAN FOR MANAGEMENT SERVICES. FORM 990, PART VI, SECTION A, LINE 6: HARTFORD DEVELOPMENT FOUNDATION, AND PRESBYTERIAN VILLAGES OF MICHIGAN FORM 990, PART VI, SECTION A, LINE 7A: PRESBYTERIAN VILLAGES OF MICHIGAN IS ONE OF TWO SPONSORS AND APPOINTS ONE HALF OF THE BOARD. FORM 990, PART VI, SECTION A, 7B: LINE APPROVING ANNUAL BUDGETS, PURCHASE OF REAL ESTATE, AND ALL LONG TERM CONTRACTS AND DEBT NEED THE APPROVAL OF THE MEMBERS. PART VI SECTION B, LINE 11B: COPY OF THE COMPLETED FORM WAS PRESENTED TO THE BOARD AT A MEETING PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: BIANNUAL SALARY STUDY IS CONDUCTED BY AN INDEPENDENT COMPENSATION ANALYST WHO REPORTS TO THE PVM SR VP OF HR AND TO THE PVM HUMAN RESOURCES COMMITTEE THE BOARD. WAGE RATES ARE STUDIED FOR ALL EMPLOYEE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS NOT YET ESTABLISHED A PROCESS FOR PUBLICLY DISCLOSING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization HARTFORD VILLAGE	Employer identification number 47-1404100
ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY. SU	JCH ITEMS ARE
AVAILABLE UPON REQUEST. ANNUAL AUDITS AND FORM 990 ARE AVA	AILABLE AT
WWW.PVM.ORG	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	_
PROGRAM SERVICE EXPENSES	200,607.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200,607.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	200,607.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

HARTFORD VILLAGE

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-1404100

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		(f) assets Direct control entity		
			96,					
		.01						
		culle						
		103						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more related t	ax-exempt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct contro	olling _{col}	(g) 1512(b)(13) htrolled ntity?	
, and the second		Toroigh Country)		501(c)(3))		Yes	No	
PRESBYTERIAN VILLAGES OF MICHIGAN -								
38-1387145, 26200 LAHSER RD SUITE 300 ,								
SOUTHFIELD , MI 48033	SENIOR HOUSING	MICHIGAN	501(C)(3)	LINE 10	N/A		X	
HARTFORD DEVELOPMENT FOUNDATION - 38-3118322	X							
18700 JAMES COUSENS HWY								
DETROIT, MI 48235	COMMUNITY DEVELOPMENT	MICHIGAN	501(C)(2)		N/A		X	
	_							
	4							

032161 10-28-20 LHA

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

Schedule R (Form 990) 2020

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

			T		ı	1	_		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of		ortionate	Code V-UBI	General or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
						•					
	1					2 '					
	1										
	1				21						
	1										
	-										
	1										
	1			\U							
	<u> </u>	l .						L		$\perp \perp \perp$	<u> </u>

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

(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(n) Percentage ownership	Sect 512(b contr enti	tion (13) olled ty?
	10110	country)						Yes	No
	87								

Page 3

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		<u>X</u>
			1b		<u>X</u>
С	c Gift, grant, or capital contribution from related organization(s)		1c		<u>X</u>
d	d Loans or loan guarantees to or for related organization(s)		1d		Х
е			1e		<u>X</u>
f	f Dividends from related organization(s)		1f		X
			1g		Х
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? a Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity of Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees by related organization(s) b Loans or loan guarantees by related organization(s) f Dividends from related organization(s) s Sale of assets to related organization(s) Exchange of assets with related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) A Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraining solicitations for related organization(s) n Performance of services or membership or fundraining solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) C Reimbursement paid to related organization(s) for expenses G Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including overed relationships and transaction thresholds. (a) Name of related organization (b) Transaction Type (a) Amount involved Method of determining amount invol involved Method of determining amount involved		1h		X
i			1i		Х
j			1j		Х
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		X
- 1			11		X
m			lm	Х	
n			1n		X
			10		X
р	p Reimbursement paid to related organization(s) for expenses		1p		Х
q	q Reimbursement paid by related organization(s) for expenses		1q		X
-					
r	r Other transfer of cash or property to related organization(s)		1r		Х
s	s Other transfer of cash or property from related organization(s)		1s		X
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	ationships and transaction thresholds.			
	(a) (b) (c) Name of related organization Transaction Amount involved	(d)	ed		
(1) I	1) PRESBYTERIAN VILLAGES OF MICHIGAN M 59,110.0	CASH			
(2)	2)				
(3)	3)				
(4)	4)				
<u>(5)</u>	5)				
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) f Purchase of assets trom related organization(s) f Purchase of assets trom related organization(s) f Lease of facilities, equipment, or other assets to related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations the related organization(s) f Performance of services or membership or fundraising solicitations for performance of services or membership or fundraising solicitations for performance organization(s) f Performance of services or membership or fundraising solicitations for fundraising solicitations for performance organization(s) f Performance of services or membership or fundraising solicitations for performance organization(s) f Performance of se					
		Cabadula D //		000	0000

47-1404100

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)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec.	Share of	Share of	Dispropo tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec. 501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20	partner?	ownership
		country)	sections 512-514)	Yes No		assets	Yes N	(Form 1065)	Yes No]
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