Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public

inter		ue Service	Illiotitiation about 1 offit 950 and its instructions is at www.irs.gov/toffits950.		mspection
<u> </u>				5/30/201	
		applicable		yer identi	fication number
Ш	Address	change	Doing business as	220	
	Name ch	nange	Number and street (or PO box if mail is not delivered to street address) Room/suite 20-4359		
\equiv		_	1316 Somerville Rd SE Ste 1	one numbe	er
Ш	Initial reti	urn	City or town State ZIP code		
\sqcap	Final return	n/terminated	Decatur AL 35601		
$\overline{\Box}$	A d	4 4	Foreign country name Foreign province/state/county Foreign postal code	rocounto ¢	60,137
ᆜ	Amended	a return	G Gross	receipts o	
Ш	Application	on pending	F Name and address of principal officer H(a) is this a group ret	um for subor	rdinates? Yes X No
			Lisa Coleman 1316 Somerville Rd SE, Ste 1, Decatur, AL 35601 H(b) Are all subordi	nates inclu	ded? Yes No
	Fay.exem	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 If "No," attach	a list (see	instructions)
		·			_
	Vebsite		H(c) Group exempt	on number	
K	orm of o	rganization	X Corporation Trust Association Other ► L Year of formation 200)6 M	State of legal domicile AL
	art l	Sui	mmary		
	1	Briefly d	escribe the organization's mission or most significant activities Providing housing to	ow inco	me chronically
ဦ		mentally	ill persons by operating an apartment community regulated by the U.S. Department		
Ē		of Housi	ng and Urban Development under Section 811 of the National Affordable Housing Act		
9 §	2	Check th	nis box • I if the organization discontinued its operations or disposed of more than 25	% of its r	net assets
Ø Ø	3		of voting members of the governing body (Part VI, line 1a)	3	7
2్రేత	4		of independent voting members of the governing body (Part VI, line 1b)	4	7
≥8			mber of individuals employed in calendar year 2016 (Part V, line 2a)	5	
¥	5 6		mber of individuals employed in calendar year 2010 (Fart V, line 2a)	6	
(☐≾iivities & Governance	1				
≣``	7a		related business revenue from Part-VIII, column (C), line 12	7a	
	<u> b</u>	Net unre	lated business taxable income from Form 990 ALInhe 34	7b	Comment Value
€		Contribu	Prior Year	 +	Current Year
Revenue	8		service revenue (Part VIII, line 29x APR 3 0 2018 onto income (Part VIII, column (A), lines-3, 4, and 7d)	802	57.004
_ _ =	9		service revenue (Part VIII, line 29) AFR 3 0 2018	53,906	57,931
₩	10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20	20
	11		venue (Part VIII, column (A), lines 5, 6d. 多分子(c), ahd Tie)	2,358	2,186
	12_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,086	60,137
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		
	14		paid to or for members (Part IX, column (A), line 4)		
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,330	14,539
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		
g	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶		
ω	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,825	75,659
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	90,155	90,198
	19			33,069	-30,061
Net Assets or Fund Balances			Beginning of Curre		End of Year
sets alan	20	Total ass	ets (Part X, line 16)	73,423	1,045,086
A B	21	Total liab		78,242	1,279,966
S E	22	Net asse		04,819	-234,880
	rt II	Sign	nature Block		
Unde	er penalti	es of perjury	I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge	e
and	belief, it is	s true, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known	wiedge	
Sig	n	-	Melanickeid		
He		17	Signature of officer Date		
110		 	Melanie Reid. Secretary Treasurer	4.8	30-2018
			Type or print name and title		
		Print	Type preparer's name Preparer's signature Date	г	PTIN
Pai		Sath	Strongin ////	Check L	
Pre	parer		Strongin 4/17/2018	self-empl	<u> </u>
Us	e Only		s name ► Seth D Strongin, CPA P.C Firm's EIN	<u>► 58-23</u>	351458
		Firm's	s address > 4780 Ashford Dunwoody Rd , Ste A-628, Atlanta, GA 30338		
May	the IR	S discuss	this return with the preparer shown above? (see instructions)		Yes No
_ <u>_</u>					

orm 99	90 (2016)	The Village, Inc	20-4359670	Page 2
	t III 🗎	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
	Providin commur	lescribe the organization's mission ig housing to low income chronically mentally ill persons by operating an apartment nity regulated by the U.S. Department of Housing and Urban Development under Section ne National Affordable Housing Act of 1990		·
	the prior	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	Describe expense	describe these changes on Schedule O e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		
	Provided) (Expenses \$ 79,502 including grants of \$) (Reve d housing to low income chronically mentally ill persons by operating an apartment nity regulated by HUD under Section 811 of the National Affordable Housing Act of 1990		
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
-				
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
-				
-				
-				· · · · · · · · · · · · · · · · · · ·
	Expense	ogram services (Describe in Schedule O) es \$ including grants of \$) (Revenue \$)	

Part IV	Checklist of Red	quired Schedules
	Olicovillat of 170	quilla ocileadico

			Yes	No
1	. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	1.00	"
•	complete Schedule A .	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	["-	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	}	}]
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	l	ĺ	
	Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	j		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	}	X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- '		 ^ -
0	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۳		<u> </u>
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	}	!	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		_ X_
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
1	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			<u>: </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		V
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		_X_
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	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	l	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
2a	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,"	4		
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	i	j	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	_X_
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	Χ
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 .		<u>_X</u> _
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	{		
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- [
	If "Yes," complete Schedule G, Part III	19		Х

Form 990 (2016) The Village, Inc. 20-4359670 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 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 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 23 Χ employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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 Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Х 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O

38

Par	Check if Schedule O contains a response or note to any line in this Part V.			П
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u></u>	,	•
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	의	, ,	- 7
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		익		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)]	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	
4a	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	1	ĺ	
	account)?	4a	[,	х
b	If "Yes," enter the name of the foreign country	-+a	[
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لـــا
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 -		v
	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d /	7c		<u> X</u>
d e	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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?	7f		$\frac{\hat{x}}{x}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3/			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	`		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			آ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ;
10	Section 501(c)(7) organizations. Enter	}	j	
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		ļ
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			-
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	-		į
	against amounts due or received from them)		ł	ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	ئہ ۔۔۔۔ ہ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1	·	}
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	J	ĺ	
С	Enter the amount of reserves on hand . 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a]	X
h	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	اعمدا		

1316 Somerville Rd SE Ste 1, Decatur, AL 35601

Form 990 (2016)	The Village, Inc	20-4359670	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	rson	than control employee	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
(4) Luc Colomon	2 00	8	stee	_		nsated	<u> </u>			
(1) Lisa Coleman	0 00	x		x]]	0	o	0
President (2) Milla Watzbarger	2 00	-^-	-	^	-		<u> </u>	 		
(2) Milla Wetzbarger Vice President	0 00	Х	l	х				o	0	0
(2) Malania David	2 00	 ^- -	┢╌	^			-		<u>_</u>	
Secy/Treas	0 00	х		x				o	o	0
(4) Helly Deveolde	2 00		一	广		-	_		· · ·	
Asst Secretary (non-voting)	0 00	Х	1					0	o	0
(5) Tammy Gilbert	2 00			┞				<u>-</u>		
Director	0 00	Х						o	o	0
(6) Belinda Lavender	2 00									
Director	0 00	Х						o	0	0
(7) Judy Henry	2 00									
Director	0 00	Х						0	0	0
(8) Keela Perkins	2 00									
Director	0 00	_X						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

20-4359670

more than \$100,000 of compensation from the organization

	(A) Name and title	(B) Average	(do r	not ch	Pos neck	C) ation more	than	one	(D) Reportable	(E) Reportable		(F)
	-	hours per week (list any hours for related organizations below dotted line)	or director			Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro orga and	nount of other pensation om the anization i related inizations
(15)												
(16)		,				-		-				
(17)								-				
(18)								-				
												
										<u> </u>	 	<u>-</u> -
(21)					_							
							·					
(23)								-				
(24)												
(25)					-						<u> </u>	
1b	Sub-total	l	J	1				•				
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						>				
2	Total number of individuals (including but not lin	nited to those list	ted al	DOVE	e) w	/ho i	recei	ved	more than \$100	,000 of		
	reportable compensation from the organization								<u> </u>	· 		
3	Did the organization list any former officer, dire		•	•	oye	e, oı	r high	est	compensated			Yes No
4	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sum of	of reportable com	pens	atıo							3	X
	the organization and related organizations grea individual	ter than \$150,00	107 If	"Ye:	s," (com	plete	Sci	hedule J for such)	4	X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yes"	•			•			_		ıdual	5	X
Sect	ion B. Independent Contractors											
1	Complete this table for your five highest compercompensation from the organization Report colyear										ax	
	(A) Name and business addr	ess							(B) Description of serv	rices	(C)	ation
					_							
												
2	Total number of independent contractors (include	ling but not limite	ed to t	hos	برا ھ		abo	<u></u>	who received			

2,186

60,137

60,117

c d

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

2001	Check if Schedule O contains a response or note			opioto ooidiiii (A	
	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				3 12 1
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				2 1 44 1
3	Grants and other assistance to foreign			٠.	
	organizations, foreign governments, and foreign]		, `	*
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified	[
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,539	14,539		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	6,596		6,596	
b	Legal				
С	Accounting	4,100		4,100	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,829	3,829		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	325	325		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,123	32,123		
23	Insurance	8,237	8,237		····
24	Other expenses Itemize expenses not covered			j	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)				
a	Utilities	7,489	7,489		
b	Repairs and maintenance	8,836	8,836		
C	Trash removal	2,885	2,885		
d	All other expenses Management			-	
e	All other expenses Miscellaneous	1,239	1,239		
25	Total functional expenses. Add lines 1 through 24e	90,198	79,502	10,696	
26	Joint costs. Complete this line only if the	1			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here		ļ		
	following SOP 98-2 (ASC 958-720)				

2 Sawings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4586(r(1)), persons described in section 4586(r(3)(B), and contributing employers and spensoring organizations of seaton 501(c)(B) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a 1,292,851 10 Less accumulated depreciation 10b 292,832 1,032,142 10c 1,000,011 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 15 Investments—program-related See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 9,230,17 11,361 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Deferred revenue 11 Tax-exempt bond liabilities 12 Escrow or custodial account liability Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Cans and other payable to current and former officers, directors, trustess, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities on current and former officers, directors, trustess, well of the payable to not included on lines 17-24) Complete 26 Total liabilities. Add l			Check if Schedule O contains a response or	note t	o any line in this Part X			
2 Sawings and temporary cash investments 2 2								
3 Piedges and grants receivable, net 4 4		1	Cash—non-interest-bearing			4,147	1	5,230
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tustees, key employees, and highest compensated employees Complete Part I of Schedule L Loars and other receivables from ourrent and former officers, directors, trustees, key employees Complete Part I of Schedule L Loars and other receivables from other dequalified persons (as defined under section 4988(0)(1)(1), person described in section 4988(0)(3)(8), and contributing employees and sporssoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see institutions). Complete Part I of Schedule L Notes and loans receivable, net inventiones for sale or use prepared expenses and deferred charges Notes and considered charges Notes and considered charges Notes and considered charges Notes and considered charges Notes accumulated depreciation to the basis Complete Part I of Schedule D Less accumulated depreciation to the basis Complete Part I of Schedule D Less accumulated depreciation to the basis Complete Part I of Schedule D Notes accumulated depreciation to the basis Complete Part I of Schedule D Notes accumulated depreciation to the basis Complete Part I of Schedule D Notes accumulated depreciation to the second to the basis Complete Part I of Schedule D Notes assets See Part IV, line 11 to the second to the sec		3	Pledges and grants receivable, net				3	
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Complete Part II of Schedule L Cars and other receivables from other disqualified persons (as defined under section 4598(1), persons described in section 4598([1](2)(8), and contributing employers and sponsoring organizations of sections 501 ([c[9] voluntary employees' beneficiary organizations (see netructions) Complete Part II of Schedule L 7 7 7 7 7 7 7 7 7		5	Loans and other receivables from current and for	ormer o	officers, directors,			
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4858(f)(1)), persons described in section 4858(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7			Complete Part II of Schedule L				5	
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14		12	Investments—other securities See Part IV, line	11			12	
15 Other assets See Part IV, line 11 36,144 15 38,833 36,144 15 1,045,086		13	Investments-program-related See Part IV, line	11			13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances -204,819 33 -234,880		14	Intangible assets				14	
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18 Grants payable 18 18 153 19 19 153 19 19 153 19 19 153 19 19 153 153 19 153 153 19 153		_	Total assets. Add lines 1 through 15 (must equa	al line :	34)	1,073,423	16	1,045,086
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parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total net assets or fund balances 25 1,268,859 25 1,268,599 26 1,279,966 27 204,819 27 204,819 27 204,819 27 204,819 28 29 20 28 29 20 29 20 204,819 205 204,819 21 206 204,819 22 204,819 23 204,819 25 1,268,859 25 1,268,599 25 1,268,599 25 1,268,599 26 26 1,279,966 27 204,819 27 204,819 28 28 28 28 29 29 204,819 20 204,819 21 204,819 22 204,819 23 204,819 24 205 204,819 25 204,819 26 204,819 27 204,819 28 29 204,819 28 204,819 29 204,819 20 204,8						···.	24	
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Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1,278,242 26 1,279,966 X and Capital stock on trust principal and complete lines 30 through 34. 30 30 31 32 32 33 33 33 34 38 36 37 38 38 39 39 39 30 30 30 30 30 30 30 30 30 30 31 32 32 33 33 33 33 34 38 38 38 38 38 38 38 38 38 38 38 38 38			·	17-24) Complete			
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances					<u> </u>			
Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances -204,819 27 -234,880		26				1,278,242	_ 26	1,279,966
	,,		•		k here 🕨 🗶 and			
	ë		complete lines 27 through 29, and lines 33 an	d 34.			_	
	lan	27	Unrestricted net assets			-204,819	27	- <u>23</u> 4,880
	Ba	28	Temporarily restricted net assets				28	
	ַ ק	29	Permanently restricted net assets				29	
	Ξ.		Organizations that do not follow SFAS 117 (ASC958).	heck h	ere ► and			
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	ង	30				-	30	
	556			uipme	nt fund			
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	Š				_	-204 819		-234 880
					<u> </u>			

om	990 (2016) The Village, Inc	<u>-</u>	20-435967)_ Pa	age 1 2
Par	t XI `Reconciliation of Net Assets				• •
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	30,13
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	0,19
3	Revenue less expenses Subtract line 2 from line 1	3		-3	30,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	L	-20	<u>4,819</u>
5	Net unrealized gains (losses) on investments	5	L		
3	Donated services and use of facilities	6			
7	Investment expenses	7	<u> </u>		
В	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1	Ì		
	column (B))	10	<u> </u>	-23	4,880
				+-	+
	Accounting method used to prepare the Form 990 CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		2a		X
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2a	X	X
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			X	X
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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	of		X	X
b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	of	<u>2b</u>	X	
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	of	2b		

•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 20-4359670 The Village, Inc Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Sch	edule A (Form 990 or 990-EZ) 2016 The Villag					20-4359	
Pa	art II Support Schedule for Org			, , ,	,, ,, ,		,
	(Complete only if you check				-		under
	Part III If the organization fa	ails to qualify u	nder the tests li	sted below, ple	ase complete	Part III)	
Se	ction A. Public Support	,		,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	1			1	1	
	membership fees received (Do not]		1	Ì		
	include any "unusual grants ")		<u> </u>		L		
2	Tax revenues levied for the organization's			}			
	benefit and either paid to or expended on			}	h		
	its behalf		 				
3	The value of services or facilities	<u> </u>		j) /	7	
	furnished by a governmental unit to the	}		1	1	Ì	
	organization without charge	ļ	 			 -	
4	Total. Add lines 1 through 3	<u> </u>	 	 			
5	The portion of total contributions by each	}	:			1	
	person (other than a governmental unit)	}			}	
	or publicly supported organization) included on line 1 that exceeds 2%	Ì	1		1		}
	of the amount shown on line 11,	l	1		1		
	column (f)					Į.	
6	Public support. Subtract line 5 from line 4	ļ	 	/	 	 	
	ction B. Total Support	L	L		L	 	
_	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>		(6/ = 5	(,	1-1	1
8	Gross income from interest, dividends,					 	
·	payments received on securities loans,	,			ŀ		l l
	rents, royalties and income from similar	}			1		
	sources	}		}	ł		
9	Net income from unrelated business						1
	activities, whether or not the business is				{		
	regularly carried on						Ĺ
10	Other income Do not include gain or						
	loss from the sale of capital assets		}			}	
	(Explain in Part VI)	<u>/</u>					
11	Total support. Add lines 7 through 10		l		<u></u>	<u> </u>	
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the o	rganization's first, :	second, third, fourti	h, or fifth tax year a	is a section 501(c)	(3)	. —
	organization, check this box and stop here						▶[_]
Sec	ction C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, c		- ,	f))		14	
15	Public support percentage from 2015 Sched					15	
16a	33 1/3% support test—2016. If the organiz			, and line 14 is 33	1/3% or more,		 1
_	and stop here. The organization qualifies as						▶ []
b	33 1/3% support test—2015. If the organiz				is 33 1/3% or more	e, check this	 1
	box and stop here. The organization qualified						▶∐
17a	10%-facts-and-circumstances test—2016	i. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 1	4	
	is 10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" test,	check this box and	stop here. Expla	in in	
	Part VI how the organization meets the "facts organization	s-anu-circumstanc	es lest ine organ	ızatıon qualifies as	a publicly support	ea	
h	10%-facts-and-circumstances test—2015	If the organization	n did not obook s b	ov on line 19 16-	16h or 17c and	lino.	▶
.,	15 is 10% or more, and if the organization m	eets the "facts-and	i, dio not dieck a p i-circumstances" te	st, check this box a	and stop here. F	kolain in	
	Part VI how the organization meets the "facts	s-and-circumstance	es" test The organ	zation qualifies as	a publicly		
	supported organization			•	-		▶ 🗍
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		_
	instructions			,			▶□
						Schedule A (For	m 990 or 990-EZ) 2016

Page 3

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					ļ	
	received (Do not include any "unusual grants")				802		802
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				'	1	
	organization's tax-exempt purpose	56,728	54,667	55,273	56,264	60,117	283,049
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	i					
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		[ŀ		ł	
	its behalf	_ [
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		i	j		<u> </u>	
6	Total. Add lines 1 through 5	56,728	54,667	55,273	57,066	60,117	283,851
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		i			}	
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		ļ	,			
	exceed the greater of \$5,000 or 1% of the		ļ			İ	
	amount on line 13 for the year			l		į	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ū	line 6)		- •	· · ·		_	283,851
Sec	ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	56,728	54,667	55,273	57,066	60,117	283,851
10a	Gross income from interest, dividends,						
	payments received on securities loans,	(i	ļ		
	rents, royalties and income from similar sources	40	18	18	20	20	116
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses			j		i	
	acquired after June 30, 1975		Ì])	į.	
c	Add lines 10a and 10b	40	18	18	20	20	116
11	Net income from unrelated business						
	activities not included in line 10b, whether		\	}		1	
	or not the business is regularly carried on					1	
12	Other income Do not include gain or						
	loss from the sale of capital assets	į	1			Į.	
	(Explain in Part VI)	ſ	i	İ			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	56,768	54,685	55,291	57,086	60,137	283,967
14	First five years. If the Form 990 is for the or						200,507
•	organization, check this box and stop here	<i>ja</i> 2011011 0 11101, 00	oona, ama, lourer	, or militax year as	3 4 30000011 00 1(0)(0 ,	
Sec	tion C. Computation of Public Sup	nort Percenta		 _			
	Public support percentage for 2016 (line 8, co			<u> </u>	1	15	99 96%
	Public support percentage from 2015 Schedu	-		"	}	16	99 95%
_	tion D. Computation of Investmen				,,,,.		<u>00 00 70</u>
	Investment income percentage for 2016 (line			lumn (f))		17	0 04%
	Investment income percentage from 2015 Sc			(1))	t	18	0.05%
	33 1/3% support tests—2016. If the organiz			l and line 15 is mo	ا د ۱/۵% re than 33 1/3%		00076
	not more than 33 1/3%, check this box and st					11 DIG 11 13	► X
ь	33 1/3% support tests—2015. If the organiz					3 1/3% and	ا ا
-	line 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a public	cly supported orga	nization	▶□
20	Private foundation. If the organization did no						

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 Organization
--

- 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?
- 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 (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		
4a		نــــا
-		
4b		
		•
4c	_	
5a		
5b		
5c		_
_		
6		
7		
8		
•		
9a	_	_
9h		
9c		-
10a	. }	_ }
_		
10b		

Schedu	rle A (Form 990 or 990-EZ) 2016	359670	F	Page 5
Part	IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
	ion B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ł	[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ļ	, 1
	controlled the organization's activities. If the organization had more than one supported organization,			} ,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		~ ~	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	j 1	}	}
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}	}	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			نـــا
	supervised, or controlled the supporting organization	2	ــــــ	<u> </u>
Sect	on C. Type II Supporting Organizations		T.,	т
	18/1	r	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[])]]
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}	}	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
	on prom type in eappering enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		{ {
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the]]
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		~	
Canti	supported organizations played in this regard			<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below	instructions	s)	
a				
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 instruc	tions,)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	į
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1]	, !
	how the organization was responsive to those supported organizations, and how the organization determined		}	<u> </u> j
	that these activities constituted substantially all of its activities	2a	}	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1	[
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1	l	
	reasons for the organization's position that its supported organization(s) would have engaged in these	[]	[, J
2	activities but for the organization's involvement	2b		,,
3	Parent of Supported Organizations Answer (a) and (b) below.		- [, ;
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			i
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	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	3ь	-	. 1
	The state of the s	[30]		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgani	zations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI) See
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		
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	1 1		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			. ,
instructions for short tax year or assets held for part of year)	ı		
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integ	rated Type III supporting	g organization (see
instructions)		,, ,,	, ,

Schedule A (Form 990 or 990-EZ) 2016 The Village, Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 0 000 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 b c From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount

Remainder Subtract lines 4a and 4b from 4

Part VI See instructions

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4c

Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Schedule A (Fo	orm 990 or 990-EZ) 2016 The Village, Inc	20-4359670 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	V, Section es 1c, 2a, 2b,

-		

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization	Employer identification number				
The '	Village, Inc		20-4359670			
Par		or Advised Funds or Other Similar I vered "Yes" on Form 990, Part IV, line				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do					
	funds are the organization's property, subject					
6	Did the organization inform all grantees, done					
	used only for charitable purposes and not for					
	purpose conferring impermissible private ber	efit?	Yes No			
Par						
		rered "Yes" on Form 990, Part IV, line	<u>7 </u>			
1	Purpose(s) of conservation easements held to	, —				
	Preservation of land for public use (e g , recr	eation or education) Preservation	n of a historically important land area			
	Protection of natural habitat	Preservatio	n of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation			
	easement on the last day of the tax year	·	Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation ease	ements	2b			
С	Number of conservation easements on a cert	ified historic structure included in (a)	2c			
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a				
	historic structure listed in the National Registe		2d			
3	Number of conservation easements modified	, transferred, released, extinguished, or teri	minated by the organization during			
	the tax year					
4 5	Number of states where property subject to c	-	handling of			
3	Does the organization have a written policy reviolations, and enforcement of the conservation	· · · · · · · · · · · · · · · · · ·	Yes No			
6	Staff and volunteer hours devoted to monitoring, i					
	>	mappeding, manaming of trolations, and officioning	conoditation decornation during the year			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing cons	servation easements during the year			
	\$					
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements				
	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	——————————————————————————————————————	ancial statements that describes			
Part	the organization's accounting for conservation	ections of Art, Historical Treasures,	or Other Similar Assets			
ı arı		ered "Yes" on Form 990, Part IV, line				
1-						
ıa	If the organization elected, as permitted under works of art, historical transures, or other sim	The state of the s				
	works of art, historical treasures, or other similar public service, provide in Part XIII, the tout	·				
b	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet					
	works of art, historical treasures, or other simi					
	of public service, provide the following amount	•	ion, or research in fulfillerative			
	(i) Revenue included on Form 990, Part VIII,	•	▶ €			
	(ii) Assets included in Form 990, Part X		S			
2	If the organization received or held works of a	rt historical treasures or other similar see	ate for financial dain, provide the			
_	following amounts required to be reported und					
а	Revenue included on Form 990, Part VIII, line		▶ ↑			
	Assets included in Form 990, Part X	•	> \$			

Sched	iule D (F	orm 990) 2016 The Village, Inc						20-4359	670	Page 2
Par	t III	Organizations Maintainin	g Collections of	Art, His	torical T	reasures, c	or Other	Similar Asse	ts (con	tınued)
. 3		g the organization's acquisition, a	accession, and other	er records,	check an	y of the follow	ving that a	re a significant	use of its	6
	colle	ction items (check all that apply)			7					
а	Ц	Public exhibition		d L	Loan	or exchange	programs	5		
b		Scholarly research		e	Othe		·			
С		Preservation for future generat	ions							
4	Prov XIII	ide a description of the organizat	ion's collections an	d explain f	now they f	urther the org	ganization	's exempt purpo	se in Pa	ırt
5		ng the year, did the organization s ts to be sold to raise funds rathei							☐ Ye	s 🔲 No
Par	t IV	Escrow and Custodial Art Complete if the organization 990, Part X, line 21.		" on Forn	n 990, Pa	art IV, line 9	, or repo	rted an amour	nt on Fo	orm
1a	Is the	e organization an agent, trustee,	custodian or other	ıntermedia	ry for cont	tributions or c	ther asse	ts not		
		ded on Form 990, Part X?							Ye	s No
b	If "Ye	es," explain the arrangement in P	art XIII and comple	te the follo	wing table	•				
		It also					1	 	mount	
c	_	nning balance nons during the year					1c	 		
d e		butions during the year					1e	 		
f		ng balance					1f	 		
2a		ne organization include an amou	nt on Form 000 Pa	urt Y lune 2	1 for each	row or custod		nt liability?	T Va	s X No
b		s," explain the arrangement in P						-	16	3 円 10
			art Am Check here	il the exp	ianauon n	as been prov	ided on F			<u> </u>
Part		Endowment Funds.	a anguared "Vee"	" on Form	. 000 Ba	ort IV Juno 11	n			
		Complete if the organization	(a) Current year		ioryear	(c) Two years		I) Three years back	(a) For	ır years back
1a	Begir	nning of year balance	(a) ouncili year	(5),,,	ioi yeai	(c) two years	Juck /	i) Tince years back	1 (6), (6)	ar yours suon
b	_	ributions		†					 	
C		nvestment earnings, gains,		T						
		osses	<u> </u>	1					}	
d	Gran	ts or scholarships								
е	Other	expenditures for facilities	j	İ		1				
		programs		 		ļ			<u> </u>	
f		nistrative expenses	ļ	 					 	
g		of year balance	Ĺ			<u> </u>			1	
2		de the estimated percentage of t			line 1g, co	olumn (a)) he	ld as			
a b		d designated or quasi-endowmer anent endowment	%	<u>%</u> .						
C		orarily restricted endowment	▶ %							
ŭ	-	percentages on lines 2a, 2b, and		-						
3a		nere endowment funds not in the	•		on that are	held and ad	ministered	I for the		
		ization by	•						ſ	Yes No
	(i)	unrelated organizations							3a(i)	
	(ii)	related organizations							3a(ii)	
b	If "Ye	s" on line 3a(ii), are the related o	rganizations listed a	as required	d on Sche	dule R?			3b	
4	Desc	ribe in Part XIII the intended uses		n's endowr	ment fund:	s				
Part	VI	Land, Buildings, and Equi								
		Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line 11	a See F	orm 990, Par	t X, line	10.
		Description of property	(a) Cost or o			st or other		cumulated	(d) Boo	ok value
1a	Land		(investr	nent)	Dasi	s (other)	dep	reciation		47.001
b	Buildi	nns	 			47,931		277.040	 	47,931
C		ehold improvements	 			1,227,147		277,016		950,131
d	Equip	•								
e	Other					17,773		15,816		1,957
Total		nes 1a through 1e (Column (d) i	nust equal Form 99	90, Part X,	column (E			▶		1,000,019

Schedule D (For		<u> </u>		20-4359670 Page
Part VII	Investments—Other Securion Complete if the organization		990, Part IV, line 11b See Fo	rm 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
			<u> </u>	
(C)				
(D)	····	 		
(E)				
(F) (G)				
(H)				
	must equal Form 990, Part X, ∞I (B) line 12)	>		
Part VIII	Investments—Program Rel	ated.		
	•		990, Part IV, line 11c See Fo	rm 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	valuation
				
_(2)				
_(3)				
(4)				
_(5)				
_(6)				
_(7)		ļ		
(8)	- · · · · · · · · · · · · · · · · · · ·			
_(9)				
	most equal to an every tark x, ear (B) me (b)	<u> </u>	<u> </u>	
Part IX	Other Assets.	anawarad "Vaa" on Farm	000 Pert IV line 11d Con Fe	rm 000 Dort V line 15
	Complete if the organization	(a) Description	990, Part IV, line 11d See Fo	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	(a) Description		(b) Book value
(2)				<u> </u>
(3)				
(4)				
_(5)				
_(6)				
_(7)				
(8)				ļ
(9)	41			
	in (b) must equal Form 990, Part X,	col (B) line 15)	>	<u> </u>
Part X	Other Liabilities.	anawarad "Vaa" an Earm	000 Bort IV line 11e er 11f S	on Form 000 Bort V
	line 25	answered tes on rollin	990, Part IV, line 11e or 11f. S	ee Form 990, Part A,
<u>1</u> .	(a) Description of liability	(b) Book value	T	
	ncome taxes	(2) 2001. 74.40	┪	
(2) Capital a		1,265,40	00	
	ecurity deposits	3,19		
(4)			7	
(5)				
_(6)				
_(7)			_	
(8)			_	
_(9)				
	ust equal Form 990, Part X, col (B) line 25)	1,200,00		
	incertain tax positions. In Part XIII, prov			
organization's	lability for uncertain tax positions unde	r FIN 48 (ASC 740). Check her	e if the text of the footnote has been	provided in Part XIII
				0-b-dul- D (F 000) 004(

Schedule D (Form 990) 2016

20-4359670

Schedule D (Form 990) 2016 Ine VIIIage, Inc	20-4359670	Page 5
Schedule D (Form 990) 2016 The Village, Inc Part XIIÍ Supplemental Information (continued)		
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SCHEDULE 0 (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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

The Village, Inc	20-4359670
Form 990, Part VI, Section A, Line 3 The organization has entered into a management agreement	t
with a management agent for day-to-day management of the apartment community as is common	
practice for owners/operators of HUD-assisted rental communities. The management agent is	
affiliated with the organization	
Form 990, Part VI, Section B, Line 11b The return is prepared by a certified public	
accounting firm and provided to the designated board officer for review and approval. After	
any questions and comments from the designated board officer are addressed, the return is	
provided to the full board of directors for review and approval. After any guestions and	
comments from the board are addressed, the return is finalized and signed and filed by the	
designated board officer	
Form 990, Part VI, Section B, Line 12c Compliance is monitored at regulary scheduled meetings	
of the board of directors and at other times, if needed	
Form 990, Part VI, Section B, Line 19 Documents are maintained by the board of directors and	
copies are provided upon request	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
The Village, Inc	20-4359670
•	
•	*****
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