KEITER, STEPHENS, HURST, GARY & SHREAVES 4401 DOMINION BLVD GLEN ALLEN, VA 23060

> BAY AGING APARTMENTS MIDDLESEX INC P.O. BOX 622 URBANNA, VA 23175

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CLIENT'S COPY

아버지는 사람이 아랍니다. 아파는 생각 나가 가지 않는 것이 많다.

KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

OCTOBER 25, 2022

BAY AGING APARTMENTS MIDDLESEX INC P.O. BOX 622 URBANNA, VA 23175

BAY AGING APARTMENTS MIDDLESEX INC:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-TE AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JAYME MIKA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING MARCH 31, 2022

PREPARED FOR:

BAY AGING APARTMENTS MIDDLESEX INC P.O. BOX 622 URBANNA, VA 23175

PREPARED BY:

KEITER, STEPHENS, HURST, GARY & SHREAVES 4401 DOMINION BLVD GLEN ALLEN, VA 23060

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

	IRS e-	file Signature /	Authorization	the second second	OMB No. 1545-0047
Form 8879-TE		or a Tax Exemp			
	For calendar year 2021, or fiscal year			1 , 20 22	2021
Department of the Treasury		not send to the IRS. Keep		61	
Internal Revenue Service Name of filer	Go to ww	w.irs.gov/Form8879TE fo	r the latest information.		
		ATDDI ECEY TNO		EIN or SSI	
	ING APARTMENTS I	E. VESLEY		73-1	676722
Name and title of officer or pe	PRESI				
Part I Type of I	Return and Return Infor				
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this dollars and cents. For all othe unt on that line for the return t ank (do not enter -0-). But, if yo	r forms, enter whole dollars being filed with this form wa	only. If you check the bo is blank, then leave line	ox on line 1a, 2a, 1b, 2b, 3b, 4b, 5b	, 3a, 4a, 5a, 6a, 7a, 8a, 5, 6b, 7b, 8b, 9b, or 10b
1a Form 990 check h	ere 🕨 🕅 h Totalı	re v e nue, if any (Form 990,	Part VIII column (A) line	12)	1b 289,667
2a Form 990-EZ chee		revenue, if any (Form 990-I			
3a Form 1120-POL c		tax (Form 1120-POL, line 2			
4a Form 990-PF chee		ased on investment incon			
5a Form 8868 check		ce due (Form 8868, line 3c			
6a Form 990-T check		tax (Form 990-T, Part III, lin			
7a Form 4720 check		tax (Form 4720, Part III, line			
8a Form 5227 check		of assets at end of tax yea			8b
9a Form 5330 check		Je (Form 5330, Part II, line			9b
10a Form 8038-CP ch	eck here 🕨 🗌 b Arnou	nt of credit payment requ	ested (Form 8038-CP, Pa	art III, line 22)	10b
Part II Declarati	on and Signature Auth	orization of Officer of	r Person Subject to	Tax	
personal identification num PIN: check one box only	e confidential information nece ber (PIN) as my signature for t	ne electronic return and, if	applicable, the consent to	electronic funds	withdrawal.
X I authorize KE	ITER, STEPHENS,	HURST, GARY &	SHREAVES	to enter my F	
	on the tax year 2021 electronic	ERO firm name	diastad within this esture t	that a conv of the	Enter five numbers, bu do not enter all zeros
with a state agen	cy(ies) regulating charities as p sclosure consent screen.				-
return. If I have in	erson subject to tax with respondicated within this return that bgram, I will enter my PIN on the time of time of the time of time of the time of the time of the time of the time of time of time of time of the time of tim	a copy of the return is bein	g filed with a state agenc		
Signature of officer or person subject				Date	
and the second se	ion and Authentication				
	ır six-digit electronic filing iden your five-digit self-selected PIN		54522423 Do not enter all		
	eric entry is my PIN, which is a cordance with the requirement				
RO's signature 🕨			Date 🕨		
		t Retain This Form -		DoSo	
HA For Privacy act and	DO NOT SUDMIT THE Paperwork Reduction Act No	s Form to the IRS Ur otice, see instructions.	iess requested 10	00 20	Form 8879-TE (202
02521 01-11-22					

	8868 anuary 2022)	Application for Auton Exempt		Extension of Time ⁻ nization Return	To File		o. 1545-0047	
	bartment of the Treasury grant Revenue Service ► Go to www.irs.gov/Form8868 for the latest information.							
forms li Contra	isted below with cts, for which an	You can electronically file Form 8868 to the exception of Form 8870, Information extension request must be sent to the IR ww.irs.gov/e-file-providers/e-file-for-chai	Return for S in paper	Transfers Associated With Certain format (see instructions). For more	Personal Be	nefit		
Autor	natic 6-Mont	h Extension of Time. Only subr	nit origin	al (no copies needed).				
-		d to file an income tax return other than F			ips, REMICs	, and trusts		
must u	se Form 7004 to	request an extension of time to file incon	ne tax retui	ms.				
Type o print	r Name of ex	empt organization or other filer, see instru	uctions.		Taxpayer	identification n	umber (TIN)	
	BAY AG	ING APARTMENTS MIDDL	ESEX 1	INC		73-1676	5722	
File by the due date t filing your return. Se	P.O. B	reet, and room or suite no. If a P.O. box, s OX 622	see instruc	tions.				
instruction		r post office, state, and ZIP code. For a f A , VA 23175	foreign add	ress, see instructions.				
Enter th	ne Return Code f	or the return that this application is for (fi	le a separa	te application for each return)			0 1	
Applica	ation		Return	Application			Return	
Is For			Code	Is For	-		Code	
	90 or Form 990-E	Ζ	01	Form 1041-A			08	
	720 (individual)		03	Form 4720 (other than individual)		09	
Form 9			04	Form 5227			10	
	90-T (sec. 401(a)		05	Form 6069			11	
-	90-T (trust other		06	Form 8870				
Form 9	90-T (corporation	WILLIAM D. SMI	07 TT	Contraction of the state of the	and the second second	1 Strengthere		
 The 	books are in the	care of \blacktriangleright P.O. BOX 622 -		NNA, VA 23175				
Tele	phone No. 🕨 (804) 758-1260		Fax No.				
		es not have an office or place of busines	s in the Un					
		Return, enter the organization's four digit					up, check this	
box 🕨	. If it is for	part of the group, check this box	and atta	ach a list with the names and TINs	of all membe	ers the extensio	n is for.	
			ganization's	UARY 15, 2023 , to f a return for: nd ending <u>MAR 31, 202</u>		pt organization	return for	
2 If [ered in line 1 is for less than 12 months, o ccounting period	check rease	on: Initial return] Final return	1		
3a If	this application	s for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less		1.1.1		
a	ny nonrefundable	e credits. See instructions.			3a	\$	0.	
		s for Forms 990-PF, 990-T, 4720, or 6069						
		ments made. Include any prior year over			3b	\$	0.	
		otract line 3b from line 3a. Include your pa						
		tronic Federal Tax Payment System). Se			3c	\$	0.	
Caution instruct	, ,	g to make an electronic funds withdrawa	I (direct del	bit) with this Form 8868, see Form	8453-TE and	Form 8879-TE	for payment	
LHA	For Privacy Act	and Paperwork Reduction Act Notice,	, see instru	uctions.		Form 886	8 (Rev. 1-2022)	

123841 01-12-22

Department of the Treasury Internal Revenue Service	EXTENDED TO FEBRUARY 15, 2 Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it <u>Go to www.irs.gov/Form990 for instructions and the</u> r year, or tax year beginning APR 1, 2021 and endir	e (except private foundations) may be made public.
B Check if applicable: Address change Name	OFGANIZATION	D Employer identification number
	Ind street (or P.O. box if mail is not delivered to street address) BOX 622	V/suite E Telephone number (804) 758-1260
ated City or tow Amended URBAN Applica- tion F Name and	wn, state or province, country, and ZIP or foreign postal code INA, VA 23175 d address of principal officer: KATHY E VESLEY S C ABOVE	G Gross receipts S 289,667. H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No
I Tax-exempt status: X J Website: ► WWW . B K Form of organization: X Part I Summary		1527 If "No," attach a list. See instructions H(c) Group exemption number ▶ Year of formation: 2006 M State of legal domicile; VA

	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE HUD SUBSI	DI	ZED					
nce		HOUSING FOR LOW INCOME SENIOR CITIZENS.								
Governance	2	2 Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.								
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	16					
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15					
s &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0					
ctivities	6	Total number of volunteers (estimate if necessary)		6	0					
cti	7 a			7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
			Prior Year		Current Year					
a	8	Contributions and grants (Part VIII, line 1h)).	0.					
nu	9	Program service revenue (Part VIII, line 2g)	279,572	2.	288,737.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	774	1.	930.					
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)).	0.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280,346	5.	289,667.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	C).	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)).	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,332.		24,424.					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	C).	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)								
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	337,317		315,176.					
- 1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	356,649		339,600.					
_	19	Revenue less expenses. Subtract line 18 from line 12	-76,303	3.	-49,933.					
10 OC			Beginning of Current Yes	ar	End of Year					
sets	20	Total assets (Part X, line 16)	2,577,207		2,528,379.					
tAs	21	Total liabilities (Part X, line 26)	30,024		31,129.					
Ne		Net assets or fund balances. Subtract line 21 from line 20	2,547,183	3.	2,497,250.					
Pa	rt II	Signature Block								

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

Sign Here	Signature of officer KATHY E VESLEY, PRESID Type or print name and title	ENT	-	Date
Paid	Print/Type preparer's name JAYME MIKA	Preparer's signature	Date	Check PTIN if self-employed P00852731
Preparer	Firm's name KEITER, STEPHENS		SHREAVES	Firm's EIN 54-1631262
Use Only	Firm's address 4401 DOMINION BL GLEN ALLEN, VA 2			Phone no. (804) 747-0000
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
	and 1110 Fey Demonstraule Deducation Act Matt	a sea the second in struction		Earm 990 (2021)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2021)

	990 (2021) BAY AGING APARTMENTS MIDDLESEX INC 73-1676722 Paget III Statement of Program Service Accomplishments	ge 2
га		X
-	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: TO PROVIDE LOW INCOME ELDERLY PERSONS WITH HOUSING FACILITIES AND	
	SERVICES SPECIFICALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND	_
	PSYCHOLOGICAL NEEDS, AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS	_
	AND USEFULNESS IN LONGER LIVING, THE CHARGES FOR SUCH FACILITIES AND	-
-		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
		NO
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	······································	NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
-	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 238,847. including grants of \$) (Revenue \$ 288,737	•
	THE ORGANIZATION HAS A TOTAL OF 37 APARTMENTS FOR RENT TO SENIOR	_
	CITIZENS TO ENSURE THAT THESE CITIZENS CONTINUE LIVING HEALTHY,	
	INDEPENDENT LIVES. RENTAL ASSISTANCE AND SUPPORT SERVICES, SUCH AS	
	HOUSEKEEPING, TRANSPORTATION, MEAL SERVICES, PERSONAL CARE, MEDICATION	-
	REMINDERS, AND RECREATION AND SOCIALIZATION SERVICES, ARE AVAILABLE TO	_
	THE RESIDENTS.	
		_
		_
		_
		_
		_
_		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		-
		-
-		
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 238,847.	
	Form 990 (2	2021
3200	12-09-21	
	2	

Form 990 (APARTMENTS	MIDDLESEX	INC
Part IV	Checklist of Re	lles				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	1.1
~	If "Yes," complete Schedule A	1	Α	X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		A
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	_	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
2	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	11b		Х
C	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	1-0-	Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1000	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	· · · ·		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
100	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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Form 990 (2021)			APARTMENTS	MIDDLESEX	INC		
Part IV Checklist of Required Schedules (continued)								

22 Dot the organization report more than \$3,000 of grants or other assistance to or to domestic individuals on Part K, Control (A), Into 27, IF reg.* composes Schedule (), Part R and M () 22 X 23 Dot the organization answer "Yes" to Part KI). Section A line 3, 4, or 5, about compensation of the organization's current and former offices, directors, these merphones, and highest compensated markoyees? (F Yes,* composes Schedule J, Part I) 23 X 24 Dot the organization have a taxee-ampt bond issue with an outstanding principal amount of more than \$100,000 as of the solution to the Part I) 24 X 25 Dot the organization invest any proceeds of taxes campt bonds beyond a temporary period exception? 24 X 26 Dot the organization invest any noncommute than a returnding exception any time during the year 1 defease any taxesempt bonds? 24 X 26 Dot the organization areas an `on behalf of issue for bonds outstanding at any time during the year 1 defease any taxesempt bonds? 25 X 26 Dot the organization areas an `on behalf of issue for bonds outstanding at any time during the year 1 defease any taxesempt bonds? 26 X 27 Dot the organization areas an `on bean reported on any of the organization areas taxes. 25 X 28 Section S01(x)(31, S01(x)(31, and S01(x)(23) organizations. During Forms S00 or 900-E27) Y Yes, `complete Schedule L, Part I <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
23 Dot the organization arrown? Yes" to Fart WI, Section A, Ine 3, 4, or 5, about compensated employees? # 'res, "complete Schedule J, and 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 organization matrix any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization invest may proceeds of tax-exempt bond issue with an outstanding a single "access files \$240 through \$24 and complete Schedule K, M' Yes, 'to kine \$25. 24a 24b 24b 21 Did the organization invest may proceeds of tax-exempt bond is beyond a temporary pariod exception? 24b 24b 23 Did the organization invest may concern to the than a refunding encore at any time during the year? 24d 24d 25 Section 50(4)(\$3, 50(1(4),4,4,4,6)(4),8) (50(1(4),4,4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,6)(4),8) (50(1(4),4,7,8)) (50(1(4),6,7,8))(8) (50(1(4),4,7,8)) (70(1(4),7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(1(4),7,7,7,8))(70(22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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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 II. Z X 28 Was the organization a party to a buistness transaction with one of the following parties (see the Schedule L, Part IV. 28e X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28e X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28e X 29 Did the organization active more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization seque exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, 31 31 X 32 Did the organization seque contributions or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, III, or IV, and Part V, line 1 33 X 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 34 X 34 Was the organization conclust more than 5% of its activities t	27				
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Form 990 (2021)			APARTMENTS		
Part V Statements F	legardi	ng Other	IRS Filings and	Tax Compliance	(continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100		100
	filed for the calendar year ending with or within the year covered by this return	A COLUMN TWO IS NOT	1.2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	_	
30		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
b	If "Yes," enter the name of the foreign country			8.5
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		10	
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		- 1	
	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).	LaD2		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c	-	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	70	- Spice	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1200	2
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
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:	5-37	In the	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-014	20	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	a print	11 1	
11	Section 501(c)(12) organizations. Enter:	12	10.00	
а	Gross income from members or shareholders 11a	- Ally	12 10	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	12	21-1	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- W
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	IUA	1.0	0.3
h	Enter the amount of reserves the organization is required to maintain by the states in which the	122.3		
5	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		a and	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	_	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			1 ja
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	1.2		20
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		_
	If "Yes," complete Form 6069.		0.0.0	
132005	12-09-21 6	Form	990 ((2021)

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Form	990	(2021))
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BAY AGING APARTMENTS MIDDLESEX INC

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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 16	mett, h	i idini t	
	If there are material differences in voting rights among members of the governing body, or if the governing	b gpild	the.	12
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	115	Distantia,	(in
h	Enter the number of voting members included on line 1a, above, who are independent 1b15	windth	STR.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		· rent	
2		2		X
2		-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	THEFT	100,000	1112
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		RAW	100	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
•	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17	10638	0
15		- 0	10.5	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	12112
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1000	Sec. 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Course of	PRINT I	
	taxable entity during the year?	16a	The second	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		CONTRACT OF	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	(In In	12 21	1.5
	exempt status with respect to such arrangements?	16b	_	_
Sec	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed NONE	_		
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	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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	d financ	cial	
	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			
	WILLIAM D. SMITH - (804) 758-1260			
	P.O. BOX 622, URBANNA, VA 23175	1		
-			990	

Form 990 (2021)		APARTMENTS			73-1676722	Page 7					
Part VII Compensation	on of Officers, Di	ectors, Trustees	, Key Employee	es, Highest	Compensated						
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Direc	tors, Trustees, Key Er	nployees, and Highe	st Compensated Er	mployees							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	I	inza		C)	nper	Joan	(D)	(E)	(F)
Name and title	Average hours per week	box	not c unle	Pos heck ss pe	nore more	han is both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHY E VESLEY PRESIDENT	1.00	x		x				0.	198,318.	14,793.
(2) JAMES N CARTER JR. DIRECTOR	1.00	x						0.	0.	0.
(3) BARRY GROSS MD VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) STANLEY CLARKE TREASURER	1.00	x		x				0.	0.	0.
(5) VERA LEE SECRETARY	1.00	x		x				0.	0.	0.
(6) KAREN LEWIS DIRECTOR	1.00	x						0.	0.	0.
(7) RON SAUNDERS DIRECTOR	1.00	x						0.	0.	0.
(8) CHARLES ADKINS ESQ DIRECTOR	1.00	x						0.	0.	0.
(9) JAMES DUDLEY DIRECTOR	1.00	x						0.	0.	0.
(10) BRUCE CRAIG DIRECTOR	1.00	x		U				0.	0.	0.
(11) CYNTHIA TALCOTT DIRECTOR	1.00	x		-				0.	0.	0.
(12) REV MARIA HARRIS DIRECTOR	1.00	x						0.	0.	0.
(13) BELINDA JOHNSON DIRECTOR	1.00	x	-					0.	0.	0.
(14) BILL DOYLE DIRECTOR	1.00	x		-			-	0.	0.	0.
(15) ROBERT WILBANKS DIRECTOR	1.00	x						0.	0.	0.
(16) LYNDA SMITH DIRECTOR	1.00	x						0.	0.	0.
			-							

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Form 990 (2021)

	ING APARTN	_	_	_	_	_	_		73-1	6767	22	P	age 8
(A) Name and title	Trustees, Key Em (B) Average hours per week	(do box	not c , unle	Pos heck ss pe	C) itior more		one n an	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensatio from related	on	am	(F) timate ount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	oensa om th nizat relat nizati	e ion ed
					2							-	
										-			
Janas Lansar is										-	-		
1h Subtotal								0.	198,31	18.	14	. 7	93.
1b Subtotal c Total from continuation sheets to Par d Total (add lines 1b and 1c) 2 Total up for the finite sheet in the she	rt VII, Section A							0.	198,31	0.18.			0.
2 Total number of individuals (including b compensation from the organization		ose	liste	d ab	ove) wh	o ree	ceived more than \$100,	000 of reportable	•		Yes	0 No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J 1	for such individual										3		X
 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a received 	\$150,000? <i>If</i> "Yes, or accrue compen	" con satio	mple on fr	ete S om	Sche any	edule unre	J fo	or such individual d organization or individ			4	x	
rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors			_			1	1				5		X
Complete this table for your five highes the organization. Report compensation (A)	for the calendar ye							the organization's tax ye	1000	ensatio			
(A) Name and busin		NC	ONE	3			+	(B) Description of s	ervices	Co	(C) ompen	sation	n
- <u>.</u>													
		_		1		-	-					11	
							-						
2 Total number of independent contracto \$100,000 of compensation from the org		ot lin	nited	to t	thos (ted a	above) who received mo	ore than			00	
										F	Form 9	90 (2	2021)

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90 (2021)	BAY	AGING	APARTMENTS	MIDDLESEX	INC
54 W		A GENERA		WIDDI DODU	THE

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		Check if Schedule O	conta	ains a resp	onse	or note to any line	e in this Part VIII		••••••••••••••••••••••••••••••••••••••	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
Amounts	1 a	Federated campaigns						I III CONTRACTOR		A COLORINA
in of								A STATE OF A STATE		Design and
Ā	с	Fundraising events						11- marine		TO - PAPYPart
ľ	d	•			_			A REAL PROPERTY		U.M. P.
E	e	0 (Phile State State 99.		for the one
er	T	All other contributions, gifts, similar amounts not included	-							
ð	q				¢			Status (Lary		1. 2. 2. 2
and Other Similar	•	Total. Add lines 1a-1f						and the second second		
1						Business Code		In the second		
	2 a	RENT REVENUE				531110	288,737.	288,737.		
Program Service Revenue	b									
n	с									
eve	d		_		_					
	е		_							
		All other program service					200 727		THE REAL PROPERTY AND	
+		Total. Add lines 2a-2f					288,737.			
	3	Investment income (inclue					930.			930
		other similar amounts)					930.			930
	4 5	Income from investment of Royalties								
	5	noyalles	ГТ	(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						Encode States, M	
		Less: rental expenses	6b					M. Caller	Dervell der	
		Rental income or (loss)	6c						A POUR !!	
		Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other		The second second	-10 U.S.	Line Charles La
		assets other than inventory	7a					251-512-551	- Bent Ab Mark	AT A DESCRIPTION OF
	b	Less: cost or other basis	1						1	
		and sales expenses	7b		_				a la sanak	
	с	Gain or (loss)	7c	_	_		internet de la company	R		
		Net gain or (loss)				····· •				
	8 a	Gross income from fundraisi	ng eve					States and	E State State	
5		including \$	1	of					and the second second	
		contributions reported on			8a				present to price VI	
	h	Part IV, line 18 Less: direct expenses			8a 8b			Lin Co Shinesers	STREET, STREET	
		Net income or (loss) from								
1		Gross income from gamin					The second		22000	
	0 u	Part IV, line 19							1	
	b	Less: direct expenses			9b			the first of		
		Net income or (loss) from			s					
	10 a	Gross sales of inventory,	ess re	eturns					La ser a ser	
		and allowances			10a			1. 人、加合加	11日1月1日二十月1日	
	b	Less: cost of goods sold			10b					part that a
+	с	Net income or (loss) from	sales	of invento	ry	▶				
						Business Code	I STATISTICS			
Hevenue	11 a				_					
ue)	b		-		_					
á	C d		_							
		All other revenue						and the state of the		
_	e	Total. Add lines 11a-11d Total revenue. See instruction					289,667.	288,737.	0.	930

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Form 990 (2021) BAY AGING APARTMENTS MIDDLESEX INC Part IX Statement of Functional Expenses

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Check if Schedule O contains a respons				
Do not include amounts reported on lines 6b, 7b, 8b, 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				
and domestic governments. See Part IV, line 21			Charles and the second	
2 Grants and other assistance to domestic			A NEW YORK OF A NEW YORK	
individuals. See Part IV, line 22			- Salver and a support of the	No column of the
3 Grants and other assistance to foreign			A new with a number of	
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16			a character Solution of the	
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	20,190.		20,190.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.101		0.101	_
9 Other employee benefits	2,194.		2,194.	
0 Payroll taxes	2,040.		2,040.	
1 Fees for services (nonemployees):	00.000		00.000	
a Management	28,096.		28,096.	
b Legal	26.024		26.024	
c Accounting	36,231.		36,231.	
d Lobbying			and the second s	
e 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 Sch 0.)				
2 Advertising and promotion	11 042		11 042	
3 Office expenses	11,843.		11,843.	
4 Information technology				
5 Royalties	141,898.	141,898.		
6 Occupancy	141,090.	141,090.		
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials 9 Conferences, conventions, and meetings				
				· · · · · · · · · · · · · · · · · · ·
0 Interest 1 Payments to affiliates				
2 Depreciation, depletion, and amortization	85,867.	85,867.		
	05,007.	05,007.		
Insurance Other expenses. Itemize expenses not covered	Contraction of the	1		and the second
4 other expenses, nemze expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),		M. U.S. States	and the second second	
amount, list line 24e expenses on Schedule 0.)				and the second
a SERVICES COORDINATOR	11,082.	11,082.		
b BAD DEBTS	140.		140.	
c MISCELLANEOUS	19.	· · · · · · · · · · · · · · · · · · ·	19.	
d	-			
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	339,600.	238,847.	100,753.	(
36 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.			1	
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

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BAY AGING APARTMENTS MIDDLESEX INC 73-1676722 Page 11

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	•	22,028.	1	31,581.
2		195,005.	2	210,863.
3			3	
4	Accounts receivable, net	3,331.	4	14,955.
5		and the second second	Colling &	A statement of the statement of the
	trustee, key employee, creator or founder, substantial contributor, or 35%		- 10.0 L	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined	Now THE WAY 1981		
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges	6,227.	9	6,231.
10;	a Land, buildings, and equipment: cost or other	A STAR IN THE STAR AS		and all the second
	basis. Complete Part VI of Schedule D 10a 3,448,483.	and a state of the state	land a	
	b Less: accumulated depreciation 10b 1,183,734.	2,350,616.	10c	2,264,749.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
14	Other assets. See Part IV, line 11		15	
16		2,577,207.	16	2,528,379.
17	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses	18,441.	17	19,211.
		10, 11.		17,211.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	and the second state	21	
w 22	Loans and other payables to any current or former officer, director,		R-101	
	trustee, key employee, creator or founder, substantial contributor, or 35%	1.		
	controlled entity or family member of any of these persons		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	11 500		11 010
	of Schedule D	11,583.	25	11,918.
26	Total liabilities. Add lines 17 through 25	30,024.	26	31,129.
	Organizations that follow FASB ASC 958, check here 🕨 🗴		alder 1	
۳. ۲	and complete lines 27, 28, 32, and 33.		1. 11.	
27	Net assets without donor restrictions	-859,511.	27	-909,444.
28	Net assets with donor restrictions	3,406,694.	28	3,406,694.
	Organizations that do not follow FASB ASC 958, check here 🕨 🛄		12 10 10	
	and complete lines 29 through 33.	NAME AND A DESCRIPTION		
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥ 31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 28 28 28 28 28 30 29 30 30 31 32	Total net assets or fund balances	2,547,183.	32	2,497,250.
33	Total liabilities and net assets/fund balances	2,577,207.	33	2,528,379.

Form **990** (2021)

Part XI Reconciliation of Net Assets Check If Schedule 0 contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 25) 2 339, 600. 2 Total expenses (must equal Part IX, column (A), line 25) 2 339, 600. 3 A expenses (must equal Part IX, column (A), line 25) 2 339, 600. 3 A edy, 933. 4 2, 547, 183. 5 Net unrealized gains (losses) on investments 5 6 Contact expenses (must equal Part X, line 32, column (A)) 4 2, 547, 183. 7 Investment expenses 7 7 8 Prior period adjustments 5 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 497, 250. Part XII Financial Statements and Reporting 10 2, 497, 250. Check if Schedule O contains a response or note to any line in this Part XII 10 2, 497, 250. 1 Accounting method used to prepare the Form 990: Cash X Ac	Form	990 (2021) BAY AGING APARTMENTS MIDDLESEX INC	73-16	76722	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 289, 667. 2 Total expenses (must equal Part IX, column (A), line 25) 2 333, 600.0 3 Revenue less expenses. Subtract line 2 from line 1 3 -49, 933. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 547, 183. 5 Denated services and use of facilities 6 - - 7 Investment expenses 6 - - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. - 10 2,497,250. - - 2,497,250. Part XII Financial Statements and Reporting - - - Check if Schedule O contains a response or note to any line in this Part XII - - - 1 Accounting method used to prepare the Form 990: Cash Acrual Other - 11 Accounting method used to prepare the Form 990: Cash Acrual Other - 1 Accounting method used to prepare the Form 990: Cash Acrual Other -	Pa	rt XI Reconciliation of Net Assets				
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Form **990** (2021)

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SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Complete if the orga 49	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizati	on			Emp	loyer identification number					
Destrict Desserved	BAY AGING APAR	TMENTS MIDDL	ESEX INC		73-1676722					
Part I Reason	for Public Charity Status.	(All organizations must of	complete this part.) See instructions.	and the second second second					
1 A church, cor 2 A school desc 3 A hospital or 4 A medical res city, and state	private foundation because it is: (nvention of churches, or association cribed in section 170(b)(1)(A)(ii). a cooperative hospital service org- eearch organization operated in co a: on operated for the benefit of a co	on of churches described (Attach Schedule E (Forr anization described in s njunction with a hospital	d in section 170(b n 990).) ection 170(b)(1)(A described in sec)(1)(A)(i).)(iii). tion 170(b)(1)(A)(iii).						
section 170(b)(1)(A)(iv). (Complete Part II.)									
 7 An organization 8 A community 9 An agriculturation 9 runiversity or 	te, or local government or government on that normally receives a substa b)(1)(A)(vi). (Complete Part II.) trust described in section 170(b) al research organization described or a non-land-grant college of agric	ntial part of its support f (1)(A)(vi). (Complete Par in section 170(b)(1)(A)(rom a government t II.) ix) operated in co	al unit or from the ger	grant college					
university:										
activities relations income and use section set of a see section set of a see section set organization for the support organization organization set of the support organization set of the support of that is not for the support of t	on that normally receives (1) more ted to its exempt functions, subject inrelated business taxable income 509(a)(2). (Complete Part III.) on organized and operated exclus supported organizations describes ugh 12d that describes the type of upporting organization operated, s red organization(s) the power to re n. You must complete Part IV, Se upporting organization supervised nanagement of the supporting org- n(s). You must complete Part IV, se upporting integrated. A support of organization(s) (see instructions n-functionally integrated . A supp unctionally integrated. The organiza- t (see instructions). You must com- box if the organization received a	to certain exceptions; a (less section 511 tax) for ively to test for public sa ively for the benefit of, to ad in section 509(a)(1) of f supporting organization supervised, or controlled gularly appoint or elect a ections A and B. d or controlled in connect anization vested in the s Sections A and C. Ig organization operated borting organization operated borting organization operated ation generally must sat mplete Part IV, Sections	and (2) no more the om businesses acc fety. See section operform the funct or section 509(a)(2 in and complete line by its supported of majority of the dir tion with its support ame persons that in connection with Part IV, Sections ated in connection isfy a distribution is A and D, and Pa	an 33 1/3% of its supp quired by the organiza 509(a)(4). tions of, or to carry ou 2). See section 509(a) es 12e, 12f, and 12g. organization(s), typical rectors or trustees of the rectors or trustees of the rectors or trustees of the rector or manage the and functionally inter A, D, and E. In with its supported ou requirement and an at rt V.	boort from gross investment tion after June 30, 1975. It the purposes of one or ((3). Check the box on y by giving the supporting y having supported egrated with, rganization(s) tentiveness					
	integrated, or Type III non-function			затурет, турет, тур						
	of supported organizations		0 0							
	ng information about the supported									
(i) Name of suppo organization	orted (ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization liste in your governing documen Yes No	(v) Amount of mone support (see instruction						
	 A should be a 	and a second state of								
Total	and a map of									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

		APARTMENTS			73-167	6722	Page 2				
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization											
fails to qualify under the tests Section A. Public Support											
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)]	Total				

6 Sec	Public support. Subtract line 5 from line 4.		The Figure (1998)	- 当为"公司" (1875-1976)		対応に体質が同い語	4
	amount shown on line 11, column (f)		All difficient Apropulses				
	on line 1 that exceeds 2% of the	watch and the first of	1995年1月1月1日日第	to exclored to an	addated reduced	a done bage Bigship	
	supported organization) included			AND STREAM ROLL	STE neither chine	Internet Section Connects	provide the file
	governmental unit or publicly				CB (w?) simplices	- General Ecology	
	by each person (other than a	to average the ballo	og alteral twings	an is they indicate	Suit & entry Service	man Ser Buchhalls	10.00
5	The portion of total contributions	Selfar and	ashipal of tabels	and they litrant	new to this here a		
4	Total. Add lines 1 through 3					N. L. COLLEY	
	the organization without charge				the free of the first	Information .	and the second state
	furnished by a governmental unit to				· · · · ·		21 III
3	The value of services or facilities						
	or expended on its behalf		1. (h. 1) . (h. 1)				
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	include any "unusual grants.")					and the set of the set	

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4				A.21 195					
8	Gross income from interest,		· · · · · · · · · · · · · · · · · · ·	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	dividends, payments received on									
	securities loans, rents, royalties,		Identi	1642 N. H. &	101 101 L 10	a second second	Sec. 2.			
	and income from similar sources		a surger a s	with a state to a	7.71.6					
9	Net income from unrelated business		1. State 1.	production and			1 N N			
	activities, whether or not the			the star of the stri	a mine set of	5 - 5 - 7 - 5 Dame				
	business is regularly carried on			en religionemente	1.111111111	Start Elizabeth				
10	Other income. Do not include gain	and the second second		1			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	or loss from the sale of capital	1.0000.000	the second here	han a like	1 - 1 - 1 - 1 - 1	100 million (100 million)				
	assets (Explain in Part VI.)			A ALCOHOLD A	In Talmington	100 Per 1 - 1 - 1	100			
11		the ball of the ball	State of Section in	INSTEAM DESIGN	and a here	a all charters and				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for th	e organization's fir				501(c)(3)				
	organization, check this box and stop	here								
Se	ction C. Computation of Public			when we do not						
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11, o	column (f))		14	%			
	Public support percentage from 2020						%			
	33 1/3% support test - 2021. If the o						box and			
	stop here. The organization qualifies a	as a publicly suppo	orted organization							
k	33 1/3% support test - 2020. If the o	rganization did no	t check a box on I							
	and stop here. The organization quali			24						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	13, 16a, or 16b,	and line 14 is 10	% or more,			
	and if the organization meets the facts									
	meets the facts-and-circumstances tes									
k	10% -facts-and-circumstances test				-					
	more, and if the organization meets th									
	organization meets the facts-and-circu									
18	Private foundation. If the organization									

on line 13, 16a, 16b, 1/a, or 1/b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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					the second second	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not				1		[
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	236,211.	248,770.	264,940.	279,572.	288,737.	1318230.
2	Gross receipts from activities that	23072111			21373120	2007/07/0	
0	are not an unrelated trade or bus-						
	iness under section 513						
Δ	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	236,211.	248,770.	264,940.	279,572.	288,737.	1318230.
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support			<u> Ang Kanya Mika</u>			1318230.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	236,211.	248,770.	264,940.	279,572.	288,737.	1318230.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	601.	591.	680.	774.	930.	3,576.
4	and income from similar sources	001.	591.	000.	//4•	930.	5,570.
L.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10 a and 10b	601.	591.	680.	774.	930.	3,576.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						575700
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11, and 12.)	236,812.	249,361.	265,620.	280,346.	289,667.	1321806.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Sec	ction C. Computation of Public	c Support Percent	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	99.73 %
16	Public support percentage from 2020	Schedule A, Part I	II, line 15	unun and an		16	99.71 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colum	nn (f), divided by lin	ne 13, column (f))		17	. 27 96
18	Investment income percentage from 2	2020 Schedule A, F	Part III, line 17			18	.29 %
19a	33 1/3% support tests - 2021. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	►X
b	33 1/3% support tests - 2020. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	a, or 19b, check thi	is box and see inst	tructions	<u></u>
13202	3 01-04-22		16			Schedule A	(Form 990) 2021

2021.04030 BAY AGING APARTMENTS MIDD 730545_1

_	Adule A (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC 7: rt IV Supporting Organizations	3-167672	2 P2	ige 4
_	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations		-	-
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	INC
		IL STREET	Same	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
0	class or purpose, describe the designation. If historic and continuing relationship, explain.	and the		
2	Did the organization have any supported organization that does not have an IRS determination of status	and the	1.5	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		A Distant	
~	organization was described in section $509(a)(1)$ or (2).	2	i silen	10.02
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		i Press	
	lines 3b and 3c below.	3a	1.000	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1.5 -1.	1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1000	
	organization made the determination.	3b		_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		No.	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		_
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1000	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	a she was		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1000	11-24	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination		11,007	12.0
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	a Burry		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	N 191 - UM	1 30	
		40	_	
52	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		RIVE	- 15
Ja			nuls	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	a succession of	Service of	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	CITAL		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5.		
	was accomplished (such as by amendment to the organizing document).	5a	10000	100
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Constant of	IDIE	
	designated in the organization's organizing document?	<u>5b</u>		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		Acres 1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1. 1. 1. 1. 1. 1.	Een	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	1 Sector		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	153.	Constant Pro-	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		125	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	and the second second	0.enuli	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1 SUL		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	31.4947		011
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1.1.1.1	1 TON	Q
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	crinesa ,	3.80	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja	LEAD	1.1
D		9b		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	90	-	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	- A	HOW MAD	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		1000
0a	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	A 4185 7 9	100100	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
	Did the examination have any example husiness holdings in the tax year? (Line Schedule C. Form 1720, to			

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.)

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2021.04030 BAY AGING APARTMENTS MIDD 730545_1

Schedule A (Form 990) 2021

10b

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Schedule A (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC Part IV Supporting Organizations (continued)

Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?	116		15
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1.1	-	11
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.00	Buer	11-2-11
-	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	15	10	1.11.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in	A VOLT	.m. 2	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-40	1	
	supervised, or controlled the supporting organization,	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100		18.4
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.11	Mar.	
	or management of the supporting organization was vested in the same persons that controlled or managed	AD	1,2 0	1
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		10-13	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	index 1	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	11.	2.14	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	111	<u>iv</u>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	12.11		
	significant voice in the organization's investment policies and in directing the use of the organization's	1.2.1	m xh	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	THO AND	- 1. m. 12	
Coo	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.000	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	115,11		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		112.54	
	how the organization was responsive to those supported organizations, and how the organization determined	P. 1. 100		
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		121	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		-11-	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	IST N		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	10. 2.1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		í

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Schedule A (Form 990) 2021

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	-		Part VI). See instruction
Sect	ion A - Adjusted Net Income	t complete a	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	2	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	111- 5	A NEW YORK THREE AND	A DEPARTMENT OF THE
	instructions for short tax year or assets held for part of year):	1000		and the stand of the
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			K Rentered the
	(explain in detail in Part VI):			and the second second
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	it s will refind have "he	
4	Enter greater of line 2 or line 3.	4	additional futurents	
5	Income tax imposed in prior year	5	Janing Marting	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	Same and the second	

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC

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Part V Type III N d)

	Section D - Distributions

Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued
ns	
supported organizations to accomplish exempt purposes	

-					Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ornab abilance in		6	
7	Total annual distributions, Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-		the second second		
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021	and the second			
	From 2016			10	BE TREAM IN MANY
	From 2017				and the second second
	From 2018				Weil States and Table
-	From 2019	A CONTRACTOR OF A CONTRACTOR A	III III III III III III III III III II	Í	
	From 2020		I CONTRACTOR SECTION	-U	
	Total of lines 3a through 3e				and a state of the state
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		EXTREMENT.		
4	Distributions for 2021 from Section D,	Weild - Transie	and the second second	-	
	line 7: \$				
	Applied to underdistributors of prior years			11.000	
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			in the second se	
6	Remaining underdistributions for 2021. Subtract lines 3h	ALL AND AL		-	
	and 4b from line 1. For result greater than zero, explain in	and the second sec		fact.	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			1	
_	and 4c.				
8	Breakdown of line 7:				
_	Excess from 2017				
	Excess from 2018		l's in aller ball at		
С	Excess from 2019		li s ⁿ land Sinn		
d	Excess from 2020			Concert.	
е	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI	(Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC 73-1676722 Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
_	
32028 01-04-2	Schedule A (Form 990) 20

16. 1

çr		Sunnlement	al Financial Statements		OMB No. 1545-0047		
	m 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	janization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021		
	tment of the Treasury al Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n.	Open to Public Inspection		
Nam	ne of the organization			Employ	er identification number 73–1676722		
Pa		ions Maintaining Donor Advise	d Funds or Other Similar Funds or				
<u>.</u>	organization	answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds a	nd other accounts		
1		of year					
2 3		contributions to (during year)					
4		and of year					
5	00 0		writing that the assets held in donor advised fu	unds			
	-		exclusive legal control?		Yes No		
6							
	for charitable purpos	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring			
	impermissible privat				Yes No		
Pa			ganization answered "Yes" on Form 990, Part	IV, line 7.			
1		vation easements held by the organizatio					
	_	f land for public use (for example, recrea		, ,			
	Protection of r		Preservation of a ce	ertified historic	c structure		
2	Preservation c		ied conservation contribution in the form of a	conservation	easement on the last		
2	day of the tax year.	rough zu ir the organization heid a quain			d at the End of the Tax Year		
а		servation easements					
b							
с	Ū		ucture included in (a)				
d	Number of conserva	tion easements included in (c) acquired a	after 7/25/06, and not on a historic structure				
	listed in the National	Register		2d			
3		tion easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization duri	ng the tax		
	year						
4		here property subject to conservation eas					
5	0		iodic monitoring, inspection, handling of		Yes No		
6		cement of the conservation easements it	holds? handling of violations, and enforcing conserva				
0		iours devoted to monitoring, inspecting,	handling of violations, and emorcing conserva	tion easemen	ts during the year		
7	Amount of expenses	 incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements du	iring the vear		
	▶\$	3, 1 3,	5		5 ,		
8		tion easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe	how the organization reports conservation	on easements in its revenue and expense state	ement and			
			ote to the organization's financial statements	that describe:	s the		
Der		nting for conservation easements.	Aut Historical Transverse or Other	Cimilar Ar			
Pa		ne organization answered "Yes" on Form	Art, Historical Treasures, or Other	Similar As	ssets.		
12			8, not to report in its revenue statement and b	alance sheet	works		
iu.	U		lic exhibition, education, or research in further				
			icial statements that describes these items.				
b			8, to report in its revenue statement and balan	ce sheet wor	ks of		
	art, historical treasur	es, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public s	ervice,		
	provide the following	amounts relating to these items:					
	(i) Revenue include	d on Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included						
2	If the organization re	ceived or held works of art, historical trea	asures, or other similar assets for financial gair	n, provide			
		s required to be reported under FASB A					
а							
			6 5 000				
		uction Act Notice, see the Instructions	s for Form 990.	Sch	edule D (Form 990) 2021		
132051	1 10-28-21		22				
			44				

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	edule D (Form 990) 2021 BAY AGI	NG APARTMENTS	MIDDLESEX IN	C 73-	1676722 Page 2		
3	Using the organization's acquisition, access				the second se		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange progr	am			
b	Scholarly research	e	Other				
С	Preservation for future generations		Parts of the second				
4	Provide a description of the organization's c	ollections and explain hov	v they further the organizati	on's exempt purpose in F	Part XIII.		
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be m	aintained as part of the or	ganization's collection?		Yes No		
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Complete if	the organization answered	"Yes" on Form 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermediary f	or contributions or other as	sets not included			
		The second s			Yes No		
b	on Form 990, Part X? Yes No						
			3		Amount		
С	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year			1e			
f	Ending balance	1f					
2a	Did the organization include an amount on F	orm 990, Part X, line 21, f	or escrow or custodial acco	ount liability?	Yes No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explana	ation has been provided on	Part XIII			
Pa	t V Endowment Funds. Complete		ed "Yes" on Form 990, Par	t IV, line 10.			
		(a) Current year (I	b) Prior year (c) Two yea	rs back (d) Three years b	ack (e) Four years back		
1a	Beginning of year balance						
b	Contributions			1			
С	Net investment earnings, gains, and losses						
d	Grants or scholarships	1000		and the second sec			
е	Other expenditures for facilities						
	and programs			n ksynfrikt	the Protocol Station		
f	Administrative expenses			1			
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance (line	a 1g, column (a)) held as:	in a production of the second			
а	Board designated or quasi-endowment	%					
b	Permanent endowment						
с		%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse		that are held and administe	red for the organization			
	by:	0		0	Yes No		
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required or	Schedule R?		3b		
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipm			1.1.2.2.0. A. (2.1.5.1)	1		
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11a. See Form 990	, Part X, line 10.			
-	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value		
		basis (investment)	basis (other)	depreciation	(4)		
1a	Land		140,500.	a sheke table is associ	140,500.		
	Buildings		3,252,102.	1,139,065.	2,113,037.		
	Leasehold improvements						
	Equipment		55,881.	44,669.	11,212.		
	Other						
	Add lines 1a through 1e. (Column (d) must e		lumn (B) line 10c)		2,264,749.		
	a : (ooidhir igrillidst e	Sent on you, ran A, co		Scher	dule D (Form 990) 2021		
				Control			

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Schedule D (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		The second s
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	Same and a second	Section sectors of the sector

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		and the best size it and a sub-sector strends and a sub-
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	······ •

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TENANT DEPOSITS HELD IN TRUST	11,918.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,918.

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

Schedule D (Form 990) 2021

73-1676722 Page 3

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Schedule D (Form 990) 2021 BAY AGING APARTMENTS		73-10	576722 Page 4
Part XI Reconciliation of Revenue per Audited Financia		per Return.	
Complete if the organization answered "Yes" on Form 990, Par 1 Total revenue, gains, and other support per audited financial statement		1	289,667.
 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 	ts	······	205,007.
a Net unrealized gains (losses) on investments	2a	and the second	
 b Donated services and use of facilities 	2b		
c Recoveries of prior year grants	20		
- Jean Jean Jean Jean Jean Jean Jean Jean			
			0.
5		2e	289,667.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 			209,007.
 a Investment expenses not included on Form 990, Part VIII, line 72 			
		2014/01/01	0.
		<u>4c</u>	289,667.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expense	s ner Beturn	209,007.
Complete if the organization answered "Yes" on Form 990, Par	The second se	o per neturn.	
1 Total expenses and losses per audited financial statements		1	339,600.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		(Later Port 1)	
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	339,600.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			339,600.
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECTS OF ACCOUNTING GUIDANCE RELATED TO

UNCERTAIN INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO

SIGNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN INCOME TAX POSITIONS

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AT MARCH 31, 2022. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT BY ANY

TAX JURISDICTIONS.

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Schedule D (Form 990) 2021

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2021.04030 BAY AGING APARTMENTS MIDD 730545_1

80	HEDULE J	Compensation Information	í.	0.40.41	15.15.00	
	orm 990)			OMB No. 1545-0047		
μc	inn 990j	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	1201	-	and the second	and the second
	rtment of the Treasury nal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	1	Open to Inspe	ection	
	ne of the organizatio		Employer iden		_	-
		BAY AGING APARTMENTS MIDDLESEX INC	73-167			
Pa	art I Question	s Regarding Compensation	1			
				de la	Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,		0.000	
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.			121	1.10
	First-class or c	harter travel Housing allowance or residence for perso	naluse		2010	
	Travel for com	panions Payments for business use of personal re	sidence		1.00	AUD S
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s	SALENCS.	11	
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)	100		
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or		. m		P.S.
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1001	e _11	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		1015
3	Indicate which if an	ny, of the following the organization used to establish the compensation of the organization's	-	96	- 34	
		ector. Check all that apply. Do not check any boxes for methods used by a related organization			-74	120
		ation of the CEO/Executive Director, but explain in Part III.	511 10	1110		1000
	Compensation					1210
		compensation consultant			18-	2
	<u> </u>	ther organizations Approval by the board or compensation of	ommittee	12	- 15-1	02.5
				1000	1 H	
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		June 1	1000	. dil
	organization or a re	lated organization:		-	13	
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1.28		66
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		8 0.2	2.20	4.5
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n	3.18	-	1.5
-	contingent on the re	• • • • • • • • • • • • • • • • • • • •		20	ang.	10,00
а	•			5a		x
		ation?		5b		X
~		r 5b, describe in Part III.	/**********************		10.1	10101
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n	11.07	1	
-	contingent on the n			1,415.		1.10
а	U			6a		X
b	Any related organization	ation?	12 Y	6b		X
~		r 6b, describe in Part III.			0.4.	3. L.
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				an tr' tr
		es 5 and 6? If "Yes," describe in Part III		7		X
8					1	
				8		x
9						and is
		53.4958-6(c)?		9		
9	Were any amounts i initial contract exce If "Yes" on line 8, di Regulations section	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	ne	8		x

erwork Reduction Act Noti

132111 11-02-21

(ii)

other deferred benefits (B)(i)-(D) in column (B) compensation reported as deferred (A) Name and Title (i) Base (ii) Bonus & (iii) Other on prior Form 990 compensation incentive reportable compensation compensation 0. 0. 0. 0. (1) KATHY E VESLEY (i) 0. 0. 198,318. 9,103. 5,690. 213,111. PRESIDENT 0. 0. (ii) (i) (ii) (i)

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

(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC

compensation

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.

73-1676722

(D) Nontaxable

(E) Total of columns

(C) Retirement and

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.

0.

0.

(F) Compensation

Schedule J (Form 990) 2021

Schedule J (Form 9	990) 2021
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BAY AGING APARTMENTS MIDDLESEX INC

73-1676722

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O		омв №. 1545-0047
(Form 990)		2021
Department of the Treasury		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		ver identification number
BAY AGING APARTMENTS MIDDLESEX INC		-1676722
FORM 990, PART	III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	1:

SERVICES TO BE PREDICATED UPON THE PROVISION, MAINTENANCE AND OPERATION

THEREOF ON A NONPROFIT BASIS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING OF_

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A STATEMENT EACH YEAR

ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO ABIDE BY THE CONFLICTS

OF INTEREST POLICY. IF A MEMBER OF THE BOARD HAS A POTENTIAL CONFLICT OF

INTEREST, SUCH BOARD MEMBER SHALL RECUSE THEMSELVES FROM VOTING, BUT

PARTICIPATE IN DISCUSSION ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS NO FULL-TIME EMPLOYEES. KEY PERSONNEL IN SUPPORT OF BAY AGING APARTMENTS MIDDLESEX ARE EMPLOYEES OF BAY AGING, A RELATED TAX EXEMPT ORGANIZATION. SUCH PERSONNEL ARE SUBJECT TO POLICIES AND PROCEDURES OF BAY AGING TO ENSURE THAT COMPENSATION PAID IS REASONABLE. BAY AGING RELIES ON THE BOARD'S COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, EXAMINATIONS OF FORM 990S OF OTHER TAX EXEMPT ORGANIZATIONS, AND COMPENSATION SURVEYS OR STUDIES TO ENSURE THAT COMPENSATION IS REASONABLE FOR THE ORGANIZATION. APPROVAL OF COMPENSATION IS DOCUMENTED IN THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

Name of the organization BAY AGI	NG APARTMENTS M	IDDLESEX INC	Employer identification 73-1676722	numbe
ORM 990, PART VI, SEG				
				TOV
HE ORGANIZATION MAKES				JICI
ND FINANCIAL STATEMEN	NTS AVAILABLE TO	O THE GENERAL PUBI	LIC UPON REQUEST.	
				1.
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		telletelle		
2212 11-11-21		30	Schedule O (Form 9	90)2

SCHE	DULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BAY AGING APARTMENTS MIDDLESEX INC

Employer identification number 73-1676722

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-			

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
BAY AGING - 54-1085032							
P.O. BOX 610							
URBANNA, VA 23175	SERVICES	VIRGINIA	501(C)(3)	LINE 7			X
BAY AGING FOUNDATION - 13-4232354							
P.O. BOX 610							
URBANNA, VA 23175	SERVICES	VIRGINIA	501(C)(3)	LINE 7	1		X
	_						
BAY AGING APARTMENTS COLONIAL BEACH -							
54-1788168, P.O. BOX 622, URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS GOUCESTER - 54-1933696							
P.O. BOX 622							
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2021

73-1676722

Part II	Continuation of	Identification of Relate	ed Tax-Exempt Organizations
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
BAY AGING APARTMENTS KILMARNOCK - 75-2985080	_						
P.O. BOX 622	_						
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS MONTROSS - 54-1974574	_						
P.O. BOX 622	_						
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS WEST POINT - 54-1837951	_						
P.O. BOX 622	_		-				
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS WESTMORELAND -	-						
57-1206469, P.O. BOX 622, URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			x
BAY AGING APARTMENTS JCC - 11-3749025						-	<u></u>
P.O. BOX 622	-						-
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10	100 C	1.000	x
	-						

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Schedule R (Form 990) 2021 BAY AGING APARTMENTS MIDDLESEX INC

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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.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	Predomin	(e) nant income	Share	(f) e of total	Sha	(g) are of		h) ortionale	(i) Code V-	UBI	(j) General	(H or Perce	ntac
of related organization		(state or foreign	entity	(related,	unrelated, om tax under	inc	come	end-	of-year sets		itions?	amount in 20 of Sch	box	managir partner	owne	ershi
		country)		sections	512-514)			45	5015	Yes	No	K-1 (Form		Yes N	0	
											_				11	
	_	-	-				1									
																_
				-			-				-					
													-			
				L									_			-
organizations treated as a	Organizations Taxable a corporation or trust durin	as a Corpo	year.	l omplete if t		ion ansv	vered "Yes	" on For	m 990, Pa	 art IV, I	line 34	, because it	had o	ne or n	nore rela	ated
organizations treated as a (a) Name, address, and	corporation or trust durir	ng the tax y	(b)	(c)	(d) Direct cont	trolling	(e)	entity	(f) Share o) of total		(g) Share of	Per	(h) centag	e 512(t	i) tion
organizations treated as a	corporation or trust durir	ng the tax y	year. (b)	(c)	(d)	trolling	(e)	entity S corp.	(f)) of total		(g)	Per	(h)	e Sec 512(t contr ent	i) tion b)(13) tolled ity?
(a)	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e 512(t	i) tion b)(13) tolled ity?
(a)	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) olled ity?
(a)	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) olled ity?
(a)	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) collect
(a)	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) collect
organizations treated as a (a) Name, address, and	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) tolled ity?
organizations treated as a (a) Name, address, and	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13) tolled ity?
organizations treated as a (a) Name, address, and	corporation or trust durir	ng the tax y	year. (b)	(C) egal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp. S	entity S corp.	(f) Share o) of total		(g) Share of end-of-year	Per	(h) centag	e Sec 512(t contr ent	i) tion b)(13 collect ity?

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	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		W 」(程)	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
			N. C.	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10	X	
		A survey		
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BAY AGING	P	105,621.	AMOUNTS PAID
(2)		aut said	
(3)			
(4)			
(5)			
_(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations	amount in box 20	General or managing partner? Yes No	Percenta ownersh
			1							

Schedule R (Form 990) 2021

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chedule R (Form 990) 2021	BAY AGING	APARTMENTS 1	MIDDLESEX INC	73-1676722	Page
Part VII Supplemental Info		¥			
Provide additional infor	mation for responses to o	questions on Schedule	e R. See instructions.		
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					-
				Schedule R (Form	