(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	2019 cal	endar year, or tax year beginn				, and e	ending		1-1	the number		
		pplicable:		rd Village	. 1				D Employer	identifica	tion number		
	Address c	hange	Doing business as						47 4404465				
三.	Name et -	ngo	Number and street (or P.O. box if n	nail is not d	elivered to st	reet address)	Room/suite		47-1404100				
	Name cha	inge	26200 Lahser Rd,	11 12 12			300		E Telephone	number			
1	nitial retu	m	City or town			State	ZIP code		248-281-2020				
一.	Inal return	torminated	Southfield			MI	48033	1 1 1 1 1	-11.4				
'	Final return/	terriiriatea	Foreign country name	Foreign p	rovince/state	/county	Foreign posta	al code		into ¢	1 /62 199		
	Amended	return				110 11 11 11 11 11 11 11 11 11 11 11 11			G Gross rece	eipīs \$	1,463,188		
٦.	Annlication	n pending	F Name and address of principal office	cer:				H(a) Is	this a group return fo	or subordina	tes? Yes X No		
٬ لـــ	пррпсато	in portaing	Ron Spears 26200 Lahser Ro		00 South	field MI 48	033	H(b) Ar	e all subordinate	s included	? Yes No		
-				11 5 11				```	"No," attach a lis				
1	Tax-exen	npt status:	X 501(c)(3) 501(c) () <	(insert no.)	4947(a)(1	1) or 527	_ "	140, attaon a no	(000 11.0			
J	Website:	. ► ww	w.PVM.org					H(c) G	roup exemption r	number -			
K	Form of o	organization	n: X Corporation Trust	Associat	ion Of	ther >	LYe	ear of form	nation: 2011	M Stat	te of legal domicile: MI		
_	art I							1					
F		Driefly	mmary describe the organization's mis	eion or n	noet signif	icant activitie	es. Dev	elop an	d operate a	nixed in	come senior		
ø	1			31011 01 11	lost sigini	ioani aotiviti		91971911					
E C		living co	ommunity										
Governance													
Ve	2	Check t	his box ▶ ☐ if the organiza	tion disc	ontinued i	ts operation:	s or disposed	d of moi	re than 25%	of its net	assets.		
Ö	3	Number	r of voting members of the gov	erning b	ody (Part \	VI, line 1a) .				3	6		
Activities &	4	Number	r of independent voting member	ers of the	governin	g body (Parl	VI, line 1b)			4	6		
68	5	Total nu	umber of individuals employed	in calend	dar year 2	019 (Part V,	line 2a)			5	7		
₹	6	Total nu	umber of volunteers (estimate	f necess	arv)					6	er the specification.		
C		Total	related business revenue fron	n Part VI	II column	(C) line 12				7a	0		
- Q	7a	Netur	elated business taxable incom			7b	0						
	b	Net unr	elated business taxable incom	e nom r	01111 990-1	, iii e 39			Prior Year		Current Year		
			Contact (Don't) (III lin	- 1h\				-		0	0		
ē	8		utions and grants (Part VIII, lin						7	7,571	1,372,974		
Revenue	9		m service revenue (Part VIII, lir							0	1,0,2,0.		
è	10	Investm	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							191	90,214		
Œ	11												
	12		venue—add lines 8 through 11 (r						/	7,762	1,463,188		
	13	Grants	and similar amounts paid (Par	t IX, colu	ımn (A), lir	nes 1–3) . .				0	0		
	14	Benefits	s paid to or for members (Part	IX, colur	nn (A), lin	e 4)				0	0		
S	1	Salaries	s, other compensation, employee	benefits	(Part IX, co	olumn (A), lin	es 5-10)			0	148,415		
Se	16a	Profess	sional fundraising fees (Part IX	, column	(A), line 1	1e)			1, 5 5 6 1 5 6	0	0		
Expenses	. b	Total fu	undraising expenses (Part IX, o	:olumn (I	D), line 25) ▶		0					
X	17	Other	expenses (Part IX, column (A),	lines 11	a-11d, 11	f–24e)				0	1,378,538		
	18	Total	xpenses. Add lines 13–17 (mu	et equal	Part IX co	olumn (A), lii	ne 25)		10 10 10 10 10	0	1,526,953		
		Down	ue less expenses. Subtract line	18 from	line 12	3. G	,		7	7,762	-63,765		
_	19	Revenu	ue less expenses. Subtract line	10 11011	THIC IZ.			Begi	nning of Curren		End of Year		
ts or	9 20	T_4-1	anata (Dort V. line 16)							9,247	14,550,574		
586	20		ssets (Part X, line 16)							3,560	14,228,652		
Net Assets	21	Total lia	abilities (Part X, line 26)			20				5,687	321,922		
			sets or fund balances. Subtrac	t line 21	irom line 2	20	· · · · · ·		30	3,307	021,022		
P	art II	Si	gnature Block	-			d statemen	ete and to	the best of my k	nowledge			
Un	der penal	ties of perju	ury, I declare that I have examined this rect, and complete. Declaration of prepare	eturn, inclu	iding accomp	anying schedul	es and statemer	nich prepa	rer has any knov	vledge.			
and	d belief, it	is true, con	rect, and complete. Declaration of prepare	arer (other	illail Ollicer)	3 pasca on an n	morridation of the	iie p p.	,	7/	18/20W		
Si	ign							-	Date	0 /			
	ere		Signature of officer				-		Date				
1 1	010		Larry Mathews				Tre	easurer					
			Type or print name and title								I DTIN		
-		Pr	int/Type preparer's name		Preparer's s	signature		D	ate	Check	T if PTIN		
P	aid									self-emplo			
	repare	r L											
	se On		rm's name						Firm's EIN				
0	J		rm's address ▶						Phone no.		<u> </u>		
R //	au dha I		uss this return with the prepare	rshown	above? (s	see instruction	ons)				. Yes X No		
IVI	ay the I	NO DISCL	ass uns return with the brebare	, JIIOWIII	20000: (3		··· · /· · · ·						

orm 9	90 (2019)	Hartford Village	47-1404100	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		lescribe the organization's mission:		
	Develop	and operate a mixed income senior living community		
2	the prior	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
		describe these changes on Schedule O.		<u> </u>
4		e the organization's program service accomplishments for each of its three largest program service:	s, as measured by	
		es. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	locations to others,	
4a	(Code:) (Expenses \$ 1,352,058 including grants of \$) (Reven	ue \$ 1,463,	188)
	•	ng senior housing and services where seniors are able to achieve the best possibilities and	*	,
	purpose	es in live, and have relief from the stress of old age.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	\$)
75	(Odde.		μο φ	/
	(0.	\/F		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	те э)
74	Othern	rogram sarvices (Describe on Schedulo O)		
4d	(Expens	rogram services (Describe on Schedule O.) ses \$ 0 including grants of \$ 0) (Revenue \$	0)	
40		ogram service expenses 1352.058		

47-1404100

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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Χ
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,			- 1
·	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	۳		
O	· · · · · · · · · · · · · · · · · · ·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			V
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. •		, ,
••	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i>			
а		440	v	
	Schedule D, Part VI	11a	Χ	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Χ
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		Χ
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	_	Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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	Χ	
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		Х
b		174		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
A E	·	140		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		V
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Χ
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		Χ
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Fartix, column (A), the T: II Tes, Complete schedule I, Farts Fartu II	141		^

Par	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J	23	Х	<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	240		
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		╁
C	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-74		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
h	If"Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	28b		-^
С	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Χ	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
00		31		-^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	_	
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>
Par	Check if Schedule O contains a response or note to any line in this Part V			Х
	Shook ii Ochedale O contains a response of note to any life iii tilis Falt v		· v	=
4-	Enter the number reported in Poy 2 of Form 4006. Finter 0, if not applicable		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
U	gaming (gambling) winnings to prize winners?	1c	Х	

3a

b

4a

5a

C

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b 10

а

b 11

> а b

12a

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14a b

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Hartford Village 47-1404100 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b| Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? Χ

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Χ

Χ

14b

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16

Hartford Village Form 990 (2019) 47-1404100

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year .	<u> </u>	ion A. Governing Body and Management		- 1	Yes	Na
if the governing body delegated broad authority to an executive committee, explain on Schedule O. De Enter the number of voting members included on line 1a, above, who are independent. 1b 6 De Did any officer, director, fustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct any other officer, director, fustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, fustees, or key employees to a management company or other person? 3 Did the organization make any significant charges to its governing documents since the prior form 990 was fleet? 4 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members as stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 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? 5 A analy governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Is bene any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization or waiting address? If Yes, Provide the manes and addresses on Schedule O. 9 Less Committee with authority to act on behalf of the governing body? 10a Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the o	4.	Follow the control of	٦٥		res	NO
if the governing body delegated broad authority to an executive committee, explain on Schedule O. b. Einer the number of voting members included on line 1a, above, who are independent. 2	1а		6			
be Enter the number of voting members included on line 1a, above, who are independent. 1						
b Enter the number of voling members included on line 1s, above, who are independent. 1						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Not the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 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? 8 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? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization smalling address? If *Yes," provide the names and addressess on Schedule O. 9 X Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 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 server purposes? 10b United The organization have a written ordicial or interest policy? 10b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to						
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Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Did the organization's CEO, Executive Director, or top management official. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 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? List the states with which a copy of this Form 990 is required to be filed participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization for the following persons include a review and approval by the organization form of the fexplain on Schedule O 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	110					
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official. 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization injoint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed participated by a participate of 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. 20 Own website Another's website Dupon request Other (explain on Schedule O) 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Presbyterian Villages of Michigan 248-281-2020				120		V
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c 13 Did the organization have a written whistleblower policy?	_					
describe in Schedule O how this was done 12c			COMMICIS?	120		
13	C			40-		
14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 The organization's CEO, Executive Director, or top management official. 15a X 15b X 15b X 15b X 15b X 15c	4.0		-			
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b X 15b X 15b X 15c 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 taxable entity during the year? 16a X 16a X 16b 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 17 List the states with which a copy of this Form 990 is required to be filed Image: Miles 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. 18 Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 Presbyterian Villages of Michigan 248-281-2020						
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a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization	15					
b Other officers or key employees of the organization						
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			T-			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		· · · · . [15b	Х	
with a taxable entity during the year?						
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?	16a		ļ			
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?				16a		X
the organization's exempt status with respect to such arrangements?	b					
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ MI 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website X Another's website X Upon request □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Presbyterian Villages of Michigan 248-281-2020				40:		
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. Own website X Another's website X Upon request Other (explain on Schedule O) 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 Presbyterian Villages of Michigan 248-281-2020	Cast			מטו		<u> </u>
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. Own website X Another's website X Upon request Other (explain on Schedule O) 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 Presbyterian Villages of Michigan 248-281-2020						
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ X Another's website ☐ Upon request ☐ Other (explain on Schedule O) 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 Presbyterian Villages of Michigan 248-281-2020			T (Section 5	01(a)		
Own website X Another's website X Upon request Other (explain on Schedule O) 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 Presbyterian Villages of Michigan 248-281-2020	10		- 1 (36000113	01(0)		
 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			Schedule (1)			
and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Presbyterian Villages of Michigan 248-281-2020	10			CV		
20 State the name, address, and telephone number of the person who possesses the organization's books and records Presbyterian Villages of Michigan 248-281-2020	13	, , , , , , , , , , , , , , , , , , , ,	n niterest boll	Сy,		
Presbyterian Villages of Michigan 248-281-2020	20	· · · · · · · · · · · · · · · · · · ·	l records	_		
				_		

Form 990 (2019)	Hartford Village	47-1404100	Page 7

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.

Check this box if neither the organization nor any	/ related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	n both borker Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Roger Myers	1.00									
VP/Sec	40.00	Х		Х				0	454,937	
(2) Gena Edwards	40.00								- ,	
Administrator	0.00	İ			Х			54,755		
(3) Ron Spears	1.00									
Chair	0.00	Х		Х				0		
(4) Larry Mathews	1.00									
Treasurer	40.00	Х		Х				0		
(5) Artelia J Griggs	1.00									
director	0.00	Χ						0		
(6) Natalie Brothers	1.00									
director	0.00	Χ						0		
(7) Isaiah Lapsley	1.00									
director	0.00	Χ						0		
(8) Jim Farmer	1.00									
director	0.00	Χ								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

47-1404100

Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	iployees (d	<u>:ontinı</u>	ued)		
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	than of the thick that the thick the thick the thick the thick the	n an	(D) Reportable compensation	(E) Reportab compensa			(F) ated amo	ount
		per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from relat organizati (W-2/1099-N	ed ons	con f orga	npensation the nization a organiza	and
(15)														
(16)														
(17)														
(18)														
											\dashv			
(25)														
1b c	Subtotal							>	54,755 0	454	1,937 0			0
d	Total (add lines 1b and 1c).							•	54,755		1,937			0
2	Total number of individuals (including but not ling reportable compensation from the organization		sted a	abov	e) v	vho	recei	ived	d more than \$100),000 of				1
													Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>											3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•	•						•	h				
	individual											4	Х	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo										.	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compecompensation from the organization. Report co											ax ye	ar.	
	(A) Name and business add	ress							(B) Description of serv	vices	С	(C) ompen		
														0
														0
														0
														0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	_		tho	se l	iste	d abo	ve) 0						

47-1404100

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	4-	Forders to decrease a single	4-					sections 512–514
nts nts	1a	Federated campaigns	1a	0				
3ra our	b	Membership dues	1b 1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		0				
	a	Related organizations	1d	0				
s, (mil	e	Government grants (contributions)	1e	0				
io Si	t	All other contributions, gifts, grants, and						
but		similar amounts not included above	1f	0				
اج ک	g	Noncash contributions included in						
Col	_	lines 1a–1f	1g					
	h	Total. Add lines 1a–1f		Business Code	0			
a)	0-	Daniella		Business Code	4 004 070	4 004 070		
jc	_	Rental income			1,291,972	1,291,972		
ne ne	b	Carport income			6,040	6,040		
ıram Sen Revenue	C	Satelite TV			59,959	59,959		
rar Se	a	application fees			15,003	15,003		
Program Service Revenue	е				0			
<u>-</u>	t	All other program service revenue			0			
	g	Total. Add lines 2a–2f			1,372,974			
	3	Investment income (including dividends, in						
		other similar amounts)			0			
	4	Income from investment of tax-exempt bon	ia pro	oceeds	0			
	5	Royalties		▶ (ii) Personal	0			
	6-		11	(II) Fersonal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b		0				
	C	Rental income or (loss) 6c	0	0	0			
	d 70	Net rental income or (loss)		(ii) Other	0			
	7a	sales of assets	1100	(ii) Other				
		other than inventory 7a	0	0				
a)	b	Less: cost or other basis		0				
Revenue	b	and sales expenses 7b	0	0				
) Se	_	Gain or (loss) 7c	0					
	c d	Not goin or (loss)			0			
her	8a	Gross income from fundraising	· ·		0			
Othe	- Ou	events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	С	Net income or (loss) from fundraising even	ts .		0			
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	С	Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less						
		•	10a	0				
	b		10b					
	С	Net income or (loss) from sales of inventor			0			
s		,		Business Code				
e on	11a	other income			7,714	7,714		
Miscellaneous Revenue		forgiveness of debt			82,500	82,500		
elk eve	С				0			
S R	d	All other revenue			0		_	
Σ		Total. Add lines 11a–11d	<u>.</u> .		90,214			
		Total revenue. See instructions			1,463,188		0	0

Form 990 (2019) Hartford Village 47-1404100 Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

on 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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments. See Part IV, line 21	0								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	55,520		55,520						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	73,389	39,874	33,515						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	1,836		1,836						
9	Other employee benefits	7,680	2,381	5,299						
10	Payroll taxes	9,990	2,949	7,041						
11	Fees for services (nonemployees):									
а	Management	56,893		56,893						
b	Legal	0								
С	Accounting	8,765		8,765						
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	116,258	116,258	0						
12	Advertising and promotion	5,202	5,202							
13	Office expenses	2,436		2,436						
14	Information technology	15,571	15,571							
15	Royalties	0								
16	Occupancy	236,058	236,058							
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0		4 404						
19	Conferences, conventions, and meetings	1,161	100.070	1,161						
20	Interest	423,673	423,673							
21	Payments to affiliates	0	445 400	0						
22	Depreciation, depletion, and amortization	415,463	415,463	U	0					
23 24	Insurance	93,786	93,786							
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.)									
а	· · · · · · · · · · · · · · · · · · ·	843	843							
b		0	040							
C		0								
d		0								
e	All other expenses	2,429		2,429						
25	Total functional expenses. Add lines 1 through 24e	1,526,953	1,352,058	174,895	0					
26	Joint costs. Complete this line only if the	1,020,000	1,002,000	4,000						
_•	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)									

47-1404100 Page **11**

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response o	r note to any	/ line in this Part X .			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		<u> </u>	195,476	1	176,344
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			47,197	4	46,494
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	•		0	5	
	6	Loans and other receivables from other disquali					
"		under section 4958(f)(1)), and persons describe		0	6		
Assets	7	Notes and loans receivable, net		0	7	0	
\ss	8	Inventories for sale or use			0	8	
•	9	Prepaid expenses and deferred charges			31,806	9	44,442
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	15,192,322			
	b	Less: accumulated depreciation	10b	1,039,770	14,568,015	10c	14,149,395
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line	e 11		0	12	0
	13	Investments—program-related. See Part IV, lin	ne 11		0	13	0
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11	[316,753	15	133,899	
	16	Total assets. Add lines 1 through 15 (must equ			15,159,247	16	14,550,574
	17	Accounts payable and accrued expenses			23,459	17	42,855
	18	Grants payable			0	18	
	19	Deferred revenue	20,000	19	20,000		
	20	Tax-exempt bond liabilities		0	20	·	
	21	Escrow or custodial account liability. Complete		<u> </u>	0	21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs		· · · · · · · · · · · · · · · · · · ·			
jq		controlled entity or family member of any of the			0	22	
Ë	23	Secured mortgages and notes payable to unre	-	<u> </u>	13,770,705	23	13,574,709
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p					
	_ `	parties, and other liabilities not included on line	-				
		Part X of Schedule D			959,396	25	591,088
	26	Total liabilities. Add lines 17 through 25			14,773,560		14,228,652
(0)					14,770,000		11,220,002
ö		Organizations that follow FASB ASC 958, ch	ieck nere ▶	· 🖾 📗			
<u>a</u>		and complete lines 27, 28, 32, and 33.			205.007	07	204 000
Bal	27	Net assets without donor restrictions		<u> </u>	385,687	27	321,922
ק	28	Net assets with donor restrictions			0	28	
בַּ		Organizations that do not follow FASB ASC	958, check	here ►			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds			0		
Sel	30	Paid-in or capital surplus, or land, building, or e			0		
As	31	Retained earnings, endowment, accumulated i			0		
<u>e</u> t	32	Total net assets or fund balances			385,687	32	321,922
	33	Total liabilities and net assets/fund balances .			15,159,247	33	14,550,574

Form 990 (2019) Hartford Village 47-1404100 Page **12**

Par	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,463	3,188
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,526	5,953
3	Revenue less expenses. Subtract line 2 from line 1	3			-63	3,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			385	5,687
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			321	,922
Part						
	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	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	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	Χ	
	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					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on		· ·	20		^
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· F	J u		
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

		Village						04100	
	rt I	Reason for Public Char							
	orga	nization is not a private foundati	•				,		
1	Ш	A church, convention of church	•				(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(I	o)(1)(A)(ii	i).		
4		A medical research organization hospital's name, city, and state:	· · ·	nction with a hospital c	lescribed i	in section	170(b)(1)(A)(iii). En	ter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in s e	ection 170	(b)(1)(A)((v).		
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ı	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizer or university or a non-land-granuniversity:	it college of agricult						•
10	Х	An organization that normally receipts from activities related t support from gross investment acquired by the organization affi	eceives: (1) more the o its exempt function income and unrelate income br>income income	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	SS
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3	3).
a b	ľ	Type I. A supporting organiz the supported organization(s organization. You must con Type II. A supporting organization.	s) the power to regu nplete Part IV, Sect zation supervised o	larly appoint or elect a tions A and B. r controlled in connecti	majority o	of the direct	ctors or trustees of the dorganization(s), by	ne suppor	ting
	r	control or management of th organization(s). You must c	omplete Part IV, S	ections A and C.	·		· ·		
С		Type III functionally integral its supported organization(s)						rated with	,
d		Type III non-functionally in that is not functionally integrated integral requirement (see instructions)	tegrated. A suppor ated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nection with	vith its supported org quirement and an att		
е		Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported of	•					[0
g		Provide the following information	-	ed organization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the control listed in you docur		(v) Amount of monetary support (see instructions)	other su	nount of oport (see ctions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota							0		

Pa	rt II Support Schedule for Org			` ' ' '	. , . ,	. , . , . , . ,	
	(Complete only if you check						nder
C	Part III. If the organization f	alls to quality un	der the tests ii	sted below, piea	ase complete P	aπ III.)	
	ction A. Public Support	(-) 2045	(h) 2040	(-) 2047	(4) 2040	(=) 2040	/f) Tatal
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge			_		_	0
5	Total. Add lines 1 through 3	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support						<u>_</u> _
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	0		0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources						0
10	regularly carried on						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first, s	econd, third, fourt				
	ction C. Computation of Public Su						
14	Public support percentage for 2019 (line 6,	column (f) divided by	y line 11, column (f))		14	0.00%
15	Public support percentage from 2018 Sche	dule A, Part II, line 1	4			15	0.00%
16a	33 1/3% support test—2019. If the organiand stop here. The organization qualifies a						.
b	33 1/3% support test—2018. If the organibox and stop here. The organization quality			•			> [
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the "factorganization	s the "facts-and-circu cts-and-circumstance	mstances" test, ch es" test. The orgar	neck this box and s triction qualifies as	top here. Explain i a publicly supporte	n ed	> 🔲
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization is Explain in Part VI how the organization mesupported organization.	meets the "facts-andets the "facts-andecir	-circumstances" tecumstances" test.	est, check this box a The organization q	and stop here. ualifies as a public	ly	▶

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

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				77,571		77,571
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					1,463,188	1,463,188
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						(
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	0	0	0	77,571	1,463,188	1,540,759
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
	line 6.)						1,540,759
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	77,571	1,463,188	1,540,759
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
С	Add lines 10a and 10b	0	0	0	0	0	(
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.)						(
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	/-	1,463,188	1,540,759
14	First five years. If the Form 990 is for the or	-		-			1
	organization, check this box and stop here .						▶ X
Sec	ction C. Computation of Public Sup	port Percenta	ige			•	
15	Public support percentage for 2019 (line 8, co	olumn (f), divided b	y line 13, column (f))		15	0.00%
16	Public support percentage from 2018 Schedu	ule A, Part III, line 1	<u> 15</u>	<u> </u>		16	0.00%
Sec	ction D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2019 (line	: 10c, column (f), di	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2018 Sc	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2019. If the organization	zation did not chec	k the box on line 14	l, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and ${\bf s}$	top here. The orga	anization qualifies	as a publicly supp	orted organization		▶
b	33 1/3% support tests—2018. If the organization						
	line 18 is not more than 33 1/3%, check this l	box and stop here	. The organization	qualifies as a pub	licly supported orga	anization	> <u>L</u>
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19t	o, check this box a	and see instructions	.	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3c		
	00		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	ıva		
	10b		
rm 9		990-EZ) 2019

u	The organization satisfied the Notivities rest. Complete mile 2 bolow.			
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 government entity (see in	nstruci	tions).	
	Activities Test. Answer (a) and (b) below.	•	Yes	١
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		Γ
b	Did the activities described in (a) 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		

- Parent of Supported Organizations. Answer (a) and (b) below.
 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? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3a

 Schedule A (Form 990 or 990-EZ) 2019
 Hartford Village
 47-1404100
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting orga	_	, ,	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		,
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	grated Type III supporting o	organization (see
instructions).			

Schedule	e A (Form 990 or 990-EZ) 2019 Hartford Village		4	7-1404100 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			0
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
С		0		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019 0			

Schedule A (F	orm 990 or 990-EZ) 2019 Ha	artford Village		47-1404100	Page 8
Part VI	Supplemental Informati	on. Provide the explanations	required by Part II, line 10; Part II, line	e 17a or 17b; Part	
	III, line 12; Part IV, Section	on A, lines 1, 2, 3b, 3c, 4b, 4d	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c;	Part IV, Section	
			ection D, lines 2 and 3; Part IV, Section		
			Part V, Section D, lines 5, 6, and 8; and		
			ional information. (See instructions.)		
		•	•		

SCHEDULE D (Form 990)

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.

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
Hartfe	ord Village		47-1404100
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fund	inds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds	
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor	L or advisors in writing that the assets held i	in donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
		ole, recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	on held a qualified conservation contribute	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation ease		<u> </u>
C	Number of conservation easements on a certif		
d	Number of conservation easements included i		
	historic structure listed in the National Registe	r.`	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terr	minated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy re		
c	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting bandling of violations and enforcing con-	convertion accompants during the year
7	\$	cing, nandling of violations, and emorcing cons	servation easements during the year
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section 170(h)(4)(R)(i)
·	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the t		
	organization's accounting for conservation eas	<u> </u>	
Part	III Organizations Maintaining Collect	ions of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	•	•
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	· · · · · · · · · · · · · · · · · · ·	tion, or research in furtherance of
	public service, provide the following amounts in		. .
	(i) Revenue included on Form 990, Part VIII, I		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		<u> </u>
_	following amounts required to be reported und Revenue included on Form 990, Part VIII, line		
	Assets included in Form 990, Part X		

Sched	ule D (Form 990) 2019 Hartford Village						47-1404	100		Page 2
Part		ollections of A	rt, Histo	rical Tre	asures, or (Other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, ac									
	collection items (check all that apply):			7						
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organizatio XIII.		explain h	ow they fu	ırther the orga	anizatio	n's exempt purpo	se in Pa	art	
5	During the year, did the organization so assets to be sold to raise funds rather t							Ye	es	No
Part	Escrow and Custodial Arran Complete if the organization at 990, Part X, line 21.	•	n Form 9	990, Part	IV, line 9, o	r repoi	rted an amount	on Foi	rm	
1a	Is the organization an agent, trustee, cu	ıstodian or other in	termediar	y for conti	ributions or ot	her ass	ets not			_
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Par	rt XIII and complete	e the follo	wing table	i.					
								mount		
C	Beginning balance					1c				
d e	Additions during the year					1d 1e				
f	Ending balance					1f				0
2a	Did the organization include an amount						· ·		es X	
_	If "Yes," explain the arrangement in Par						-		_	110
b		t Alli. Check here	ii tile expi	anauon n	as been provid	ueu on	rail Alli]
Part		noward "Vaa" a	n Form (OO Dort	: IV/ line 10					
	Complete if the organization a	(a) Current year		or year	(c) Two years	hack	(d) Three years back	(a) Fo	our years	- hack
1a	Beginning of year balance	(a) Current year	(6) 1 11	or year	(c) Two years	Dack	(u) Three years back	(6)10	ui years	back
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0	h - l - m /	0		0	()		0
2	Provide the estimated percentage of the Board designated or quasi-endowment	-	balance (%	line 1g, co	numn (a)) nei	as:				
a b	Permanent endowment	%								
C		%								
	The percentages on lines 2a, 2b, and 2	c should equal 100)%.							
3a	Are there endowment funds not in the p			on that are	held and adn	ninister	ed for the	_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	•	•					3b		
4	Describe in Part XIII the intended uses		s endowi	ment fund	S.					
Part			n Form (000 Part		S00 !	Form 000 Dort	Y line	10	
	Complete if the organization a									
	Description of property	(a) Cost or ot (investm		` '	or other basis other)	٠,	Accumulated epreciation	(a) B	ook valu	C
1a	Land	`	0	· '	683,500				68	33,500
b	Buildings	1	0		13,780,875		861,305			19,570
С	Leasehold improvements		0		5,369		812			4,557
d	Equipment		0		725,735		180,810		54	11,768

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

Other .

14,149,395

0

▶

Schedule D (Form 990) 2019 Hartford Village			47-1404100	Page 3
Part VII Investments—Other Securities. Complete if the organization answered '	'Ves" on Form 990	Part IV line 11h See For	m 000 Part Y line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	of valuation:	12.
(1) Financial derivatives	0	,		
(2) Closely held equity interests	0			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0			
Part VIII Investments—Program Related.				
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11c. See Forr	n 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method o		
		Cost or end-of-ye	ear market value	
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0			
Part IX Other Assets.				
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11d. See For		
(a) Descri	ption		(b) Book valu	е
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	 	>	(
Part X Other Liabilities.				
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. Se	ee Form 990, Part	Χ,
line 25.				
	tion of liability		(b) Book valu	
(1) Federal income taxes				E74 279
(2) Deferred developer fees(3) Prepaid rent			;	574,378 16,710
(4) Due to PVM				10,710
(5) Accrued interest				
(6) Accrued payroll				
(7) Loan payable to PVM				

(8)

Schedule D (Form 990) 2019 Hartford Village 47-1404100 Page 4

Par	· · · · · · · · · · · · · · · · · · ·			turn.	g
	Complete if the organization answered "Yes" on Form 990, Part			1	
1	Total revenue, gains, and other support per audited financial statements			1	1,465,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		l		
а	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	2,034		
е	Add lines 2a through 2d			2e	2,034
3	Subtract line 2e from line 1			3	1,463,188
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	1,463,188
Par	XII Reconciliation of Expenses per Audited Financial Statement			Return.	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	1,528,987
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,034		
е	Add lines 2a through 2d			2e	2,034
3	Subtract line 2e from line 1			3	1,526,953
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,526,953
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P				4; Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide an	y additional informa	ation.	
Part 2	CLine 1 The Organization is exempt from taxes under Section 501(c)(3) of the				
Interr	al Revenue Code				

Schedule D (Fo		lartford Village		47-1404100	Page 5
Part XIII	Supplemer	tal Information (continued)			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection
Employer identification number

Hartford Village 47-1404100 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 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 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: 4a 4b 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a Χ Χ 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a Χ 6b Χ 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 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .

Schedule J (Form 990) 2019 Hartford Village 47-1404100 Page **2**

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-MI	SC compensation		(/ (,		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Roger Myers	(i)						0		
1 VP/Sec	(ii)	390,785	64,152		3,936	8,608	467,481		
1 11/000	(i)	330,703	04,102		0,950	0,000	407,401		
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
_12	(ii)								
	(i)								
_13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.
Part I Line 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)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 47-1404100 Hartford Village

Form 990, Part VI, Section B, Line 11: A copy of the completed form was presented to the board
at a meeting prior to filing
Form 990, Part VI, Section B, Line 12: Presbyterian Villages of Michigan annually distributes
conflict of interest forms to all board members and senior staff. Forms are returned to the
PVM offices. This Organization does not have its own conflict of interest policy, but uses the
conflict of interest policy of Presbyterian Villages of Michigan.
Form 990, Part VI, Section B, Line 15b: A 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 of the board. Wage rates are studied for all employee positions.
Form 990, Part VI, Section B, Line 13: The Organization does not have its own whistleblower
policy. It relies on the policy of PVM, its management company
Form 990, Part V, Line 2a: PVM acts as a common pay master for all entities within the PVM
system, therefore this Organization does not file any W-2 forms. The Organization reported
here has approximately 7 employees.
Form 990, Part VI, Section C, Line 19: The Organization has not yet established a process for
publicly disclosing its governing documents or conflict of interest policy. Such items are
available upon request. Annual audits and Form 990 are available at www.PVM.org
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 B, Line 14: The Organization does not have a written document
water the second of the second
Deschitation Villages of Mishigan its management agent
Presbyterian Villages of Michigan, its management agent
Form 990, Part VI, Section A, Line 3: The Organization contracts with Presbyterian Villages of
Michigan for management services

Schedule O (Form 990 or 990-EZ) (2019)	Pa	ge 2
Name of the organization	Employer identification number	
Hartford Village	47-1404100	

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

(c)

Legal domicile (state

(d)

Total income

(e)

End-of-year assets

Attach to Form 990.

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

(b)

Primary activity

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

Name of the organization
Hartford Village
47-1404100

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

				or fo	reign country)						entity	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
Part II Identification of Related Tax-Exempt Organizations done or more related tax-exempt organizations d			ne organizat	ion a	nswered "Ye	es" or	Form 990,	Part I	V, line 34, I	oecau:	se it h	ad
(a) Name, address, and EIN of related organization	(t Primary	•	(c) Legal domicile or foreign cou		(d) Exempt Code :	section		(e) lic charity status Direction 501(c)(3))		olling	Section 5 contr ent	12(b)(13) rolled
(1) Presbyterian Villages of Michigan 38-1387145	senior housi	ing									Yes	No
26200 Lahser Rd Suite 300 Southfield, MI 48033			MI		501		3		N/A			Χ
(2) Hartford Development Foundation 38-3118322	community of	developmen										
18700 James Cousens Hwy Detroit, MI 48235			MI		501		3		N/A			X
_(3)												
(4)												
(5)												
(6)												
(7)												

(a)

Name, address, and EIN (if applicable) of disregarded entity

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.

Decause it riad of	ie or more related orga	IIIZaliOIIS	irealeu as a pa	irtilership during	ille lax yeal.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u>												
(2)												
<u>(3)</u>												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	rolled
								Yes	No
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

47-1404100 Schedule R (Form 990) 2019 Hartford Village Page 3

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one	e or more related organ	izations listed in Parts	II–IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a		Χ			
b	Gift, grant, or capital contribution to related organization(s)			[1b		Χ			
С	Gift, grant, or capital contribution from related organization(s)			[1c		Χ			
d	Loans or loan guarantees to or for related organization(s)			[1d		Х			
е	Loans or loan guarantees by related organization(s)			[1e		Χ			
f	Dividends from related organization(s)				1f		Χ			
g	Sale of assets to related organization(s)				1g		Χ			
h	Purchase of assets from related organization(s)				1h		Χ			
i Exchange of assets with related organization(s)										
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ			
•										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
Performance of services or membership or fundraising solicitations for related organization(s)										
m					1I 1m	Χ	Χ			
n										
Sharing of paid employees with related organization(s)										
Ū					10		X			
p Reimbursement paid to related organization(s) for expenses										
a	Reimbursement paid by related organization(s) for expenses				1p 1q	Χ	Х			
ч	The initial serient paid by related organization (s) for expenses				19					
r	Other transfer of cash or property to related organization(s)				1r		X			
ı	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must of					olde				
	(a)	(b)	(c)	ips and transaction (d		olus.				
	Name of related organization	Transaction	Amount involved	Method of determini		nt involv	ed			
		type (a—s)								
				direct payment						
1) Pr	esbyterian Villages of Michigan	m	80,568	anoot paymont						
.,	Subjection villages of Michigan	111	00,000	direct payment						
2) Dr	esbyterian Villages of Michigan	р	554,607	direct payment						
2) 11	espyterian villages of ivilonigan	<u>ρ</u>	334,007							
(3)										
ارد.										
(4)										
+)										
· = \										
- 1										
(5)										
(6)				Schedule	D /5a=	m 000	2040			

Schedule R (Form 990) 2019 Hartford Village 47-1404100 Page **4**

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.

or gross revenue) that was not a related (a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	Are all processes 501(partners etion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
<u>(4)</u>													
(5)													
(6)													
(8)													
(9)													
(10)													
<u>(11)</u>													
(12)													
(13)													
(14)													
<u>(15)</u>													
(16)													

Schedule R (For	m 990) 2019 Hartford Village	47-1404100	Page 5
	Supplemental Information		
Part VII	Provide additional information for responses to questions on Schedule R. See instru	ctions	
	Trovido additional information for responses to questions on estimation it. ess inicia	otiono.	