KEITER 4401 DOMINION BOULEVARD GLEN ALLEN, VIRGINIA 23060

OCTOBER 25, 2022

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

BAY AGING APARTMENTS WESTMORELAND 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 WESTMORELAND 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:

	Ĩ	IRS e-file Sigr	nature A	uthorization		OMB No. 1545-0047
Form 8879-TE		for a Tax	Exemp	t Entity		
	For calendar year 202	21, or fiscal year beginning <u>AP</u>	<u>R 1</u> ,2	021, and ending MAR	31_, 20 22	2021
Department of the Treasury		Do not send to the send to	he IRS. Keep	for your records.	- 147 - 1991	2021
Internal Revenue Service		Go to www.irs.gov/For	m8879TE for	the latest information		
Name of filer				10	EIN or SSN	
		MENTS WESTMORI		NC	57-12	206469
Name and title of officer of		KATHY E. VES PRESIDENT	ГЕХ			
	of Return and Re					
Form 5330 filers may e or 10a below, and the whichever is applicable than one line in Part I.	enter dollars and cents amount on that line for	re using this Form 8879-TE . For all other forms, enter r the return being filed with 0-). But, if you entered -0- o	whole dollars this form wa on the return,	only. If you check the b s blank, then leave line hen enter -0- on the app	ox on line 1a, 2a, 1b, 2b, 3b, 4b, 5b, blicable line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b, Do not complete more
						1b <u>184,099</u> .
	check here ▶ DL check here ▶					2b 3b
	check here	b Total tax (Form 112 b Tax based on inves				
	eck here	b Balance due (Form				4b 5b
	heck here					6b
	eck here	b Total tax (Form 472				7b
	eck here	b FMV of assets at er				8b
	eck here	b Tax due (Form 5330	-			9b
10a Form 8038-CF		b Amount of credit pa			art III, line 22)	10b
		ture Authorization o				
later than 2 business d payment of taxes to re- personal identification PIN: check one box on	ays prior to the payme ceive confidential infor number (PIN) as my sig nly	Account. To revoke a paym int (settlement) date. I also mation necessary to answ gnature for the electronic r	authorize the er inquiries an eturn and, if a	financial institutions in d resolve issues related oplicable, the consent t	rolved in the proces to the payment. I o electronic funds	ssing of the electronic nave selected a withdrawal.
		ERO firm n		Difference		Enter five numbers, but
			unio			do not enter all zeros
with a state a on the return As an officer return. If I ha	agency(ies) regulating of 's disclosure consent of or person subject to ta ve indicated within this	21 electronically filed return charities as part of the IRS screen. ax with respect to the entit s return that a copy of the my PIN on the return's dis	Fed/State pro ty, I will enter t return is being	ogram, I also authorize t ny PIN as my signature ı filed with a state agend	he aforementioned on the tax year 20	ERO to enter my PIN 21 electronically filed
		my Find on the return S dis	closure conse	ni scieen.		
Signature of officer or person se	ication and Authe	entication			Date	
ERO's EFIN/PIN. Ente						
number (EFIN) followed				54522423 Do not enter all		
		N, which is my signature c requirements of Pub. 416				
ERO's signature 🕨				Date 🕨		
		ERO Must Retain The				
		ubmit This Form to t		ess nequested 10	00 30	Form 8879-TE (2021)
LINA FOR Privacy act a	and Paperwork Redu	ction Act Notice, see inst	auctions,			
102521 01-11-22						

2

	ary 2022) f the Treasury	Application for Automatic Extension of Time To File an Exempt Organization Return OMB No. 1545-0047 ▶ File a separate application for each return. OMB No. 1545-0047 ▶ Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047 Ie). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic twww.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. mth Extension of Time. Only submit original (no copies needed).			
orms liste Contracts,	d below with t for which an	he exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit extension request must be sent to the IRS in paper format (see instructions). For more details on the ele			
Automa	tic 6-Mont	h Extension of Time. Only submit original (no copies needed).			
		I to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and request an extension of time to file income tax returns.	trusts		
Гуре or print	Name of exe	empt organization or other filer, see instructions.	ification number (TIN)		
	BAY AG	ING APARTMENTS WESTMORELAND INC 57	-1206469		
ile by the due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 622				
nstructions.	City, town o	r post office, state, and ZIP code. For a foreign address, see instructions. A, VA 23175			

Return

Code

01

03

04

05

06

07

box 🕨 🔄 . If it is for part of the group, check this box 🕨 🔄 and attach a list with the names and TINs of all members the extension is for.

I request an automatic 6-month extension of time until FEBRUARY 15, 2023 , to file the exempt organization return for

If the organization does not have an office or place of business in the United States, check this box

Application

Form 1041-A

Form 5227

Form 6069

Form 8870

Fax No. 🕨

, and ending MAR 31, 2022

Initial return

Form 4720 (other than individual)

Is For

Enter the Return Code for the return that this application is for (file a separate application for each return)

• The books are in the care of P.O. BOX 622 - URBANNA, VA 23175

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

the organization named above. The extension is for the organization's return for:

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

estimated tax payments made. Include any prior year overpayment allowed as a credit.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

or

If the tax year entered in line 1 is for less than 12 months, check reason:

► X tax year beginning APR 1, 2021

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

0.

0.

0.

0 1

Return

Code

08

09

10

11

12

. If this is for the whole group, check this

123841 01-12-22

Application

Form 990-PF

Form 990 or Form 990-EZ

Form 990-T (sec. 401(a) or 408(a) trust)

Telephone No. ► (804) 758-2386

Form 990-T (trust other than above)

calendar year

Change in accounting period

any nonrefundable credits. See instructions.

Form 4720 (individual)

Form 990-T (corporation)

Is For

1

2

b

С

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Final return

3a

3b | \$

3c \$

Percent of Organization Exempt From Income Tax Index section 50(c), 527, or 497(i)(1) of the Internal Revenue Code (except private foundations) Point and the Code (cover private foundation of the Code (cover private foundation) A For the 201 calendar year, or tax year beginning APR 1, 2021 and ending MAR 31, 2022 B treads C Name of organization B AY AGING APARTMENTS WESTMORELAND INC C Name of organization B AY AGING APARTMENTS WESTMORELAND INC C () to work, state of provide (country, and 2/P or foreign postal code C () to work, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code C () to town, state of provide (country, and 2/P or foreign postal code 1 Tacesempt status; S () 00(0) 1 Tacesempt status; S () 00(0				EXTENDED TO H				- 1	OMB No. 1545-0047
Denote the formation Denote the social security numbers on this form as it may be made public. Denote and a public image of mage of	For	- g	90	•				ons)	2021
Image: Control of the instructions and the latest information. Inspection A For the 2201 calendar year, or tax year beginning APR 1, 2021 and ending MAR 31, 2022 B Check (Control and Control and									Open to Public
B Description Demployer identification number B Description Demployer identification number BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Doing Lastness as Conservegets 1844, 0758-2386 Bay AGING APARTMENTS WESTMORELAND INC 57-1206469 Drawber and atter (or P.0. box if mail is not deliverat to street address) Rooth/suite E Telephone number Conservegets atter No Box 622 Conservegets 3 184, 099. URBANNA, VA 23175 Hame and address of principal dincer KATHY E. VESLEY Hall bits a adgroup return for subordinates? No Market X State (X agropsite) Taxeeempt status (X State) (X agropsite) Taxee and address of principal dincer KATHY E. VESLEY Hall bits a data that a list. See instructions Y destress Website) WW BAYAGING.ORG Height State of legal domicle: VA Partil Summary Live of tormation: 20.07 IM State of legal domicle: VA Partil Summary If the organization is solution of the governing bady (Part V, line 1a) 3 16 Number of voiting members of the governing bady (Part V, line 1a) S 0 0 0 B ordinations and grants (Part VIII, isolen (K, line 12) S	Inter	nal Rev	venue Service			nd the latest	information.		
addees BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Doing Dusiness as Number and street (or P.0. box if mail is not delivered to street address) Foom/suite Formore City or town, state or province, country, and 2IP or foreign postal code Gross-means 184, 099. Margin File Mean 184, 099. Margin Form or anginature: [X 501(c)] 191(c) ((inset no.) 4947(a)(1) or 11 Margin Form or angination: [X Corporation - Trust: Association 0 (for up exemption number) Korm or angination: [X Corporation - Trust: Association 11 (for corpo exemption number) Form or angination: [X Corporation - Trust: Association of there] 10 (for et al. 1000) 14 (for et al. 1000) 14 (for et al. 1000) 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HUD SUBSIDIZED 1000000000000000000000000000000000000	AF	For th	ne 2021 calenda	year, or tax year beginning APR 1,	2021 and	dending N	MAR 31, 2022	2	
BAY AGING APARZMENTS WESTMOKELAND INC 57-1206469 BAY AGING APARZMENTS WESTMOKELAND INC 57-1206469 Bay A GING APARZMENTS WESTMOKELAND INC Formore umber (804) 758-2386 Bay A GING APARZMENTS WESTMOKELAND INC Formore umber (804) 758-2386 Bay A GING APARZMENTS WESTMOKELAND INC Formore umber (804) 758-2386 Bay A GING APARZMENTS WESTMOKELAND INC Grassmests 184,099. High at this a group return for subordinates? Ves No SAME AS C ABOVE High at this a group return for subordinates? Ves No J Webster, MWW, BAYAGING.ORG High at this as instructions High at this as the attructions I HOUSING FOR LOW INCOME SENIOR CITIZENS. 2007M State of legal domicil; VA Part I Summary I the organization's mission or most significant activities: TO PROVIDE HUD SUBSIDIZED 1 OUBLING FOR LOW INCOME SENIOR CITIZENS. 2007M State of legal domicil; VA 2 mother of undergenet of the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of undergenet (etamat in form 600°, Part I, line 11 16 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 5 Otal number of undergenet (etamat in form 600° FOR 90°), Part I, line 11 76 0 6 Total number of undergenet (B Check if applicable: C Name of organization number		n number						
Comp Duraness as Comp Submess as Part 2004 d0 59 Provide Room/suffs E Telephone number Provide Room/suffs E Telephone number Provide URBANNA, VA 23175 State or province, country, and ZIP or foreign postal code G creax neegests 184, 099. Provide FName and address of principal officer. KATHY E. VESLEY Hig is this a group return Yes N No How works State AS C ABOVE Hig is this a group return Yes N No Hig is this a group return FName and address of principal officer. KATHY E. VESLEY Hig is this a group return Yes No Yes No Taxexempt status: Stif(x)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 Yes No Taxexempt status: Stot(X) Stot(X) Stot(X) Yes No Yes No Taxexempt status: Stot(X) Stot(X) Yes No No Yes No No Taxe of principal officer. KATHY E. VESLEY Yes No No No Yes No No Taxe of the governing body (Part V), line 10 Levern of transition: Taxe No 16 Yes No Taxe of thegonedint voting members of the governing bo		Addr	BAY A	GING APARTMENTS WESTMOR	RELAND INC				
Intervent Number and street (of P.0. box /f mails in oldeliver all offset address) RoomSuits E Telephone number Intervent P.O. BOX 622 (804) 758-2386 Intervent RoomSuits E Telephone number Intervent Roomsuits RoomSuits <t< td=""><td></td><td></td><td>ge Doing bu</td><td>iness as</td><td></td><td></td><td>57-12064</td><td>169</td><td></td></t<>			ge Doing bu	iness as			57-12064	169	
Within the organization of the organization discontinue disconte disconti di discontinue discontinue discontinue disco		Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite					386		
URBANNA, VA 23175 H(a) Is this a group return for subordinates? Yes X No Application F Name and address of principal officier: KATHY E. VESLEY SAME AS C ABOVE Yes X No 1 Taxexempt status: X 501(c)(3) 501(c) (() ((insert no.) 4947(a)(1) or 527 Yes X: WWN, BAYAGING. ORG H'No, 'attach a list. See instructions H'No, 'attach a list. See instructions K form of organization: X Corporation True Association Other L Year of formation: 20 07 M State of legal domicile; VA PartI Summary Contributions and grate (fact: KATHY E. VESLEY Summary Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HUD SUBSIDIZED HOUSING FOR LOW INCOME SENIOR CITIZENS. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendary year 2021 (Part V, line 1a) 4 15 5 Total number of ubunderse (estimate if necessary) 6 0 0 6 Contributions and grants (Part VIII, line 1a) Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 13, 4, and 7d) 26. 17. 10 Investment income (Part VIII, column (A), lines 4, and 7d) 26. <td< td=""><td></td><td>termi</td><td>in-</td><td></td><td>ign postal code</td><td>1</td><td></td><td></td><td></td></td<>		termi	in-		ign postal code	1			
Important F Name and address of principal officer: KATHY E. VESLEY If or subordinates? If or subordinatesubordinates insubordinatesubordinates insubo							return		
pending SAME AS C ABOVE H(b) <i>x</i> eait subcidinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 521 H(b) <i>x</i> eait subcidinates included? Yes No J Briefly describe the organization: X form of organization:		Appli			VESLEY				Yes X No
1 Tax-exempt status: X 501(c)(3)		pend	ling						
J Website: WiW. BAYAGING.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L vear of formation: 20.07 M State of legal domicile; VA Part II Summary It is describe the organization's mission or most significant activities: TO PROVIDE HUD SUBSIDIZED HOUS ING FOR LOW INCOME SENIOR CITIZENS. If the organization discontinue dis operations or disposed of more than 25% of its net assets. 3 16 Number of independent voting members of the governing body (Part VI, line 1a) 3 16 4 15 5 Total number of individuals amployed in calendary are 2021 (Part V, line 2a) 5 0 6 0									
K Form of organization: IX Corporation Trust Association Other L Vear of formation: 20.07 M State of legal demicile: VA Part1 Summary I Breitly describe the organization's mission or most significant activities: TO PROVIDE HUD SUBSIDIZED HOUSING FOR LOW INCOME SENIOR CITIZENS. 2 Check this box I I Breitly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 3 16 4 Number of independent voting members of the governing body (Part V, line 2a) 5 00 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 00 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 6 0 0 0 0 0 0 0 9 Program service revenue (Part VIII, line 10) 0 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 17 10 Investment income (1				
Part I Summary a Briefly describe the organization's mission or most significant activities: TO_PROVIDE_HUD_SUBSIDIZED HOUSING_FOR_LOW_INCOME_SENIOR_CITIZENS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) if the organization discontinued its operations or disposed of more than 25% of its net assets. Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 To Total number of volunteers (estimate if necessary) 6 To Total number of volunteers (estimate if necessary) 0 Program service revenue (Part VIII, line 11) Prior Year Current Year 0 10 Investment income (Part VIII, lines 2g) 181, 943. 11 Other revenue (Part VIII, column (A), lines 1-3) 0 12 Total revenue (Part VIX, column (A), lines 1-3) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 144, 028. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 144, 028.					Other ►	L Year			
HOUSING FOR LOW INCOME SENIOR CITIZENS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of voting members of the governing body (Part VI, line 1a) 4 15 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 2g) 181, 943. 184, 082. 10 Investment income (Part VIII, lone 2g) 181, 943. 184, 082. 10 Investment income (Part VIII, lone 2g) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 0. 10 Berefits paid to or for members (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 14 Berefits paid to or for members (Part IX, column (A), line 25) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 5.5)									
HOUSING FOR LOW INCOME SENIOR CITIZENS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of voting members of the governing body (Part VI, line 1a) 4 15 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 2g) 181, 943. 184, 082. 10 Investment income (Part VIII, lone 2g) 181, 943. 184, 082. 10 Investment income (Part VIII, lone 2g) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 0. 10 Berefits paid to or for members (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 14 Berefits paid to or for members (Part IX, column (A), line 25) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 5.5)		1	Briefly describe	the organization's mission or most significant	activities: TO P	ROVIDE	HUD SUBSID	IZE	D
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>Ce</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Ce								
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>nar</td> <td>2</td> <td>Check this box</td> <td>▶ if the organization discontinued its</td> <td>operations or dispo</td> <td>sed of more</td> <td>than 25% of its net as</td> <td>ssets.</td> <td></td>	nar	2	Check this box	▶ if the organization discontinued its	operations or dispo	sed of more	than 25% of its net as	ssets.	
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>ver</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>16</td>	ver	3							16
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>S</td> <td>4</td> <td>Number of inde</td> <td>pendent voting members of the governing boo</td> <td></td> <td></td> <td>transfer and the second s</td> <td></td> <td>15</td>	S	4	Number of inde	pendent voting members of the governing boo			transfer and the second s		15
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>ŝ</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td>	ŝ	5							0
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>itie</td> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>0</td>	itie	6						-	0
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. a Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 16a Professional fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 16 Drofe expenses (Part IX, column (D), line 25) 0. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 310. 196, 370. 211, 344. 1, 394, 026. 26, 2331. <td>ctiv</td> <td> 7 a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	ctiv	7 a							0.
Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181,943. 184,082. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 144,028. 13,343. 16a Proferssional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 182,342. 197,967. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 196,370. 211,310. 19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. 20 Total assets (Part X, line 26) 26,231. 34,734. 21 Total lassets (Part X, line 26) 26,231. 34,734.	Ā	b						,	0.
9 Program service revenue (Part VIII, line 2g) 181,943. 184,082. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26. 17. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181,969. 184,099. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 14,028. 13,343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 0. 196,370. 211,310. 19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. 1,386,503. 1,394,0266. 20 Total assets (Part X, line 16) 1,386,503. 1,359,292. 1,386,503. 1,359,292. 21 Total liabilities (Part X, line 26) 1,386,503. 1,359,292. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Current Year</td></t<>									Current Year
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 181, 943. 184, 082. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26. 17. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 14, 028. 13, 343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182, 342. 197, 967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 1966, 370. 211, 310. 19 Revenue less expenses. Subtract line 18 from line 12 -14, 401. -27, 211. 130. 20 Total assets (Part X, line 16) 1, 386, 503. 1, 394, 0266. 26, 231. <td></td> <td>8</td> <td>Contributions a</td> <td>nd grants (Part VIII, line 1h)</td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td>		8	Contributions a	nd grants (Part VIII, line 1h)			0.		0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 144, 028. 133, 343. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182, 342. 197, 967. 182, 342. 197, 967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 196, 370. 211, 310. 19 Revenue less expenses. Subtract line 18 from line 12 -144, 401. -27, 211. 20 Total assets (Part X, line 16) 1, 412, 734. 1, 394, 026. 21 Total assets (Part X, line 26) 26, 231. 34, 734. 22 Net assets or fund balances. Subtract line 21 from line 20 1, 386, 503. 1, 359,	nue	9	Program servic				181,943.		184,082.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181, 969. 184, 099. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 144, 028. 133, 343. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182, 342. 197, 967. 182, 342. 197, 967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 196, 370. 211, 310. 19 Revenue less expenses. Subtract line 18 from line 12 -144, 401. -27, 211. 20 Total assets (Part X, line 16) 1, 412, 734. 1, 394, 026. 21 Total assets (Part X, line 26) 26, 231. 34, 734. 22 Net assets or fund balances. Subtract line 21 from line 20 1, 386, 503. 1, 359,	eve	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)			26.		17.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181,969. 184,099. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14, 028. 13, 343. 0. <t< td=""><td>æ</td><td>11</td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td></t<>	æ	11					0.		0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,028. 13,343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182,342. 197,967. 196,370. 211,310. 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196,370. 211,310. -14,401. -27,211. 19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,412,734. 1,394,026. 26,231. 34,734. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 1,359,292. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block Signature Block 1,359,292. Under penalties of perjury, I declare that		12	Total revenue -	add lines 8 through 11 (must equal Part VIII, c	olumn (A), line 12)		181,969.		184,099.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 144,028. 13,343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 182,342. 197,967. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 196,370. 211,310. 19 Revenue less expenses. Subtract line 18 from line 12 -144,401. -27,211. 18 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 26,231. 34,734. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block 1,386,503. 1,359,292. 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.		13	Grants and sim	ar amounts paid (Part IX, column (A), lines 1-3	3)		0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,028. 13,343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182,342. 197,967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196, 370. 211, 310. 19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. 20 Total assets (Part X, line 16) 26,231. 34,734. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block 1,386,503. 1,359,292. 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. Deta		14	Benefits paid to	or for members (Part IX, column (A), line 4)			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	'n	15	Salaries, other	ompensation, employee benefits (Part IX, colu	umn (A), lines 5-10)		14,028.		13,343.
b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182,342. 197,967. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196,370. 211,310. 19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,412,734. 1,394,026. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	_ C I	16a	Professional fur	draising fees (Part IX, column (A), line 11e)			0.		0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 196, 370. 211, 310. 19 Revenue less expenses. Subtract line 18 from line 12 -14, 401. -27, 211. 10 Beginning of Current Year End of Year 11 Total assets (Part X, line 16) 1, 412, 734. 1, 394, 026. 20 Total liabilities (Part X, line 26) 26, 231. 34, 734. 21 Total liabilities (Part X, line 26) 1, 386, 503. 1, 359, 292. 21 Net assets or fund balances. Subtract line 21 from line 20 1, 386, 503. 1, 359, 292. 21 Image: Signature Block Image: Signature Block Image: 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.	be	b	Total fundraisin						
19 Revenue less expenses. Subtract line 18 from line 12 -14,401. -27,211. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,412,734. 1,394,026. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block Signature Block 1 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.	ŵ	17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)				1	197,967.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,412,734. 1,394,026. 21 Total liabilities (Part X, line 26) 26,231. 34,734. 22 Net assets or fund balances. Subtract line 21 from line 20 1,386,503. 1,359,292. Part II Signature Block Signature Block Signature Block		18	Total expenses	Add lines 13-17 (must equal Part IX, column ((A), line 25)		196,370.		211,310.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		19	Revenue less e	penses. Subtract line 18 from line 12			-14,401.		-27,211.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Ces					Be	ginning of Current Year		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	sets	20	Total assets (Pa	rt X, line 16)					
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	AS	21	Total liabilities (Part X, line 26)			26,231.		
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.							1,386,503.		1,359,292.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Pa	irt II	Signature	Block					
								y know	ledge and belief, it is

Sign			Date			
Here	KATHY E. VESLEY, PRESI	DENT				
Paid	Print/Type preparer's name JAYME MIKA	Preparer's signature	Date Check PTIN if self-employed P00852731			
Preparer	Firm's name 🕨 KEITER, STEPHENS	, HURST, GARY & SHREA	VES Firm's EIN ► 54-1631262			
Use Only	Se Only Firm's address ▶ 4401 DOMINION BLVD GLEN ALLEN, VA 23060 Phone no. (804) 747-0000					
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No			
	LUA F. D. L. D. J. C. A. A.A.	all a second a track of the second	E 000 (0001)			

13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)

	BAY AGIN THIS Statement of Program Server	IG APARTMENTS WESTMO	RELAND INC	57-1206469 Page 2
		ponse or note to any line in this Part III		X
1	Briefly describe the organization's mission TO PROVIDE LOW INCOME	1:		
	SPECIFICALLY DESIGNED NEEDS, AND TO PROMOTE IN LONGER LIVING, THE	THEIR HEALTH, SECU	RITY, HAPPINESS A	ND USEFULNESS
2	Did the organization undertake any signifi	cant program services during the year	which were not listed on the	
3	Did the organization cease conducting, or If "Yes," describe these changes on Sche	make significant changes in how it con	nducts, any program services?	Yes X No
4	Describe the organization's program servi Section 501 (c)(3) and 501(c)(4) organization revenue, if any, for each program service	ce accomplishments for each of its three ons are required to report the amount o		
4a		51,408. including grants of s 24 APARTMENTS FOR RI IZENS CONTINUE TO LI SUPPORT SERVICES, S SERVICES, PERSONAL (ENT TO SENIOR CIT IVE HEALTHY, INDE SUCH AS HOUSEKEEP CARE, MEDICATION	IZENS TO PENDENT LIVES. ING, REMINDERS, AND
	CITIZENS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$))
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	s)
4d	Other program services (Describe on Sche	edule O.) neluding grants of \$) (Revenue S	
4e	Total program service expenses	151,408.		
-	2 12-09-21	3		Form 990 (2021)

0	(2021)		

BAY AGING APARTMENTS WESTMORELAND INC Form 990 (2021) BAY AGING AP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
З	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	1.1	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes, " complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		in the	
	as applicable.	18.11		11112
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			
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
0	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		12a	х	
	Schedule D, Parts XI and XII	IZa	-	
d	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
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,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
132003	3 12-09-21	Form	990	(2021)

4

132003 12-09-21

2021.04030 BAY AGING APARTMENTS WEST 730545.1

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

	a Mariana and Anna an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	- 10 J	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04.0	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	11 m	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		-	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1.00	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	2.11	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):		(Rebs)	4
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		1	
	"Yes," complete Schedule L, Part IV	28a	11	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1		
	"Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive 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		12.14	
	contributions? If "Yes," complete Schedule M	30	2.2	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
	Schedule N, Part II	32	1.1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		10	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	**
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
30	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	20	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	A	
Part Change	Check if Schedule O contains a response or note to any line in this Part V			
1			Vaa	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-10		
C	(gambling) winnings to prize winners?	1c	x	D. HOLEN
122004	12-09-21			(2021)

5

132004 12-09-21

	1	
Form	990	(2

Form 990 (2021) BAY AGING APARTMENTS WESTMORELAND INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				in the	112
	filed for the calendar year ending with or within the year covered by this return				in c-m	(The second
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	100000	-
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction				ALC: NO	v
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			3b		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country	accou	ig?	40	C. U.S.	
IJ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		te (FBAR)	2018		1125
52	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 transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
0a	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions					
2	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				1.5	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		x
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.0		
0	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10	181.5	TO THE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	-		7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		· \$257	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.			1.44 -	1995	52
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:				1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	land the second second			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			10	1
11	Section 501(c)(12) organizations. Enter:			SU	entiul	
а	Gross income from members or shareholders	11a		1991 Car		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				Ball	
		11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ar di	1144	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1.0	111	Maria
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			12.1	Comments	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		1.00	is man	
	Enter the amount of reserves on hand	13c		a least	347	TRO
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					in the
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			× 11 1	R. Es	
	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.				0.6.5	1
32005	12-09-21 6			Form	990	(2021)

10281026 759400 730545.013 2021.04030 BAY AGING APARTMENTS WEST 730545.1

Form 990	(2021)
----------	--------

BAY AGING APARTMENTS WESTMORELAND INC

57-1206469 Page 6

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

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

X

Sec	tion A. Governing Body and Management		_	
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	2		1.11
	If there are material differences in voting rights among members of the governing body, or if the governing	12	I DIRCH	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16,000		1
		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1.1	1 / Salarin	
	officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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	_	X
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			v
	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	L		v
	persons other than the governing body?	7b	Langer and	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
C	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.)			
		40.	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10.	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12c	х	
10	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.00		5.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Δ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1-SILS	1.0	
108	Assisted a setting during the user's	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	Dig Fall	
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	· · · · ·	Stuk	
		16b	v	-
Sec	exempt status with respect to such arrangements?			
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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)	c only)		blo
10	for public inspection. Indicate how you made these available. Check all that apply.	s only)	avalla	Jie
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	dfinan	leie	
19	statements available to the public during the tax year.		mai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	WILLIAM D. SMITH - (804) 758-2386			
	P.O. BOX 622, URBANNA, VA 23175			
122000	2-09-21	Form	990	(2021)
102UUC				,

7

132006 12-09-21

2021.04030 BAY AGING APARTMENTS WEST 730545.1

Form 990 (2021) BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	-

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• 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) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHY E. VESLEY PRESIDENT	1.00	x		x				0.	198,318.	14,793.
(2) BARRY GROSS, MD. VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) STANLEY CLARKE TREASURER	1.00	x		x				0.	0.	0.
(4) VERA LEE SECRETARY	1.00	x		x				0.	0.	0.
(5) JAMES N. CARTER DIRECTOR	1.00	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 DIRECTOR	1.00	x						0.	0.	0.
(9) JAMES DUDLEY DIRECTOR	1.00	x						0.	0.	0.
(10) BRUCE CRAIG DIRECTOR	1.00	x						0.	0.	0.
(11) CYNTHIA TALCOTT DIRECTOR	1.00	x						<u>0</u> .	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.
								6.00		

8

132007 12-09-21

2021.04030 BAY AGING APARTMENTS WEST 730545.1

			_	_	_		_	_	ELAND INC	57-1:	2064	69	Page 8
Par	t VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t Co	mpensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	Average Posi (do not check r box, unless per officer and a di			(C) osition k more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensatic from related	on d	Esti amo o	(F) mated ount of ther
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC) o a		fro orgai and	ensation m the nization related izations
		line)	Individ	Institut	Officer	Key em	Highes	Former			-	orga	
			_			-					_		-
	1										-		
						_	-						
								-					
	Second Second Second												
	and the second second												
	Subtotal								0.	198,31		14	,793.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0.	198,32	0.	14	0.,793.
2	Total number of individuals (including but r compensation from the organization							o re					0
			-	-	-		1					ľ	es No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3	x
4	For any individual listed on line 1a, is the seand related organizations greater than \$15											4	x
5	Did any person listed on line 1a receive or a												
Cas	rendered to the organization? <i>If</i> " <u>Yes." con</u> tion B. Independent Contractors	nplete Schedule	Jf	or su	ich i	bers	or .					5	X
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	pensati	on fror	1
	the organization. Report compensation for												
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	Co	(C) mpens	ation
				_									
_			_	_				_					
_					_	_		_	de la composition de la compos				
2	Total number of independent contractors (i	ncluding but p	at lir	niter	tto	thos	e lie	ted	above) who received m	ore than			
-	\$100,000 of compensation from the organi		JUI	anec.	0	(above) who received me				
											F	orm 9	90 (2021)

132008 12-09-21

		Check if Schedule O contains a response	or noto to any mit	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
			10 m m		function revenue	business revenue	from tax under sections 512 - 5
s	1 a	Federated campaigns					
and Other Similar Amounts		Membership dues 1b			A Section	and store as an	in a start
Am		Fundraising events 1c			the details	a shire a dise suith	Trisland Street St.
ar		Related organizations 1d				Charles Manufferen	
		Government grants (contributions) 1e				Nu brits Antonio anto	Bas sheriff
e	f	All other contributions, gifts, grants, and			The set of the set		
		similar amounts not included above 1f			a conserver	Contraction of the Party States	
DU	~	Noncash contributions included in lines 1a-1f					
10	<u>n</u>	Total. Add lines 1a-1f	Business Code				
	2 a	RENTS	531110	184,082.	184,082.		
Revenue	b						
nue	с		/				
eve	d			Carlos Longer			
ř	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	184,082.			
	3	Investment income (including dividends, intere		1.5			
		other similar amounts)		17.			1'
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
			(ii) Personal	A ALE AND A CONTRACT			
1		Gross rents 6a					
		Less: rental expenses 6b Rental income or (loss) 6c		Staddy - Charles			
		Gross amount from sales of (i) Securities	(ii) Other				
1	a	assets other than inventory 7a	(
	h	Less: cost or other basis					
	~	and sales expenses 7b					
	С	Gain or (loss) 7c					N. Carton Street
		Net gain or (loss)	▶				
		Gross income from fundraising events (not					
		including \$ of			A State of the second second	with with the sufferences of	Standard and a standard
		contributions reported on line 1c). See			A Standard		Association in the
		Part IV, line 18 8a			anna anna anna anna anna anna anna ann	we support	a tennished i
		Less: direct expenses8b					
		Net income or (loss) from fundraising events	····· •				
1	9 a	Gross income from gaming activities. See	28	A DATE PROVE		No new Automation	SALAPPER S
		Part IV, line 19 9a		Line of the second second			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
1"	Ja	Gross sales of inventory, less returns and allowances 10a					
	h	and allowances 10a Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
+	C	The moothe of (1055) from sales of inventory	Business Code				
1	1 a						
Revenue	b			C.L. E.			
ave	c						
ř		All other revenue			The second second		
		Total. Add lines 11a-11d	▶				
1:		Total revenue. See instructions		184,099.	184,082.	0.	1

10281026 759400 730545.013 2021.04030 BAY AGING APARTMENTS WEST 730545.1

Form 990 (2021) BAY AGING APARTMENTS WESTMORELAND INC Part IX Statement of Functional Expenses 57-1206469 Page 10

Sect	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 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			The state presents of	I wanter I but the
	and domestic governments. See Part IV, line 21	the second second second		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
2	Grants and other assistance to domestic			Land and the states of	realized in the second
	individuals. See Part IV, line 22			The second second	
3	Grants and other assistance to foreign				Succession of the succession
	organizations, foreign governments, and foreign			Table of the second	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,156.		11,156.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,228.		1,228.	
10	Payroll taxes	959.		959.	
11	Fees for services (nonemployees):				
а	Management	20,528.	· · · · · · · · · · · · · · · · · · ·	20,528.	
b	Legal		· · · · · · · · · · · · · · · · · · ·		
	Accounting	18,334.		18,334.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	P (0 P			
13	Office expenses	7,697.		7,697.	
14	Information technology				
15	Royalties	04 647	04 647		
16	Occupancy	94,647.	94,647.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	46,736.	46,736.		
22 23	Insurance				
23	Other expenses. Itemize expenses not covered			- Andreas and the second second	Service States
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	8,584.	8,584.		
a	MISC. TAXES ETC	1,441.	1,441.		
		<u>⊥,441</u> •	1,441.		
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	211,310.	151,408.	59,902.	0.
26	Joint costs. Complete this line only if the organization	,	,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			and the second second	
132010	12-09-21				Form 990 (2021)

2021.04030 BAY AGING APARTMENTS WEST 730545.1

11

12 2021.04030 BAY AGING APARTMENTS WEST 730545.1

BAY	AGING	APARTMENTS	WESTMORELAND	INC

57-1206469 Page 11

rt X	Balance Sheet

	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.			+	23,445
1	Cash - non-interest-bearing	101 000		152,153
2	Savings and temporary cash investments			172,172
3	Pledges and grants receivable, net		3	2,014
4	Accounts receivable, net	071:	4	2,014
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disgualified persons (as defined	·····		
0			6	
7			7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use Prepaid expenses and deferred charges		9	4,605
	Land, buildings, and equipment: cost or other		3	1,000
10a	basis. Complete Part VI of Schedule D	10.	1.5	
h	Less: accumulated depreciation	1,251,669.	10c	1,211,809
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	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,394,026
17	Accounts payable and accrued expenses		17	1,394,026 27,034
18	Grants payable		18	2,,001
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			the second se
	trustee, key employee, creator or founder, substantial contributor, or 35%		100	
	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			
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	8,480.	25	7,700
26	Total liabilities. Add lines 17 through 25	06 001	26	34,734
	Organizations that follow FASB ASC 958, check here 🕨 🐰			
	and complete lines 27, 28, 32, and 33.		-	
27	Net assets without donor restrictions	-495,997.	27	-523,208
28	Net assets with donor restrictions	1,882,500.	28	1,882,500
	Organizations that do not follow FASB ASC 958, check here	a second s		As the bolines
	and complete lines 29 through 33.	and the second second second		
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	
32	Total net assets or fund balances		32	1,359,292
33	Total liabilities and net assets/fund balances		33	1,394,026

Form 990 (2021)

Form 990 (2021) Part X Bala

_	BAY AGING APARTMENTS WESTMORELAND INC rt XI Reconciliation of Net Assets	57-12	00105	Pa	ge 1:
	Check if Schedule O contains a response or note to any line in this Part XI			1000	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	4,0	99
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	21	1,3	10
3	Revenue less expenses. Subtract line 2 from line 1			7,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,38		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,35	9,2	92
ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				31.
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.	12.45		1 H
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a			15
	separate basis, consolidated basis, or both:		7. 三桥	1.3	
	Separate basis Consolidated basis Both consolidated and separate basis		51-17)	(TIDA)	12
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,	1200		A
	consolidated basis, or both:		1 Maria	15.77	
	X Separate basis Consolidated basis Both consolidated and separate basis		ALC: N		12
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.	RAM	ASW(C)	.0.0
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	1202

132012 12-09-21

SCHEDULE A	Dublic Cho	rity Status or		alia C	unnort		OMB No. 1545-0047	
(Form 990)		rity Status ar					2021	
		47(a)(1) nonexempt cha			or a section		2021	
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I					Open to Public Inspection	
Name of the organization		v/Form990 for instructi	ons and t	ne latest i	nformation.	Employer identification numb		
Name of the organization	BAY AGING APAR	TMENTS WESTM	ORELA	ND TN	-		57-1206469	
Part I Reason for	or Public Charity Status.						, 1200105	
	private foundation because it is: (
<u> </u>	vention of churches, or association		,	,	1)(A)(i).			
2 A school descr	ibed in section 170(b)(1)(A)(ii). ((Attach Schedule E (Forn	n 99 0).)					
3 A hospital or a	cooperative hospital service orga	anization described in s	ection 170	D(b)(1)(A)(i	ii).			
4 A medical rese	arch organization operated in cor	njunction with a hospital	described	in section	on 170(b)(1)(A	.)(iii). Enter	r the hospital's name,	
city, and state:							and the second second second	
5 An organization	n operated for the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental u	nit describ	ed in	
)(1)(A)(iv). (Complete Part II.)							
	e, or local government or governm							
	that normally receives a substant	ntial part of its support f	rom a gov	ernmental	unit or from the	ne general	public described in	
	(1)(A)(vi). (Complete Part II.)							
=,	rust described in section 170(b)			ad in aaniu	unation with a	land grant	collogo	
	research organization described a non-land-grant college of agric					-	-	
university:	a non-land-grant college of agric	ulture (see instructions).	Line ine	name, ony	, and state of	the college	5 01	
	n that normally receives (1) more	than 33 1/3% of its supr	ort from c	ontributio	ns. membersh	in fees, an	d gross receipts from	
	d to its exempt functions, subject							
	related business taxable income						-	
	09(a)(2). (Complete Part III.)							
11 An organization	n organized and operated exclusi	ively to test for public sa	fety. See	section 5	09(a)(4).			
12 An organization	n organized and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
more publicly s	supported organizations describe	ed in section 509(a)(1) of	or section	509(a)(2).	See section	509(a)(3).	Check the box on	
lines 12a through	gh 12d that describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
a 🔄 Type I. A sup	oporting organization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
the supporter	d organization(s) the power to reg	gularly appoint or elect a	majority of	of the direc	ctors or truste	es of the s	upporting	
	You must complete Part IV, Se							
	pporting organization supervised				-			
	inagement of the supporting orga		ame perso	ons that co	ntrol or mana	ge the sup	ported	
	s). You must complete Part IV,				and functions			
	tionally integrated. A supporting					ly integrate	ed with,	
	l organization(s) (see instructions) functionally integrated. A supp					ted organi	zation(s)	
	nctionally integrated. The organiz					-		
	(see instructions). You must con	0 ,	,			anattenti	veness.	
	ox if the organization received a v					II. Type III		
	ntegrated, or Type III non-function				1	., ,,		
g Provide the following	g information about the supporte							
(i) Name of support	ted (ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organi	anization listed ind document?	(v) Amount o		(vi) Amount of other	
organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)	
	· · · · · · · · · · · · · · · ·	and the second sec			- A 1997		the local data was to be	
							a state of the second	
	1.00	1 mar 1 mar 1 mar 1 mar	1 - C -	- 1-r-	1.1		1	
							and the second	
	 I and the second se second second sec	 A set of a loss 			194 - PA			
	The Design of th			1			and the second se	
Total	Frank and States		nity 200	12 3 10				

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 57-1206469 Page 2

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	-					- no-r
	include any "unusual grants.")			and the second second			1
2	Tax revenues levied for the organ-	a second s					
	ization's benefit and either paid to						
	or expended on its behalf		100.00				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			and the second second		1	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	THE REAL PROPERTY.	ALL REALES CALEND	Sinne Store lide of them	all the second in the	The starts the H	
	by each person (other than a	- A B/AD AD ALA COMMENT	u smothands	and the second	mer in Grydenant with	Then Doll 1 with sold	
	governmental unit or publicly	34 TH 1919		Here and the second	(3. Hart Elity to	The West Court	
	supported organization) included	Collection in the	the of a maximum di	THE PARTY OF THE RUT	WT ROLLING THE	Print Well Plans	
	on line 1 that exceeds 2% of the	A REAL PROPERTY.	lavis periodition	1 Streethoungssel	all in the state	State Section State Part	1
	amount shown on line 11,	And the sub-	10 10.00 Sec. 5	mont all of Southy man	a third and Mark	Superior States	100 C
	column (f)		ALC: NOT ALL ALC		1	St Hansen VI	
6	Public support, Subtract line 5 from line 4.	WA SHELLARDING	nin ka vi donna	Concession of the second	With Long to be a file	The second second	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest.						
	dividends, payments received on			1			
	securities loans, rents, royalties,	the second second	1		- 1		
	and income from similar sources				1 I	the second se	
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on				the second second		
10	Other income. Do not include gain				1.1		
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)			The second second	100 100 100		
11		Constant office (back	martin and a state	PAR STUDIES	U.S. A. B. TRAFFY		
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor	0					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					nore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					5	
h	10% -facts-and-circumstances test	0			•		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circu					a ati a a	▶□
18	Private foundation. If the organizatio					1.35.44.44.44.44.44.44.44.44.44.44.44.44.44	
	in the organization						

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 57-1206469 Page 3

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

Sec	ction A. Public Support		in Surger Surger	and the second second	and a state of the		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	Arr	and a part of the second	and the first	Der Cheffen im David		Charles A.
	include any "unusual grants.")				and a second state of the		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	146 420	161 260	169 551	181,943.	194 092	842,284.
	organization's tax-exempt purpose	146,439.	161,269.	100,001.	101,943.	104,002.	042,204.
3	Gross receipts from activities that	1		in the data of	and the second		
	are not an unrelated trade or bus-						
	iness under section 513	and the second second					
4	Tax revenues levied for the organ-			internet and the second			
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	154 C		A CONTRACTOR		10.0	
	furnished by a governmental unit to	Park March		a - all shall	1	and the second second	
	the organization without charge	116 120	1.61 0.60	100 551	101 042	104 000	042 204
	Total. Add lines 1 through 5	146,439.	161,269.	168,551.	181,943.	184,082.	842,284.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	Start (19, 59) a lage grant	a hai Misa na a Na sana sini			e de _e te disc e e lles te e	0.
	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)			AND NO DETAIL	Contraction of the second		842,284.
	ction B. Total Support	PLACES CONTRACTOR AND A					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	146,439.	161,269.	168,551.	181,943.	184,082.	842,284.
	Gross income from interest,				1	and the part of the second	
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	115.	153.	152.	26.	17.	463.
b	Unrelated business taxable income	Normal State	And Add and the	and the second states of			and a state of the second s
	(less section 511 taxes) from businesses	the second	and a second second second second	10.01003-001	distant in source		
	acquired after June 30, 1975	and a River	1. NO. 10. 10. 7 10.	consider to a	Concernance and all	and the second	
С	Add lines 10a and 10b	115.	153.	152.	26.	17.	463.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	in an ang hi			an parti da		
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	146,554.	161,422.	168,703.	181,969.	184,099.	842,747.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage	Land Market State	and the second second	and the second second	
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	column (f))		15	99.95 %
	Public support percentage from 2020					16	99.87 %
Sec	ction D. Computation of Inves	tment Income	Percentage		to be in the second in		1.000 and 1.000
17	Investment income percentage for 20	21 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.05 %
	Investment income percentage from :					18	.13 %
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar		-				► X
b	33 1/3% support tests - 2020. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins		
13202	23 01-04-22		10			Schedule A	(Form 990) 2021
			16				

2021.04030 BAY AGING APARTMENTS WEST 730545.1

		-120646	9 Pa	ge 4
Га				
	(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			
Sec	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
	aton A. An oupporting organizations		Tv. T	
4			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	Sec con		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		1000	
0	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100100	
2	Did the organization have any supported organization that does not have an IRS determination of status		- Allen	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		10000	
2-	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		M.M.
Ja		2-	20000	
Ŀ.	lines 3b and 3c below.	<u>3a</u>	Inches	P 1.1
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		10.11	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		100070	
	organization made the determination.	3b	10000	No.
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		50000	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	1000	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1.		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<u>4a</u>	There a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		1000	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		CTT .
С	Did the organization support any foreign supported organization that does not have an IRS determination		6.6	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	- Marine		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		AUROVINE	
	purposes.	4c	Sec.	1-1-1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1000	1211	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	Harrison A	-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		211.1.1.1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		in chi	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		it mi	
	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?	Con Same	inits.	
	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	A COLOR	1	
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	1.6561	NEW.	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	1 TE B	174.3	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		1.00	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	21945	18	
		Courses and		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21

2021.04030 BAY AGING APARTMENTS WEST 730545.1

10b Schedule A (Form 990) 2021

10a

57-1206469 Page 5 BAY AGING APARTMENTS WESTMORELAND INC Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4.1621		1 STATE
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		10	
	11c below, the governing body of a supported organization?	11a		
b	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	(Constant)	-	
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

		-	100	140
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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		12.5	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			110
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		Vitie	25
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
	or management of the supporting organization was vested in the same persons that controlled or managed

	the supported organization(s).	1		
Sec	ction 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	mail and		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		10-	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	0.000		
	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	the second	1.2	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ALL OF		
	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	200	10	
	significant voice in the organization's investment policies and in directing the use of the organization's	1 246.00	The second	1.30
	income or assets at all times during the tay year? If "Ves." describe in Part VI the role the organization's		II. Co	

supported organizations played in this regard.

5

Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	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.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	cl	
2	Activities Test. Answer lines 2a and 2b below.	and choir	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162.11	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	E Color	18.8	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	18 Sug		
	how the organization was responsive to those supported organizations, and how the organization determined	11112		
	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,		11.5	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	N BA		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	100	P.V.	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	12.00		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-11-1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

Schedule A (Form 990) 2021

3

Yes No

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

18

2021.04030 BAY AGING APARTMENTS WEST 730545.1

10281026 759400 730545.013

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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	10 Page		THE STATE OF THE STATE
	instructions for short tax year or assets held for part of year):		Server a transmission	
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	TOP		
	(explain in detail in Part VI):		studies and the life of the second	Indentification and
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		
Secti	on 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	Store and Ship Water	
4	Enter greater of line 2 or line 3.	4	- LINA STREET, MERCINE	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	and the set of the set	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 BAY AGING APARTMENTS WESTMORELAND INC 57-1206469 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Page 7

Sect	ion D - Distributions	the set of a set to a			Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	(i) (ii) Underdistributions Pre-2021				(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-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
-	From 2017				
	From 2018				State Set
-	From 2019				
	From 2020				
	Total of lines 3a through 3e	-			
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount	The second se			
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	and the state of the second			
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h	A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERT		and the second	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021		and the second		

Schedule A (Form 990) 2021

132027 01-04-22

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
0.000	
2028 01-04-22	2 Schedule A (Form 990) 2

SCHEDULE D		al Financial Statements		OMB No. 1545-0047
(Form 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
Department of the Treasury		Attach to Form 990.		Open to Public Inspection
Internal Revenue Service		90 for instructions and the latest information		yer identification number
	BAY AGING APARTMENT	IS WESTMORELAND INC		57-1206469
		d Funds or Other Similar Funds or A	ccounts	Complete if the
organization	answered "Yes" on Form 990, Part IV, lin		(In) From da	
1 Total number at end	of year	(a) Donor advised funds	(b) Funds	and other accounts
	contributions to (during year)			
	grants from (during year)			
	end of year			
-		writing that the assets held in donor advised fur		
		exclusive legal control?		Yes N
°	•	dvisors in writing that grant funds can be used		
		r donor advisor, or for any other purpose confer	•	— . — .
Part II Conservat		anization answered "Yes" on Form 990, Part IV		Yes N
	rvation easements held by the organization		, iii e 7.	
	of land for public use (for example, recreat		orically im	portant land area
Protection of r		Preservation of a cer		
Preservation o	of open space			
2 Complete lines 2a th	rough 2d if the organization held a qualifi	ed conservation contribution in the form of a co	onservation	n easement on the last
day of the tax year.			H	eld at the End of the Tax Ye
a Total number of cons	servation easements		2a	
•			2b	
		ucture included in (a)	2c	
		fter 7/25/06, and not on a historic structure		
		accord autionuiched as terminated by the areas	2d	ring the tax
year	tion easements modified, transferred, rele	eased, extinguished, or terminated by the organ	lization du	ning the tax
	mere property subject to conservation eas	ement is located		
5 Does the organizatio	on have a written policy regarding the peri	odic monitoring, inspection, handling of		
violations, and enfor	cement of the conservation easements it	holds?		Yes 🗌 N
6 Staff and volunteer h	ours devoted to monitoring, inspecting, h	handling of violations, and enforcing conservati	on easeme	ents during the year
Image: A state of the state	_			
	incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements o	during the year
►\$				
		e satisfy the requirements of section 170(h)(4)(B		
		n easements in its revenue and expense stater		Yes N
	•	ote to the organization's financial statements th		es the
	inting for conservation easements.			
		Art, Historical Treasures, or Other S	Similar A	ssets.
Complete if th	ne organization answered "Yes" on Form	990, Part IV, line 8.		
1a If the organization ele	ected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	ance shee	t works
of art, historical treas	sures, or other similar assets held for public	lic exhibition, education, or research in furthera	nce of pub	blic
		cial statements that describes these items.		
-		3, to report in its revenue statement and balanc		
		exhibition, education, or research in furtheranc	e of public	service,
	amounts relating to these items:		▶ \$	
(i) Revenue include (ii) Assets included i				the second s
.,		usures, or other similar assets for financial gain,		
	ts required to be reported under FASB AS			
			▶ \$	
	uction Act Notice, see the Instructions			hedule D (Form 990) 202
132051 10-28-21				

22

2021.04030 BAY AGING APARTMENTS WEST 730545.1

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection inters (check all statapply): ■ Public solitibition ■ Public solitibition ■ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. ■ Derived a description of the organization's collection? ■ Provide a description of the organization and the matching as part of the organization's collection? ■ Provide a description of the organization and the matching as part of the organization's collection? ■ If the organization anagent. ■ If the organization and the intermediary for contributions or other assets not included on form 990, Part X, line 21. ■ If the organization anagent in Part XIII and complete the following table: ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," explain the arrangement in Part XIII and complete the following table. ■ If "Yes," organization indude an amount on Form 990, Part X, line 21, for secretory or custof		dule D (Form 990) 2021 BAY AGII	NG APARTMEN						06469 (continu	Page 2
a Public exhibition b Scholarly research b Public exhibition c Prevade a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. c During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization's order similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, totatee, custodial or other intermediary for contributions or other assets not included of fYes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning diverse and the organization answered 'Yes' on Form 990, Part X, line 21, or escore or custodial account liability? C Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, or escore or custodial account liability? C Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, or escore or custodial account liability? C Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, or escore or custodial account liability? C Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, or escore or custodial account liability? C Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Controbutions C Part A domownent M Part X, line 21, or e	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sig	nificant u	ise of its		
b Scholarly research c Other		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Become and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV. 7 reported an amount on Form 990, Part X, line 21. 18 Is the organization answerd "Yes" on Form 990, Part IV. 16 Is the organization answerd "Yes". 17 Yes, "explain the arrangement in Part XIII and complete the following table: 16 Information during the year. 16 Information during the year. 17 Inform 990, Part X, line 21, for escrow or custodial account fibility? 28 Diff wear explain the asset explanation has been provided on Part XIII. 29 Diff wear explain the asset explanation has been provided on Part XI. 20 Diff wear explain the asset explaints the asste explainth earsangement in Part XII.	а	Public exhibition	d	Loan or ex	change program	n				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise hands anther than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Combut due an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b (fr Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization included Grants or scholarships Combut sets Administrative expenses G and to scholarships Administrative expenses G and the organization in the possession of the organization intervestion Sectionary of the expension of the organization intervestion Sectionary of the expension of the organization isodered (g) Part V, line 10. Combut sections Administrative expenses Grant or scholarships Administrative expenses G and the organization intervestion Sectionary of the enorganization isodered (Yes' on Form 990, Part X, line 10.	b	Scholarly research	е	Other						
Even of the angeneration solicit or receive donations of art. historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 1990, Part IV, Ine 9, or reported an amount on Form 1990, Part X, Ine 21. Is the organization angener, it tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on Form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on form 590, Part X : tustes, cutstodian or other intermediary for contributions or other assets not included on programs in Part XIII. Check hear if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 590, Part X in the intermediary for contributions on hei investment assets for facilities and programs. (b) Prior year (c) Two years back (c) Three years back (d) Fune years back (d) Current year in the are held and administered for the organization the organization assets or the assets a Board designated or quasiandownert	С	Preservation for future generations			10.10110					
to be sold to nise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. In the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 980, Part X. In the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 980, Part X. In the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 980, Part X. In the organization and the part of the organization answered "Yes" on Form 990, Part X. In the part XII Part IV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X. In the part XII Part IV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X. In the part XII Part IV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X. In the part XII Part IV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. In the part XII. Ia Beginning of year balance [a] Current year [c] Two years back [d] Three years back [e] Four years back [d] Three years back [e] Four years back	4	Provide a description of the organization's co	ellections and explain	how they further	the organizatior	n's exemp	ot purpos	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount Ic Amount Ic Amount Ic Amount Ic Ic Amount Ic <	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other	similar a	ssets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes, '' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d d Distributions during the year 1d e Distributions during the year 1d Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part X, line 10. 1d Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part X, line 10. 1d 1a Beginning of year balance 1d 1d b Contributions 1d 1d 1a Beginning of year balance	_	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			[Yes	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Amount d Additions during the year Image: Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fodowment Funds. Complete if the organization answered 'Yes' or Form 900, Part IX, line 10. Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Fou	Pa			ete if the organizati	on answered "	Yes" on F	orm 990	, Part IV,	ine 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10. Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the organization include an amount on Form 990, Part X, line 20. eart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: the organization include an amount on Form 990, Part X, line 10. a Additionad divergements								_	_	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount b Beginning balance Id Id<td>1a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td>No</td>	1a								Yes	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account Hability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII Im Im Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Im Im Im a Beginning of year balance Im Im Im Im Im b Contributions Im Im Im Im Im Im a Beginning of year balance Im Im <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>50 50</td> <td></td> <td></td> <td></td>	b						50 50			
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custofial account liability? Yes No Dif **oes; explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII Yes No Dif **oes; explain the arrangement in Part XIII Check here if the explanation answered **es* on Form 990, Part IV, line 10. (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back if (c) Three years back if (e) Four years back if a diministrative explanation answered **es* on Form 990, Part IV, line 10. C Bord or year scholarships				0					Amount	
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custofial account liability? Yes No Dif **oes; explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII Yes No Dif **oes; explain the arrangement in Part XIII Check here if the explanation answered **es* on Form 990, Part IV, line 10. (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back if (c) Three years back if (e) Four years back if a diministrative explanation answered **es* on Form 990, Part IV, line 10. C Bord or year scholarships	С	Beginning balance	2				1c			
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Cast or scholarships (a) Cast or scholarships (a) Cast or scholarships (c) Two years back (e) Four years back </td <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1d</td> <td></td> <td></td> <td></td>	d						1d			
f Ending balance	е									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back 1a Contributions (c) Two years back (d) Three years back (e) Four years 2 Chord year balance (c) Two years back (e) Four years (e) Four years 2 End of year balance (f) Administrative expenditures for facilities (f) Administrative expenditures for facilities (f) Administrative expenditures (f) Administrative expenditures (f) Four years (f) Four years (f) Fouryears (f) Fouryears (f	f						1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 930, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Chtributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Chter expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back 9 End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Fouryears 9 End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Fouryears 9 End of year balance (b) Prior year (c) Counting) (b) Prior year (c) Prior year <td>2a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>/?</td> <td></td> <td>Yes</td> <td>No</td>	2a						/?		Yes	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided on P	art XIII				
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions <t< td=""><td>Par</td><td>t V Endowment Funds. Complete it</td><td>f the organization and</td><td>swered "Yes" on F</td><td>orm 990, Part I</td><td>V, line 10</td><td>).</td><td></td><td></td><td></td></t<>	Par	t V Endowment Funds. Complete it	f the organization and	swered "Yes" on F	orm 990, Part I	V, line 10).			
b Contributions			(a) Current year	(b) Prior year	(c) Two years	s back (d	d) Three y	ears back	(e) Four y	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
c Net investment earnings, gains, and losses	b	Contributions	I							
e Other expenditures for facilities and programs				ĺ						
e Other expenditures for facilities and programs	d	Grants or scholarships								
f Administrative expenses	е								-	
g End of year balance		and programs								
2 Provide the estimated percentage of the current year end balance (ine 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment ▶% (i) Unrelated organizations(ii) (ii) Related organizations(iii) (iii) Related organizations(iii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 72,000. 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leashold improvements	f									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Part Vi Unrelated organizations fill ?Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (investment) basis (other) d Equipment 1,813,1411 d Equipment 31,069, 22,702, 8,367. e Other 0ther	g	End of year balance								
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii)	2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:					
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (i) Related (i) Related (i) Related (i) Related (i) Related (i) Related (i) R	а	Board designated or quasi-endowment		%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (d) Cost or other (i) Accumulated (inprovements (i) Accumulated (inprovements (i) Accumulated (inprovements (i) Accumulated (inprovements (i) Accumulated (inprovements	b	Permanent endowment	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. d Equipment 31,069.	с	Term endowment	%							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment d Equipment e Other		The percentages on lines 2a, 2b, and 2c should	Ild equal 100%.							
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other Other 0.009. 0.009. 0.009.	За	Are there endowment funds not in the posses	ssion of the organization	tion that are held a	and administere	d for the	organiza	tion	_	
(ii) Related organizations 3a(ii) b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 90 Part VI Land, Buildings, and Equipment. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 72,000. b Buildings 1,813,141. c Leasehold improvements 31,069. d Equipment 31,069.		by:							Y	'es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other Other 0.000. 0.0000. 0.0000.		(i) Unrelated organizations							3a(i)	_
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other Other 0 0 0		(ii) Related organizations				nacatornaci			3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 72,000. 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other 0ther 0ther 0ther 0ther	b								Зb	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 72,000. 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other Other 0 0	4			wment funds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land72,000.72,000.b Buildings1,813,141.681,699.1,131,442.c Leasehold improvements31,069.22,702.8,367.e Other </td <td>Par</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Par									
basis (investment) basis (other) depreciation 1a Land 72,000. 72,000. b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 22,702. 8,367. e Other 4 4 4	_	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a.	See Form 990,	Part X, Iir	ne 10.			
b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other	_	Description of property						d		
b Buildings 1,813,141. 681,699. 1,131,442. c Leasehold improvements 31,069. 22,702. 8,367. e Other	1a	Land			72,000.	- 11 H H H	n é dest			
c Leasehold improvements				1,81	13,141.	6	81,69	9.	1,131	,442.
d Equipment 31,069. 22,702. 8,367.										
e Other					31,069.		22,70	2.	8	,367.
	Total	Add lines 1a through 1e. (Column (d) must ed	oual Form 990, Part)	K. column (B), line	10c.)				1,211	,809.

Schedule D (Form 990) 2021

132052 10-28-21

BAY AGING APARTMENTS WESTMORELAND INC Schedule D (Form 990) 2021 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets. Part IX

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.)	

nization answered "Yes" on Form 900 Part IV, line 11e or 11f See Form 900 Part V, line 25

Part X Other Liabilities.

1.	(a) Description of liability (b) B	
(1)	Federal income taxes	
(2)	TENANT SECURITY DEPOSITS	7,700.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 7,700.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BAY AGING APARTMENTS WE	STMORELAND INC	57-12	206469 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	er Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	184,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	x	- C	
а	Net unrealized gains (losses) on investments	2a	12	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	184,099.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			184,099.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		in the second
1	Total expenses and losses per audited financial statements		1	211,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		1.000	
b	Prior year adjustments		1-1-1-	
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	211,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1-1-1-1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	112	
b	Other (Describe in Part XIII.)	4b	1	
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	211,310.
Pa	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and	4. Part IV lines 1h and 2h. Part V	line A. Part X I	ine 2: Part XI

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

25

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

TAX JURISDICTIONS.

132054 10-28-21

Schedule D (Form 990) 2021

2021.04030 BAY AGING APARTMENTS WEST 730545.1

	4.7						
SC	CHEDULE J Compensation Information						
(Fo	orm 990)	2021					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depa	rtment of the Treasury						
	nal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	and the second	ection	mhor	
INAII	ne of the organization	BAY AGING APARTMENTS WESTMORELAND INC		20646		nber	
Pa	art I Question	s Regarding Compensation	1 21-1	20040	5		
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	990.	ing an	103		
		line 1a. Complete Part III to provide any relevant information regarding these items.	,	133-			
	First-class or c	harter travel Housing allowance or residence for pers	onal use			- 12	
	Travel for com	panions Payments for business use of personal re	esidence	1120	2.774	a	
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fea	es	and the second		4	
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			. By		
U		provision of all of the expenses described above? If "No," complete Part III to explain		1b		-	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			1000	1.20	
2	U	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	-	- Contraction	
					(TRUE	1.1.24	
3	Indicate which if an	ny, of the following the organization used to establish the compensation of the organization'	s	silling.	C C		
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				п	
		ation of the CEO/Executive Director, but explain in Part III.		Delay	100	, line,	
	Compensation			-	1.51	24	
	<u> </u>	ompensation consultant		100	3.11	시합	
		ther organizations Approval by the board or compensation	committee	1.00		de.	
					100	112	
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		111111 	Such l	1.1	
	organization or a rel			0.2	an ve		
а	•	e payment or change-of-control payment?		4a		Х	
		eive payment from a supplemental nonqualified retirement plan?		4b		Х	
		eive payment from an equity-based compensation arrangement?				X	
		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				in the second	
				1.00	-	100	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		100	4	1. 12	
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on		181	1	
	contingent on the re			1	E.U.	15.00	
						X	
b	Any related organiza	ation?		. 5b		Χ	
		r 5b, describe in Part III.		100		9 M	
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on	1777	ATT I		
	contingent on the n	5				TOP!	
						X	
b		ation?		. <u>6b</u>		Χ	
_		r 6b, describe in Part III.		101	1153		
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		(icmoil)	polity.	37	
		es 5 and 6? If "Yes," describe in Part III		. 7	8-8-9	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t			1214	37	
				8	-	X	
9		d the organization also follow the rebuttable presumption procedure described in			Constant in the	19-	
	Regulations section	53.4958-6(c)?		. 9			

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

Schedule J (Form 990) 2021

132111 11-02-21

10281026 759400 730545.013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHY E. VESLEY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	198,318.	0.	0.	9,103.	5,690.	213,111.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							the second second
the second s	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)		1					
	(i)							
	(ii)							
	(i)		_					
](ii)							
	(i)							
	(ii)							
	(i)							
	l (ii)							
	(i)							
	<u>] (ii)</u>							
	(i)							
	(ii)							
	(i)							
and the second	(ii)							
	(i)					and the second second		
	<u>(ii)</u>							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J	(Form 990)	2021
------------	------------	------

Page 3

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 (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

BAY AGING APARTMENTS WESTMORELAND INC

Employer identification number 57 - 1206469

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREDICATED UPON THE PROVISION, MAINTENANCE AND OPERATION THEREOF ON A

NONPROFIT BASIS.

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

MEMBERS OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED WITH THE IRS.

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

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A STATEMENT EACH YEAR ACKNOWLEDGING THEIR UNDERSTANDING OF AND AGREEMENT TO ABIDE BY THE CONFLICT OF INTEREST POLICY. IN THE EVENT THAT A MEMBER OF THE BOARD OF DIRECTORS HAS A POTENTIAL CONFLICT OF INTEREST, SUCH 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 THE ORGANIZATION ARE EMPLOYEES OF BAY AGING, A RELATED TAX EXEMPT ORGANIZATION. THESE EMPLOYEES ARE SUBJECT TO THE PROCEDURES OF BAY AGING TO ENSURE THAT COMPENSATION PAID IS REASONABLE. BAY AGING RELIES ON A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, AN INDEPENDENT COMPENSATION CONSULTANT, EXAMINATION OF FORMS 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND APPROVAL BY THE BOARD OF DIRECTORS AND THE BOARD'S COMPENSATION COMMITTEE IN ORDER TO ENSURE THAT THE COMPENSATION IS REASONABLE. APPROVAL OF COMPENSATION IS DOCUMENTED IN THE MINUTES OF THE MEETINGS OF THE BAY AGING 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

29

Schedule O (Form 990) 202	21					Page 2
Name of the organization						Employer identification number
	BAY	AGING	APARTMENTS	WESTMORELAND	INC	57-1206469

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON

REQUEST.

Schedule O (Form 990) 2021

132212 11-11-21

2021.04030 BAY AGING APARTMENTS WEST 730545.1

10281026 759400 730545.013

SCHEDL		Related Organization	ns and Unrelated Pa	artnershins			OMB No. 15	645-0047	
(Form 99		 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. 							
	the organization	TMENTS WESTMOREL		est information.			dentification		
Part I	Identification of Disregarded Entities. Comple			3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	(e) me End-of-year a	issets [(f) Direct controllin entity	ng	
		-				1			
		-						-	
Part II	Identification of 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 501(c)(3))	(f) Direct contro entity	lling Section	(g) n 512(b)(13) ontrolled entity?	
P.O. BC	ING - 54-1085032 DX 610 A, VA 23175	SERVICES	VIRGINIA	501(C)(3)	LINE 7			X	
BAY AGI P.O. BC	ING FOUNDATION - 13-4232354	SERVICES	VIRGINIA	501(C)(3)	LINE 7			x	
BAY AGI	, ING APARTMENTS COLONIAL BEACH - 8168, P.O. BOX 622, URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			x	
BAY AGI P.O. BO	ING APARTMENTS GLOUCESTER - 54-1933696	HOUSING	VIRGINIA	501(C)(3)	LINE 10			x	

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

Schedule R (Form 990) 2021

Schedule R (Form 990) BAY AGING APARTMENTS WESTMORELAND INC

F7	- 1	2	2	-		-	2
57	- 1	1.	U)	b	4	h	y

(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) Section 512(b)(1 controlled organization?	
				501(c)(3))		Yes	No
BAY AGING APARTMENTS JCC - 11-3749025	-						
P.O. BOX 622	-						
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS KILMARNOCK - 75-2985080	4						
P.O. BOX 622	_			Concernant Marcale			1
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10		-	X
BAY AGING APARTMENTS MIDDLESEX - 73-1676722							
P.O. BOX 622							
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X
BAY AGING APARTMENTS MONTROSS - 54-1974574							1.1
P.O. BOX 622							
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11		X
BAY AGING APARTMENTS WEST POINT - 54-1837951							07
P.O. BOX 622							
URBANNA, VA 23175	HOUSING	VIRGINIA	501(C)(3)	LINE 10			X

132222 04-01-21

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

57-1206469 Page 2

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 of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomin	e) ant income unrelated,	Share	(f) of total come	Sha end-o	g) are of of-year	(F Disprop alloca	ortionate	(i) Code V-L amount in 20 of Sche	JBI box	(j) General managir partner		(k) enta ersh
		foreign country)		excluded fr sections	unrelated, om tax under 512-514)			as	sets	Yes		20 of Sche K-1 (Form 1	dule 065)	Yes	0	
		-														
					1.5											
	_														_	
	_															
Identification of Polatod	Organizations Taxable		aration or Trust. Co		ho organizati	ion angu	worod "Voo	" on For	m 000 . Do		ino 24	booguso it	bad or			loto
IV Identification of Related organizations treated as a (a)	corporation or trust durir	ng the tax y	year.	(c)	(d)		(e)		(f))		(g)		(h)	Se	(i)
organizations treated as a	corporation or trust durir	ng the tax y	year. (b)	_		trolling		entity S corp,) of total			Perc		e 512	(i) ection (b)(1 trollentity)
(a)	corporation or trust durir	ng the tax y	year.	(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	Perc	(h) centag	e 512 cont en	(i) ection (b)(1 trollentity)
(a)	corporation or trust durir	ng the tax y	year.	(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	Perc	(h) centag	e 512 cont en	(i) ection (b)(1 trollentity)
(a)	corporation or trust durir	ng the tax y	year.	(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	Perc	(h) centag	e 512 cont en	(i) ectio 2(b)(itroll
(a)	corporation or trust durir	ng the tax y	year.	(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	Perc	(h) centag	e 512 cont en	(i) ection (b)(1 trollentity)

132162 11-17-21

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

57-1206469 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following tran		9			生物就	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a control	led entity			1a		X
b	b Gift, grant, or capital contribution to related organization(s)						
С	Gift, grant, or capital contribution from related organization(s)				10		X
							X
е	Loans or loan guarantees by related organization(s)				1e		X
	and the second						
f	Dividends from related organization(s)						X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				<u>1i</u>		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>	CONCERCION OF THE	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		x
1	Performance of services or membership or fundraising solicitations for rela	1.1.1.1.1.1.1.1					X
m	Performance of services or membership or fundraising solicitations by rela	ted energiantian (a)					X
n		0 (/				X	
						X	
							1
р	0 () 1					X	
q	Reimbursement paid by related organization(s) for expenses				<u>1q</u>	in the second	X
r	Other transfer of cash or property to related organization(s)				1r		x
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for informat				10		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		_
(1)	BAY AGING	Р	75,725.AM	OUNTS PAID			

34

132163 11-17-21

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	(h) Dispropri tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing	(k) Percentag ownershi
or ornary		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes N	of Schedule K-1 (Form 1065)	Yes No	No
	-									
	-									
								-		
	-									
	-		-							
								Ī	1	
	-									
	-									
								-		
	-									P
			1			1	++	-		
	-	-	1	11						
]									
						<u> </u>	┼┼			
	-						Ηł			
							11	1		
								_		
	-									
									1	
	-									
	-									

Schedule R (Form 990) 2021

art VII	Form 990) 2021 BAY AGING APARTMENTS WESTMORELAND INC Supplemental Information	57-1206469	-
	Provide additional information for responses to questions on Schedule R. See instructions.		
			_
			-
	C		
			_
			_
			_
			_
			_
			_
			_
			_
			_
			_
			-
-			
			-

10281026 759400 730545.013 2021.04030 BAY AGING APARTMENTS WEST 730545.1