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Form	990
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax

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

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

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



AI	or the	2020 calendar year, or tax year beginning and	ending		
B	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang		22-208593	39	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	ONE MONUMENT DRIVE		(609) 924	4-3822
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	311,266.
	Amen	PRINCEION, NJ 08540		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: EDWARD IROSCELLI		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3)$ $501(c)()$ $4947(a)(1)$	or 🛄 527		list. See instructions
		He: WWW.PRINCETONCOMMUNITYHOUSING.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 N	State of legal domicile: NJ
Pa	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities: PROV	TDE QU	ALLTY RENTAL	HOMES IN
Governance		A WELCOMING, DIVERSE COMMUNITY FOR IN DIV			
'ern	2	Check this box if the organization discontinued its operations or dispose		I . I	ets. 19
0g So	3				19
જ	I .	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
ties					0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			2,843.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		34,795.	299,076.
evel Svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,036.	12,190.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,831.	311,266.
		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), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e Be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	0.
		Revenue less expenses. Subtract line 18 from line 12		46,831.	311,266.
S OF			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,579,176.	5,015,172.
Net Assets	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		4,579,176.	5,015,172.
I Pa	art II	Signature Block			

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

Sign	Signature of officer	Date					
Here	EDWARD TRUSCELLI, EXECUTIVE DIRECTOR						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date						
Paid	LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY10/11,	/21 self-employed P01273422					
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN ▶ 22-1478099					
Use Only	Firm's address 1301 AVENUE OF THE AMERICAS						
	NEW YORK, NY 10019 Phone no.212-297-0400						
May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	PROVIDE INDIVIDUALS AND FAMILIES OF LOW AND MODERATE INCOME WITH QUALITY HOMES IN A WELCOMING AND DIVERSE COMMUNITY OF 168 TOWNHOUSES
	WITH TWO TO FOUR BEDROOMS AND A SIX-STORY APARTMENT BUILDING WITH 71
	SINGLE BEDROOM APARTMENTS WE PROVIDE SOCIAL AND SUPPORTIVE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 297,129.
	PRINCETON COMMUNITY VILLAGE ASSOCIATES, LP OWNS ALL THE FACILITIES,
	WHICH WERE CONSTRUCTED IN 1975 UNDER ONE OF HUD'S ORIGINAL INTEREST
	RATE SUBSIDY PROGRAMS THAT ENABLED COMMUNITIES TO PROVIDE AFFORDABLE HOMES FOR MODERATE INCOME FAMILIES AND INDIVIDUALS OTHERWISE UNABLE TO
	BENEFIT FROM LOCAL EDUCATION AND EMPLOYMENT OPPORTUNITIES THE VILLAGE
	IS LOCATED ON A WOODED SITE, WITH OPEN SPACE ACCESS, BIKE PATHS, AND A
	MUNICIPAL PLAYGROUND RIGHT AT HAND PCH DEVELOPMENT CORPORATION, A
	501(C)3 ENTITY, MANAGES THE BUILDINGS AND OPERATIONS OUR STAFF INCLUDES
	A BILINGUAL SOCIAL SERVICES COORDINATOR TO ASSIST RESIDENTS WITH
	APPLICATIONS FOR RELEVANT PROGRAMS AND CONNECT THEM WITH COMMUNITY
	RESOURCES, SUCH AS PRINCETON YOUNG ACHIEVERS (PYA) PYA PROVIDES AFTER-SCHOOL EDUCATIONAL PROGRAMS AT OUR ON-SITE LEARNING CENTER FREE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program services (Describe on Schedule O.)
4d	
4d	(Expenses \$ including grants of \$) (Revenue \$)

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 Form 990 (2020)
 PCH VILLAGE, INC.

 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?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a ⊾		14a		
a	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	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2020)
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 VILLAGE ,
 INC .

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		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			<u> </u>
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
54		34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D.	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?			
00		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
00	Nate: All Fours 200 files are required to complete Cabadula C	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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	4			()

Part W Statements Hegarizing Other IRS Flings and TaX Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 0 0 16 for the candrar yare anding with or within the squarcound by this return 2a 0		990 (2020) PCH VILLAGE, INC. 22-2085	939	P	_{age} 5
gas D D gas 0 2a 0 b if at least one is reported on line 2a. did the organization file all required fedral employment tax returns? 2b Mote: If the sum of lines 1a and 2a is greater than 250, you may be required to e. All Gee matrixation. 3a X b Thes, 'hast iffed a form 590-16r this year of the year? 3b X 3b X b Thes, 'hast iffed a form 590-16r this year of the 'year'? H'/or 'to line 3b, provide an explanation or Schedulo O 3b X b Thes, 'hast iffed a form 590-16r this year'? H'/or 'to line 3b, provide an explanation or Schedulo O 3b X b H' Yes, 'rest the name of the forgen country' A At any time doing the tax year? Ga X Se instructions for fling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Ga X Ga be comparization have annual gross receipts that are normally greater than 5100.000, and did the organization solicit any contributos that were on tax deductible a charable contributors? Ga X f Tys, 'dd the organization include with every solicitation an express statement that such contributions or gins were not tax deductible a charable contributoro or guint file tax year'/ file Ga </th <th>Par</th> <th>tV Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th>	Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interference Image: The term of the term of the sector term of term of term of the sector term of the secor term of th	0-	Enter the number of employees reported on Form W/Q. Transmittel of Wess and Tay Statements		Yes	No
b If at least one is reported on line 2a, did the organization file all required teal employment to returns? 2b 3a Did the organization have unmisted business gross income of \$1,000 or more during the year? 3a X 3b Tyes: "that it fload a form 900 T for this year? If 'No'' to line 3b, provide an explanation on Schedule O 3a X 3b If 'Yes: "that it fload a form 900 T for this year? If 'No'' to line 3b, provide an explanation on schedule O 3a X 3b If 'Yes: "that it fload a form 900 T for this year? If 'No'' to line 3b, provide an explanation on schedule O 3a X 3c If 'Yes: "that it fload a form 900 T for this year? If 'No'' to line 3b, provide an explanation on Schedule O 3a X 3c Was the organization have part to a prohibit dat x and theorem on the schedule table year? 5a X 3c UI of any taxable party notify the organization float it was or is a party to a prohibit dat x as that the contributions or gifts were not tax deductible a contrabutor on tax deductible as chantable contributions? 5a X 3c UI of yes, 'idd the organization float were yeal black table party notify the donn of the value of the good a services provide? 7a X 3c UI of yes, 'idd the organization neick party as a conthubution and party for goods and services provide? 7a X	za				
Note: If the sum of these 1s and 2s is greater than 250, you may be required to <i>e</i> -fig (see instructions) 3st 3st 3a Did the organization have unaliated business greas income of \$1,000 or more during the year? 3st X 4a At any time during the calendar year, do the organization have an interest in, or a signature or other authonty owr, a financial accounts for filing requirements for Filing	h		2h		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it field a Form 9000 Tor this year? // Wo' to <i>ins 8b, provide an explanation on Schedule O</i> 3b X c At any time during the calendar year, did the organization have an interest in, or a signature or other subority over, a financial account in a foreign country (such as a bank account, accurtise account, or other financial accounts (FBAP), 5c 5a X See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), 5c 5a X 5a Was the organization have annual gross nearbyts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 5a X 5b If "Yes," idd the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization share annual gross proceed state to a contribution and partly for goods and services provided the prograft on the tax year? 6a X 80 If "Yes," indicate the number of Forms 8282 filed during the year? 7a X 7d Did the organization induce was presentions, during at year port presention and apertop or gonization. 7a X 80 If "Yes," indicid the number of Forms 8282	b		20		
b If "Yes," that it field a Form 900-T for this year," (if the organization have an interest In, or a signature or other authority over, a financial account in a toreign country (such as a bark account, securities account, or other financial accounts)? 4a X b If "Yes," inter the name of the foreign country (such as a bark account, securities account, exoluties account, exoluties account, exoluties account, exoluties account, exolutions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5W See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5W Both we cognization have many cose receipting that are on real particle to a prohibited tas shelter transaction? 5c X 6D Dod any tassible party notify the organization have an express tatement that such contributions or gifts were not tax deductible as charitable contributions and express tatement that such contributions or gifts were not tax deductible? 6b X 7 Organization set a payment in eaces of \$57 maid party as a contribution and party for goods and sarvices provided to the payor? 7a X 7 Tyes," of the organization near express disposed failphile personal property for which it was required to the fail express and party in directly, to pay prenume on a personal benefit contract? 7a X 7 Tyes," of the organization fail, express disposed fangible personal properity	30		30	x	
4a At any time during the calendary year, (id) the organization have an interest III, or a signature or other authority over, a financial accountly over, a financial accountly over, a financial accountly accounts (in the organization control y be many to a prohibited tax shelf art manacinal accountly (in the account) over a provide the organization and year to a prohibited tax shelf art manacinal accountly (into a prohibited tax shelf art manacinal account) over a financial account (into a provide tax shelf art manacinal account) over a financial account (into any taxable party notity the organization tax is shelf art manacinal account (into any cale) and the organization accounts over a financial account (into any taxable party notity the organization tax is shelf art manacinal to a prohibited tax shelf art manacinal (into a party to a prohibited tax shelf art manacinal (into a prohibited tax shelf art many constructions are used tax durated the organization notity the donor of the value of the organization receive a payment in account of the value of the organization notity the donor of the value of the organization notity the donor of the value of the organization notity the donor of the value of the organization notity art for any thand, directly or indirectly, no a personal benefit contract? 7 7 X 11 'Yeas, 'indicat the number of Forms 8282 field during the year? 9 9 If the organization neceves a contribution of callified intelectual propery, did the organization neceves a contribution or calli					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,'' enter the name of the foreign country is provided for sign Bank and Financial Accounts (FBAP). 5a Sa X 5a Was the organization a party to a probleted tax shelf transaction at any time during the tax year? 5a X 5a Was the organization are annual gross receipts that are normally greater than \$100,000, and did the organization site annual gross receipts that are normally greater than \$100,000, and did the organization sector annual gross receipts that are normally greater than \$100,000, and did the organization sector approximation have agrituation are express statement that such contributions or gifts were not tax deductible? 5b X 7 Organization setup apprentin in excess of \$76 made party as a contributions? 7a X 7 If 'Yes,'' did the organization notify the door of the value of the goods or services provided? 7a X 7 Did the organization setup apprentin in excess of \$76 made party as a contribution and party for goods and services provided? 7a X 7 Did the organization setup apprentime in excess of \$76 made party as a contribution of programization setup accounts on the excess of tangible personal property for which it was required? 7a X 7 Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1808 arequired? 7a X 7 Did the organization make any tazable during the year? 7a 7a <td< th=""><th></th><th></th><th>0.0</th><th></th><th></th></td<>			0.0		
b H ⁺ /vs, s ⁺ entse the name of the forsign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAF). Sea X 5a Was the organization approved to prohibite tax sheler transaction 7 Sea X b Did any taxable party to a prohibite tax sheler transaction 7 Sea X clif 'ves' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax sheler transaction? Sea X clif 'ves', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sea X D Did the organization notify the dorn or the value of the ogods or aronices provided 1 Sea X D I' 'ves, '' did the organization inclify the dorn or the value of the ogods or aronices provided 7 Za Xa D I' 'ves, '' did the organization notify the dorn or the value of the ogods and service provided 7 Za Xa D I' ves, '' did the organization notify the dorn or the value of the ogods or aronices provided 7 Za Xa D I' ves, '' did the organization notify the dorn or the value of the ogods and service provided 7 Za Xa D I' ves, '' indicate the number of Forms 822? I' ves' Za Xa <th></th> <th></th> <th>4a</th> <th></th> <th>x</th>			4a		x
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16 X If "Yes," complete Form 4720, Schedule O. If		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.			
	16	•	16		X
		If "Yes," complete Form 4720, Schedule O.	-	000	

Form **990** (2020)

032005 12-23-20

	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			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			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3)	s) only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finano	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20		2 2 2		
20	JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-3			
20	JANET MCCLAFFERTY C/O PCH DEVELOPMENT CORPORATION - (609) 924-3 ONE MONUMENT DRIVE, PRINCETON, NJ 08540			
			990	(202

Form 990 (2			22-2085939 Pag		
Part VI	Governance, Management, and Disclos	ure For each "Yes" response to lines 2 throug	h 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

1a Enter the number of voting members of the governing body at the end of the tax year

Section A. Governing Body and Management

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19

1a

X

Yes No

<u>Form 990 (</u>		22-2085939	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated				
	Employees, and Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	ı an	compensation	compensation	amount of
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	nstitutional trustee	_	nploy	st col	L.			organizations
	line)	Individual t	In stit u	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD TRUSCELLI	1.00									
EXECUTIVE DIRECTOR	49.00	1		х				0.	156,582.	30,564.
(2) JANET MCCLAFFERTY	1.00									
FINANCE DIRECTOR	49.00			Х				0.	120,644.	20,300.
(3) ALEXANDER PENA	1.00									
OUTGOING TREASURER	7.00	Х		Х				0.	0.	0.
(4) ALICE K SMALL	1.00									
VICE PRESIDENT	7.00	Х		Х				0.	0.	0.
(5) ANN PERETZMAN	1.00									
OUTGOING BOARD MEMBER	5.00	Х						0.	0.	0.
(6) ANNE STEWART	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(7) C. VANLEER DAVIS	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(8) CAROLINE TRAVERS	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(9) CATHERINE STROUP	1.00									
OUTGOING BOARD MEMBER	7.00	Х						0.	0.	0.
(10) REV. DR. DEBORAH BLANKS	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(11) ELIZABETH BIDWELL BATES	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(12) ELIZABETH WOOD	1.00									
OUTGOING BOARD MEMBER	7.00	Х						0.	0.	0.
(13) FREDI PERLMUTTER	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(14) JEANNETTE KLINK	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(15) KYUJUNG WHANG	1.00									
SECRETARY	7.00	Х		Х				0.	0.	0.
(16) LINDA MEISEL	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
(17) REV. LUKATA MJUMBE	1.00									
BOARD MEMBER	7.00	Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

032007 12-23-20

2020.04030 PCH VILLAGE, INC.

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	330	

PCH VILLAGE, INC.

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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) (C)						(D)	(E)			(F)			
Name and title		Average Position						ane	Reportable	Reportable		E	stimat	ed
		hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensatio	'n	ar	nount	of
		week		cer an	aaa	Irecto	or/trus	tee)	from	from related			other	
		(list any hours for	recto						the	organization			ipensa	
		related	e or di	ee			sated		organization	(W-2/1099-MIS	5C)		rom th	
			rustee	l trust		ee	npens		(W-2/1099-MISC)				aniza [:] d relat	
		organizations below	Individual trustee or director	nstitutional trustee	_	nploy	st cor	5					anizat	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18)	MICHAEL CICCONE	1.00												
BOARI	D MEMBER	7.00	Х						0.		0.			Ο.
(19)	RUPPERT A. HAWES	1.00												
BOARI) MEMBER	7.00	Х						0.		0.			0.
	SARA JUST	1.00									-			
	D MEMBER	7.00	Х						0.		0.			0.
	SCOTT HARMON	1.00												0
	D MEMBER THOMAS E. WHITE	7.00	Х						0.		0.			0.
	MEMBER	7.00	x						0.		0.			0.
	TONY CAPOZZOLI	1.00									••			
	SURER	7.00	х		х				0.		0.			0.
(24)	TOSHI ABE	1.00												
BOARI	D MEMBER	7.00	х						0.		0.			0.
(25)	VALERIE W. HAYNES	1.00												
PRESI	IDENT	7.00	Х		Х				0.		0.			0.
41									0.	277,22	26	5	<u>n e</u>	64.
	Subtotal								0.	411,42	<u>20.</u> 0.	5	0,0	04.
	Total from continuation sheets to Part V						•••••		0.	277,22		50,864.		
	Total (add lines 1b and 1c) Total number of individuals (including but r						 			· · · ·		5	0,0	04.
	compensation from the organization		ose	liste	u al	Jove) vvii	0 le	eceived more than \$100,		,			0
													Yes	No
3	Did the organization list any former officer	, director, trust	ee, ł	key e	mpl	loye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15											4	Х	
	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," cor	nplete Schedule	e J f	or su	ich į	bers	on .					5		X
	ion B. Independent Contractors													
	Complete this table for your five highest co	-	-								pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	С	י) ompe	C) nsatic	n
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				•					
								_						
2	Total number of independent contractors (including but -	ot II.	nita	l to	thee		tod	abovo) who received	are then				
	\$100,000 of compensation from the organ	•	or m	mec	0	(1105 (ισu	above, who received me					

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Pa	rt VII		ee er nete te envilin	in this Dort \/III			
		Check if Schedule O contains a respon	se or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events 1c Related organizations 1d					
ntribut I Othe	g	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$					
Col	h	Total. Add lines 1a-1f	▶				
			Business Code				
Program Service Revenue	2a b c			299,076.	299,076.		
Bevel	d						
Proç	e f	All other program service revenue	_				
	a	— • • • • • • • • • • • • • • • • • • •		299,076.			
	3	Investment income (including dividends, int other similar amounts)	erest, and	12,190.	12,190.		
	4 5	Income from investment of tax-exempt bon	· ·				
	5	Royalties	(ii) Personal				
	6 a						
	b						
	с	Rental income or (loss) 6c					
	d	· · · · · · · · · · · · · · · · · · ·	▶				
	7 a		es (ii) Other				
		assets other than inventory 7a					
Ð	b						
Revenue	~	and sales expenses 7b Gain or (loss) 7c					
Seve	d	Net gain or (loss)					
Other F	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
	b	· · · · · · · · · · · · · · · · · · ·	8a 8b				
		Net income or (loss) from fundraising event					
		Gross income from gaming activities. See Part IV, line 19	9a				
	b	· · · · · · · · · · · · · · · · · · ·	9b				
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns and allowances	10a				
	b		10a				
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a						
ellaneo: evenue	b						
cell. Jeve	С		_				
Mis		All other revenue					
_		Total. Add lines 11a-11d		311,266.	311 266	0	0
032009	12	Total revenue. See instructions	▶	JII, 200.	311,266.	0.	0 • Form 990 (2020)

Form 990 (2020)

PCH VILLAGE, INC.

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Form 990 (2			PCH V		
Part IX	Statem	ent of Fu	Inction	al Exp	enses

PCH VILLAGE, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 0. 0 0. 0. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2020)

2020.04030 PCH VILLAGE, INC.

Form 9		2020) PCH VILLAGE, INC. Balance Sheet		22-	2085939 Page 11
1 art		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	Cash - non-interest-bearing	796,462.	1	800,714.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11			4,214,458.
	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	5,015,172.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
ן בי	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	4,579,176.	27	5,015,172.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
۳ ۲		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	4,579,176.	32	5,015,172.
	33	Total liabilities and net assets/fund balances	4,579,176.	33	5,015,172.

Form 990 (2020)

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Form	990 (2020) PCH VILLAGE, INC.	22-	2085939	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	311	1,2	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses. Subtract line 2 from line 1	3	311	1,2	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,579	9,1'	76.
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	124	1,7	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,015	5,1	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
			Form	990	(2020)

Form **990** (2020)

032012 12-23-20

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
	550		550 LZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the o	rganization
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Name of	the organization							dentification number
Part I		VILLAGE, I						2-2085939
	Reason for Public					ee instructions	5.	
	nization is not a private found							
	A church, convention of ch				• • •	I)(A)(I).		
2	A school described in sect							
3	A hospital or a cooperative					•		41 1 ¹ 4 - 1 ¹
4	A medical research organiz	zation operated in co	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	III). Enter	the hospital's name,
- C	city, and state:	ar the honefit of a co					it doooriba	
5	An organization operated for section 170(b)(1)(A)(iv).		mege of university owned	or operation	eu by a go	veninentai un	it describe	
e 🗌			nontal unit described in	nantian 17	70/6//4//4/	60		
6 🛄 7 🗌	A federal, state, or local go An organization that norma	-					a gonoral r	aublic described in
' 📖	section 170(b)(1)(A)(vi). (C	•	initial part of its support if	on a gove			e general j	
8	A community trust describe			E III)				
9	An agricultural research or				ed in coniu	inction with a l	and-arant	college
•	or university or a non-land-	-			-		-	-
	university:	gram concept of agric			name, eng	, and state of t	ne conoge	
10 X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membershi	o fees, and	d aross receipts from
	activities related to its exer							
	income and unrelated busi							
	See section 509(a)(2). (Co		· · · · ·			, ,		
11	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in
	lines 12a through 12d that	describes the type of	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	upporting
_	organization. You must o	complete Part IV, S	ections A and B.					
b	Type II. A supporting org	ganization supervised	d or controlled in connect	ion with it	s supporte	ed organization	(s), by hav	ving
	control or management of			ame perso	ns that co	ntrol or manag	e the supp	ported
_	organization(s). You mus							
с	Type III functionally inte						y integrate	ed with,
. –	its supported organizatio							
d	Type III non-functionally		• •				-	
	that is not functionally in			•		-	an attentiv	/eness
• □	requirement (see instruct	,	•					
e	Check this box if the orga functionally integrated, o					турет, турет	, type iii	
f Ent	er the number of supported							
	vide the following information	•	ed organization(s)					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Total								
HA For I	Paperwork Reduction Act N	Notice see the Instr	ructions for Form 990 or	- 990-F7	032021 01	25-21 Sched		m 990 or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020 PCH VILLAGE, INC.

2	2-	20	85	93	9	Page 2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
T	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4 Gross income from interest,						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
٥	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stop	0		-			
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019		•			15	%
	33 1/3% support test - 2020. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the c	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported o	organization		
k	0 10% -facts-and-circumstances test	- 2019. If the orç	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organi	ization	
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 PCH VILLAGE, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	130,811.	6,516.	279,596.	34,795.	292,877.	744,595.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	130,811.	6,516.	279,596.	34,795.	292,877.	744,595.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						744,595.
		() 22/2	(1) 00 (7	() 00/0	()) 00 (0	() 2222	
	ndar year (or fiscal year beginning in)	(a) 2016 130,811.	(b)2017 6,516.	(c) 2018 279, 596.	(d) 2019 34,795.	(e) 2020 292,877.	(f) Total 744,595.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	98,735.	55,906.	12,328.	12,036.		183,257.
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	90,735.	55,900.	12,520.	12,050.	4,232.	105,257.
	acquired after June 30, 1975	98,735.	55,906.	12,328.	12,036.	1 252	183,257.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	90,733.	55,900.	12,320.	12,050.	4,252.	105,257.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	229,546.	62,422.	291,924.	46,831.	297,129.	927,852.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	on,
0.0		- 0					
	ction C. Computation of Publi			. (7)			00 DE av
	Public support percentage for 2020 (I			.,,		15	80.25 % 72.49 %
	Public support percentage from 2019 ction D. Computation of Invest					16	72.49 %
	Investment income percentage for 20			ne 13. column (f))		17	19.75 %
18			- · · · · · · · · · · · ·			18	27.51 %
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						►X
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a b	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
03202	23 01-25-21		1 г		Sche	edule A (Form 990	or 990-EZ) 2020

14231028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC.

15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
Sec	the supported organization(s). ction D. All Type III Supporting Organizations	1		i
			Vee	Na
	Did the exercited are welled to each of its even exted even institute to the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
' a		,-		
ы к	The organization is the parent of each of its supported organizations. Organization 2 halow			

k	b	The organiza	tion is the pa	rent of ead	ch of its suppo	rted organizations	 Complete line 3 bei 	low.

С	The organization su	upported a govern	nmental entity.	Describe in Part V	how vou sur	ported a ad	overnmental entitv	(see instructions	s).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 032025 01-25-21 Schedule A

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

17 14231028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC. Yes No

Schedule A	(Form 990 or 990-EZ) 2020 PC	H VILLAGE,	INC.	
Part V	Type III Non-Functional	y Integrated 50	9(a)(3) Supporting	organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 PCH VILLAGE, II
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	Ŋ
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3
4	Amounts paid to acquire exempt-use assets		·	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (<i>describe in</i> Part VI). See instructions.		1	6
7	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	7
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			8
	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount	[1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			-
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			_
	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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.)

	HEDULE D	Supplementa							045-0047
(Forr	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.								ZU Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions a		atest informa	tion.		Inspect	
Nam	e of the organizati							identificatio	
Der	t l Organiza	PCH VILLAGE, INC.	d Euroda ar Otha	r Cimil	or Fundo a			2-20859	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		r Simi	ar Funds d	or Acc	counts.	Complete if th	ne
	organizatio	iranswered tes offform 990, Fartiv, in	(a) Donor ad	vised fur	nds	(b) Funds and	d other accou	Ints
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	-	on inform all donors and donor advisors in v	-						<u> </u>
6		on's property, subject to the organization's						Yes	└── No
6		on inform all grantees, donors, and donor a poses and not for the benefit of the donor o							
	impermissible priv				• •		•	Yes	No
Pa		ation Easements. Complete if the org							
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).					
	Preservation	n of land for public use (for example, recrea	tion or education)	Pre Pre	eservation of a	a histor	ically impor	tant land area	a
		of natural habitat		Pre	eservation of a	a certifi	ed historic :	structure	
•		n of open space			·				
2	day of the tax year	through 2d if the organization held a qualif	led conservation con	tribution	i in the form of	r a cons		asement on tr at the End of th	
а						- E	2a	at the Litu of th	IC TAX ICAI
b						Г	2b		
с	-	vation easements on a certified historic stru					2c		
d	Number of conser	vation easements included in (c) acquired a	Ifter 7/25/06, and not	on a his	storic structure	e			
	listed in the Natior	nal Register				L	2d		
3		vation easements modified, transferred, rel	eased, extinguished,	or termi	nated by the c	organiza	ation during	g the tax	
4	year	where preparty subject to concernation and	amont in lagated						
4 5		where property subject to conservation eas tion have a written policy regarding the per			handling of				
Ŭ		forcement of the conservation easements it						Yes	No
6	,	r hours devoted to monitoring, inspecting,							
	▶								
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and	d enforci	ng conservatio	on ease	ements duri	ng the year	
	▶\$								
8		vation easement reported on line 2(d) abov							
9)(4)(B)(ii)? be how the organization reports conservation						Yes	└── No
5		d include, if applicable, the text of the footr			-			the	
		counting for conservation easements.							
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical T	Freasu	res, or Oth	er Sir	nilar Ass	sets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.						
1 a	U U	elected, as permitted under FASB ASC 95	•					orks	
		easures, or other similar assets held for put					e of public		
b	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
5	U U	sures, or other similar assets held for public	· ·						
		ing amounts relating to these items:	,	,			,	,	
	(i) Revenue included on Form 990, Part VIII, line 1								
		ed in Form 990, Part X					► \$		
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide								
	•	unts required to be reported under FASB A	•				•		
a h		on Form 990, Part VIII, line 1					▶ \$		
		eduction Act Notice, see the Instructions		<u></u>			Sche	dule D (Form	990) 2020
	12-01-20						Gene		500,2020

		LAGE, INC.						22-20			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	easures, or Ot	her S	imila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the	following that mal	ke signi	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e		ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	-	-		-	-		se in Part	XIII.		
5	During the year, did the organization solicit o		,		,			_	٦		٦
Dor	to be sold to raise funds rather than to be ma		<u>u</u>						Yes		No
Far	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.										
4.	•						امدام				
18	Is the organization an agent, trustee, custodi		•						7		_ N
L	on Form 990, Part X?							L	Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing tac	ne.					Amoun	+	
•	Paginning balance						1c		Amoun	ι	
	Beginning balance						1d				
	Additions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fe						<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
	·	(a) Current year		or year	(c) Two years ba		Three \	/ears back	(e) Four	vears	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	nd administered fo	or the c	organiza	ation	,		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		ŕ					.	() =		
	Description of property	(a) Cost or c basis (investr		. ,	t or other ((other)		umulate ciation	ed	(d) Boo	k valu	е
19	Land		,		· · · · · · · · · · · · · · · · · · ·						
	LandBuildings										
	Leasehold improvements										
	Equipment										
	Other										
-	Add lines 1a through 1e. (Column (d) must e		X column	(R) line 1	0c)						0.
		igaari onni 000, i alt			<u>~~./</u>			Schedule	D (Forn	n 990)	-

Schedule D (Form 990) 2020

032052 12-01-20

Part VII	Investments -	Other Se	curities.
Schedule [D (Form 990) 2020	PCH	VILLAGE,

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

INC.

(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) INVESTMENT IN PCVA, LP	4,214,458.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	4,214,458,	

Part VIII Investments - Program Related.

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Colymn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

X 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

Schedule D (Form 990) 2020

032053 12-01-20

(9)

Sche	dule D (Form 990) 2020 PCH VILLAGE, INC.			22-2	2085939	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.		5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,422,	465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	7,111,199.			
е	Add lines 2a through 2d			2e	7,111,	199.
3	Subtract line 2e from line 1			3	311,	266.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b	4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		266.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,065,	717.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	7,065,717.			
е	Add lines 2a through 2d			2e	7,065,	717.
3	Subtract line 2e from line 1			3		0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		0.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

	PCH AND NONPROFIT CORPORATE AFFILIATES APPLIED FOR AND RECEIVED A
	DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE
	TREATED AS TAX EXEMPT ENTITIES PURSUANT TO SECTION 501(C)(3) OF THE
	INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR
	THE YEAR ENDED DECEMBER 31 2020. DUE TO THEIR TAX-EXEMPT STATUS, PCH AND
	NONPROFIT CORPORATE AFFILIATES ARE NOT SUBJECT TO INCOME TAXES. PCH AND
	NONPROFIT CORPORATE AFFILIATES ARE REQUIRED TO FILE AND DO FILE TAX
	RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE
	FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND PCH
	AND NONPROFIT CORPORATE AFFILIATES HAVE NO OTHER TAX POSITIONS WHICH MUST
	BE CONSIDERED FOR DISCLOSURE. PCH AND NONPROFIT CORPORATE AFFILIATES ARE
	032054 12-01-20 Schedule D (Form 990) 2020 24
142	31028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC. 030684

Schedule D (Form 990) 2020 PCH VILLAGE, INC.	22-2085939 Page 5
Part XIII Supplemental Information (continued)	
NO LONGER SUBJECT TO U.S. FEDERAL, STATE, OR LOCAL INCOME TA	X EXAMINATIONS
BY TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2017 AND PRI	OR.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ORGANIZATION REVENUE	8,301,668.
RELATED ORGANIZATION ELIMINATIONS	-1,315,199.
BOOK TO TAX INVESTMENT ADJUSTMENT	124,730.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,111,199.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ORGANIZATION EXPENSES	7,944,767.
RELATED ORGANIZATION ELINMINATIONS	-879,050.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,065,717.
	Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE J	Compensation Information		OMB No. 1	545-004	17		
(Form 990)							
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020				
Department of the Treasur	Attach to Form 990.		Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Name of the organiz			identificatio		nber		
David L. Overes	PCH VILLAGE, INC.	22-2	208593	9			
Part I Quest	ons Regarding Compensation						
				Yes	No		
	opriate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
·	n A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	or charter travel Housing allowance or residence for perso						
	companions Payments for business use of personal re nification and gross-up payments Health or social club dues or initiation fee						
	ary spending account						
		ur, chei)					
b If any of the bo	kes on line 1a are checked, did the organization follow a written policy regarding payment or						
•	or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which	if any, of the following the organization used to establish the compensation of the organization's	5					
	Director. Check all that apply. Do not check any boxes for methods used by a related organizati						
	ensation of the CEO/Executive Director, but explain in Part III.						
· · · ·	ation committee Written employment contract						
·	ent compensation consultant Compensation survey or study						
·	of other organizations Approval by the board or compensation of	ommittee					
4 During the yea	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization o	a related organization:						
a Receive a seve	ance payment or change-of-control payment?		4a		X		
b Participate in c	receive payment from a supplemental nonqualified retirement plan?		4b		X		
c Participate in c	receive payment from an equity-based compensation arrangement?		4c		X		
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
0	he revenues of:				77		
	n?				X		
	anization?		<u>5</u> b		X		
	5a or 5b, describe in Part III.						
•	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	he net earnings of:		0.		v		
	n?				X X		
	anization?		<u>6b</u>				
	6a or 6b, describe in Part III.						
-	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments in lines 5 and 62 If "Yos " describe in Part III		7		x		
	not described on lines 5 and 6? If "Yes," describe in Part III						
	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				x		
	8, did the organization also follow the rebuttable presumption procedure described in		8				
			9				
	xtion 53.4958-6(c)? k Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2020		
LINA FOI Paperwo	ה הפטעכווטה אכן הטווכפ, פפר גופ ווופו עכנוטה: וטר דטרוון 350.	Schee	une o (rom	1 990)	2020		

032111 12-07-20

26 14231028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC.

22-2085939

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) EDWARD TRUSCELLI	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	156,582.	0.	0.	4,850.	25,714.	187,146.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
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	<u>(ii)</u>								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



22-2085939

PCH VILLAGE, INC.

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

INCOMES RANGE FROM 30% OF THE COUNTY MEDIAN FOR A ONE BEDROOM HOUSEHOLD

TO 128% OF THE COUNTY MEDIAN FOR A FOUR PERSON HOUSEHOLD AND WHICH

COMPLY WITH GUIDELINES SET BY THE US DEPARTMENT OF HOUSING AND URBAN

DEVELOPMENT (HUD).

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITIES AND ENSURE ACCESS TO RESOURCES IN THE PRINCETON COMMUNITY FOR OUR MORE THAN 600 RESIDENTS RESIDENTS WHOSE INCOMES RISE OVER TIME ARE ABLE TO REMAIN IN THEIR HOME, AT A HIGHER MONTHLY RENT PRINCETON COMMUNITY VILLAGE OFFERS A LIMITED NUMBER OF FEDERAL RENT SUBSIDIES TO 40 LOWER-INCOME RESIDENTS, ENABLING THEM TO PAY NO MORE THAN 30% OF THEIR INCOME IN RENTAL CHARGES.

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A, BUS SERVICE TO PRINCETON'S SHOPPING AREAS, LIBRARY, AND SENIOR RESOURCE CENTER OPERATES SIX DAYS A WEEK, AND THE VILLAGE IS LOCATED ON THE NJ TRANSIT BUS ROUTE THAT SERVES THE ENTIRE REGION WE STRIVE TO BUILD A STRONG COMMUNITY AMONG OUR RESIDENTS, WHO HAIL FROM 32 COUNTRIES VILLAGE-WIDE EVENTS, SUCH AS QUARTERLY RESIDENT MEETINGS AND ANNUAL HOLIDAY CELEBRATIONS ARE HELD IN THE TED VIAL CLUBHOUSE BUILDING, NAMED FOR ONE OF THE FOUNDERS OF PRINCETON COMMUNITY VILLAGE THE CLUBHOUSE ALSO PROVIDES SPACE FOR PRIVATE SOCIAL GATHERINGS AND SEMINARS ON TOPICS OF INTEREST TO RESIDENTS, SUCH AS PUBLIC SAFETY, PERSONAL FINANCE, HEALTH AND WELLNESS, AND LEGAL ASSISTANCE. PRINCETON COMMUNITY VILLAGE HAD A CONTRACT FOR 24 RENT SUPPLEMENT SUBSIDY FAMILY-BASED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20 29

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization PCH VILLAGE, INC.	Employer identification number 22-2085939

VOUCHERS WHICH EXPIRED IN JANUARY 2015 THE 24 VOUCHERS WERE CONVERTED

TO PROJECT-BASED VOUCHERS UNDER HUD'S RENTAL ASSISTANCE DEMONSTRATION

OR RAD PROGRAM AND WILL CONTINUE TO BE PROJECT BASED THROUGH 2030 THE

24 NOW ARE ADMINISTERED THROUGH A LOCAL HOUSING AUTHORITY.

FORM 990, PART VI, SECTION A, LINE 3:

OVERSIGHT OF MANAGEMENT FUNCTIONS FOR THE ORGANIZATION ARE PERFORMED BY PCH DEVELOPMENT CORPORATION.

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

A DRAFT COPY OF THE 990, WITH THE SCHEDULE B REMOVED DUE TO DONOR REQUESTS FOR ANONYMITY, IS EMAILED TO BOARD MEMBERS BEFORE THE 990 IS FILED WITH THE IRS.

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

TRUSTEES AND THE KEY EMPLOYEE ARE REQUIRED TO SIGN A CONFICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST OF THE ORGANIZATION AND VIA

WWW.GUIDESTAR.ORG.

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

ALL DOCUMENTS DESCRIBED ARE AVAILABLE UPON REQUEST OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT BOOK TO TAX ADJUSTMENT

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

30

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization PCH VILLAGE, INC.	Employer identification number 22-2085939
FORM 990 PART XII, LINE 2C:	
NO CHANGE FROM THE PRIOR YEAR.	
FORM 990, PG 6, SEC B QUESTIONS 15A AND 15B:	
THESE QUESTIONS ARE ANSWERED NO IN ACCORDANCE WITH IRS FOR	м 990
INSTRUCTIONS. THE RELATED ORGANIZATION, WHICH PAID OFFICE	R
COMPENSATION, USED A PROCESS FOR DETERMINING COMPENSATION	THAT INCLUDED
1) REVIEW AND APPROVAL BY A GOVERNING BOARD OR COMMITTEE C	OMPRISED OF
PERSONS WITH NO CONFLICT OF INTEREST, 2) USE OF DATA AS TO	COMPARABLE

COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE

POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, 3) CONTEMPORANEOUS

DOCUMENTATION AND RECORDKEEPING.

03068441

032212 11-20-20

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

PCH VILLAGE, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ELM COURT II INC - 56-2477473							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08527	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
ELM COURT INC - 20-8984541							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08527	VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
GRIGGS FARM INC - 20-8198080							
ONE MONUMENT DRIVE					PRINCETON		
PRINCETON, NJ 08527	LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х
PCH DEVELOPMENT CORPORATION - 22-2876697	MANAGEMENT SERVICES FOR						
ONE MONUMENT DRIVE	LOW AND MODERATE INCOME				PRINCETON		
PRINCETON, NJ 08527	HOUSING PROJECTS	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

032161 10-28-20 LHA

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number 22 - 2085939

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	contr	(g) on 512(b)(13) ontrolled anization?	
				501(c)(3))		Yes	No	
PCH HOMES INC - 27-4444170	_							
ONE MONUMENT DRIVE					PRINCETON			
PRINCETON, NJ 08527	LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х	
PCV GROUP INC - 22-2820022								
ONE MONUMENT DRIVE	LOW AND MODERATE INCOME				PRINCETON			
PRINCETON, NJ 08527	HOUSING	NEW JERSEY	501(C)(3)	LINE 10	COMMUNITY HOUSING		Х	
PRINCETON COMMUNITY HOUSING INC - 13-3026182	RAISE FUNDS & PROVIDE							
ONE MONUMENT DRIVE	ASSISTANCE TO LOW AND							
PRINCETON, NJ 08527	MODERATE INCOME HOUSING	NEW JERSEY	501(C)(3)	LINE 7	N/A		х	
	1							
	1							
	-							
	-							
	-							
	-							
	-							
	-							
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	1							
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	4							
	4							
							<u> </u>	
	4							
	4							

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.

									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managii partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
PRINCETON COMMUNITY VILLAGE											
ASSOCIATES LP - 22-2578601,	LOW AND										
ONE MONUMENT DRIVE,	MODERATE INCOME										
PRINCETON, NJ 08540	HOUSING	NJ		RELATED	292,877.	13,146,379.		x	N/A	x	98.99%
	7										
	1										
	-										
	1										
	-										
	-										
	-										
	-										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Image: Comparison of Comparis	Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to roland guarantees to related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1d X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1g X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets from related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X n Sharing of paid employees with related organization(s) 1n X n Sharing of paid employees with related organization(s) 1n X n Reimbursement paid to related organization(s) 1n X n Reimbursement pai	1				
b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees to or for related organization(s) 1d X f Dividends from related organization(s) 1e X g Sale of assets to related organization(s) 1f X g Sale of assets from related organization(s) 1g X h Purchase of assets from related organization(s) 1h X i Exchange of assets from related organization(s) 1i X j Lease of facilities, equipment, or other assets from related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Pherformance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organiz	а		1a		Х
c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1d X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X h Purchase of assets to related organization(s) 1g X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets from related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Performance of services or membership or fundraising solicitations by related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m X n Sharing of paid employees with related organization(s) 1m X n Reimbursement paid to related organization(s) 1n X r Other transfer of cash or property to related organization(s) 1m X r Other transfer of cash or property to related organization(s) 1m X n Cother transfe	b	Gift, grant, or capital contribution to related organization(s)	1b		Х
d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1g X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X m Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m X p Reimbursement paid to related organization(s) 1m X r Other transfer of cash or property to related organization(s) 1g X r Other transfer of cash or property to related organization(s) 1g X r Other transfer of cash or property to related organization(s) 1g X r Other transfer of cash or property to related organization(s) 1g X			1c		Х
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i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) n Nk V V n Nk n Nk n Nk n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Nk n Sharing of paid employees with related organization(s) n Nk p Reimbursement paid to related organization(s) for expenses n Other transfer of cash or property to related organization(s) n In n X n In <t< td=""><td>h</td><td>Purchase of assets from related organization(s)</td><td>1h</td><td></td><td></td></t<>	h	Purchase of assets from related organization(s)	1h		
j Lease of facilities, equipment, or other assets to related organization(s) 1j X k Lease of facilities, equipment, or other assets from related organization(s) 1k X l Performance of services or membership or fundraising solicitations for related organization(s) 1l X m Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 1o X p Reimbursement paid to related organization(s) for expenses 1q X r Other transfer of cash or property to related organization(s) 1r X	i	Exchange of assets with related organization(s)	1i		X
k Lease of facilities, equipment, or other assets from related organization(s) 1k X l Performance of services or membership or fundraising solicitations for related organization(s) 1l X m Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 1o X p Reimbursement paid to related organization(s) for expenses 1 X q Reimbursement paid by related organization(s) for expenses 1 X r Other transfer of cash or property to related organization(s) 1 X	j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)					
I Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 1o X p Reimbursement paid to related organization(s) for expenses 1p X q Reimbursement paid by related organization(s) for expenses 1q X r Other transfer of cash or property to related organization(s) 1r X	k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)	I.		11		X
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)	n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
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q Reimbursement paid by related organization(s) for expenses 1q X r Other transfer of cash or property to related organization(s) 1r X					
q Reimbursement paid by related organization(s) for expenses 1q X r Other transfer of cash or property to related organization(s) 1r X	р	Reimbursement paid to related organization(s) for expenses	1p		X
r Other transfer of cash or property to related organization(s)			1q		X
	r	Other transfer of cash or property to related organization(s)	1r		
			1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2020 PCH VILLAGE, 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)	(b)	(c)	(d)	(e)	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs	all s sec.	Share of	Share of		opor- nate	Code V-UBI	General	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c) orgs)(3) .?	total		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No	
					_							+
					_							

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PRINCETON COMMUNITY HOUSING INC

PRIMARY ACTIVITY: RAISE FUNDS & PROVIDE ASSISTANCE TO LOW AND MODERATE

INCOME HOUSING PROJECTS

032165 10-28-20

000 T		EXTENDED TO NOVEMBER 15, 2021	-	
Form 990-T		Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n ⊢	OMB No. 1545-0047
	For col			2020
	For cal	endar year 2020 or other tax year beginning, and ending, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.	·	ζυζυ
Department of the Treasury Internal Revenue Service	►	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 5	Open to Public Inspection for 601(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmploy	yer identification number
B Exempt under section	Print	PCH VILLAGE, INC.	22	2-2085939
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group	exemption number structions)
408(e) 220(e)	Type	ONE MONUMENT DRIVE		,
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529S		PRINCETON, NJ 08540	F	Check box if
		ok value of all assets at end of year > 5,015,172.		an amended return.
			Applicab	le reinsurance entity
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	1	
		ed Schedules A (Form 990-T)		Yes X No
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation. ► JANET MCCLAFFERTY C/O PCH DEVELO Telephone number ►	(609)) 924-3822
		d Business Taxable Income	(00)	524 5022
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
			1	3,843.
- 5 -			2	-,
3 Add lines 1 and 2			3	3,843.
4 Charitable contrib		see instructions for limitation rules)	4	0.
5 Total unrelated bu	isiness [·]	taxable income before net operating losses. Subtract line 4 from line 3		3,843.
6 Deduction for net	operati	ng loss. See instructions	6	
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	m line 5	j	7	3,843.
8 Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 19	99A deo	duction. See instructions	9	
10 Total deductions			10	1,000.
11 Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	2,843.
Part II Tax Com	-			
		s corporations. Multiply Part I, line 11 by 21% (0.21)		597.
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
 3 Proxy tax. See ins 4 Other tax amounts 		-	▶ 3	
5 Alternative minimu6 Tax on noncomp				
		h 6 to line 1 or 2, whichever applies	7	597.
		ion Act Notice, see instructions.		Form 990-T (2020)
		,		()

Form 9	90-T (2020)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		597.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		597.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020 6a			
b	2020 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 Other Total ► 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		11.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		<u>508.</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4a	Did the organization change its method of accounting? (see instructions)			X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th					wledge	and belief, it is true,
Here	Signature of officer	Date	EXECU Title	TIVE DIRE	ECTOR	the p	the IRS discuss this return with reparer shown below (see uctions)? X Yes No
Paid Preparer	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY ,	CPA	Date 10/11/21	Check self- employ] if red	PTIN P01273422
Use Only	Firm's name COHNREZNICK	LLP			Firm's EIN		22-1478099
	1301 AVEN	UE OF THE AM NY 10019	ERICAS		Phone no.	21	2-297-0400
	•				•		Form 990-T (2020)

023711 02-02-21

40 14231028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC.

(Ear	HEDULE A rm 990-T)	Unrelated Busir	iess 7	Faxable Inco	me		OMB No. 1545-0047
(r-or	11 990 - 1j	From an Unrelat	ed Tr	ade or Busin	ess		0000
		► Go to www.irs.gov/Form990T f	or instru	tions and the latest in	formation		2020
	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as i					Open to Public Inspection for
	Name of the organization				B Employer		501(c)(3) Organizations Only
<u> </u>	PCH VILL				22-20		
							_
<u>c</u> ι	Inrelated business	activity code (see instructions) <a>53139	<u>}0</u>		D Sequenc	e: 1	of 1
EC	Describe the unrelat	ed trade or business ►CELL TOWER F	≀00FT	OP RENTAL			
		Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or	sales 42,999.					
b	Less returns and allo		- 1c	42,999.			
2		d (Part III, line 8)	2				
3		ract line 2 from line 1c	3	42,999.			42,999.
4a	Capital gain net in	come (attach Sch D (Form 1041 or Form					
	1120)) (see instruc	tions)	4a				
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797) (see instructions)	4b				
с	Capital loss deduc	ction for trusts	4c				
5	Income (loss) from	a partnership or an S corporation (attach					
			5				
6		IV)	6				
7		anced income (Part V)	7				
8		, royalties, and rents from a controlled					
_		VI)	8				
9		e of section 501(c)(7), (9), or (17)					
		t VII)	9				
10		activity income (Part VIII)	10				
11		e (Part IX)	11				
12		e instructions; attach statement)	12	42,999.			42,999.
<u>13</u>	Total. Combine lir		1.0	•			•
Pa					huatiana) Dad		must ha
		ns Not Taken Elsewhere (See instruction nnected with the unrelated business ir		r limitations on dec	Juctions) Ded	uctions	
	-	nnected with the unrelated business ir	ncome				
1	Compensation of	nnected with the unrelated business ir officers, directors, and trustees (Part X)	ncome			1	
2	Compensation of Salaries and wage	nnected with the unrelated business ir officers, directors, and trustees (Part X)	ncome		· · · · · · · · · · · · · · · · · · ·	1 2	
2 3	Compensation of Salaries and wage Repairs and maint	nnected with the unrelated business ir officers, directors, and trustees (Part X)	ncome		· · · · · · · · · · · · · · · · · · ·	1 2 3	
2 3 4	Compensation of Salaries and wage Repairs and maint Bad debts	nnected with the unrelated business ir officers, directors, and trustees (Part X) s enance			·····	1 2 3 4	
2 3 4 5	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions)			······	1 2 3 4 5	
2 3 4 5 6	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions)			······	1 2 3 4 5 6	
2 3 4 5 6 7	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach	nnected with the unrelated business ir officers, directors, and trustees (Part X) es enance atement) (see instructions) s ch Form 4562) (see instructions)		7	······	1 2 3 4 5 6	1,200.
2 3 4 5 6 7 8	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach Less depreciation	nnected with the unrelated business ir officers, directors, and trustees (Part X) es enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return		7 8a	32,832.	1 2 3 4 5 6 8b	1,200.
2 3 4 5 6 7 8 9	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attac Less depreciation Depletion	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return		7 8a	32,832.	1 2 3 4 5 6 8b 9	1,200.
2 3 4 5 6 7 8	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attac Less depreciation Depletion Contributions to d	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans		7 8a	32,832.	1 2 3 4 5 6 8b	1,200.
2 3 4 5 6 7 8 9	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs		7 8a	32,832.	1 2 3 4 5 6 8b 9 10	1,200.
2 3 5 6 7 8 9 10	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII)		7 8a	32,832.	1 2 3 4 5 6 8b 9 10 11	1,200.
2 3 4 5 6 7 8 9 10 11 12	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part IX)		7 8a	32,832.	1 2 3 4 5 6 8b 9 10 11 12	1,200.
2 3 4 5 6 7 8 9 10 11 12 13	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions	nnected with the unrelated business ir officers, directors, and trustees (Part X) es enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part IX) (attach statement)		7 8a SEE STAT	32,832. EMENT 1	1 2 3 4 5 6 8b 9 10 11 12 13	1,200.
2 3 4 5 6 7 8 9 10 11 12 13 14	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach Less depreciation Depletion Contributions to d Employee benefit Excess readership Other deductions Total deductions	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part IX)		7 8a SEE STAT	32,832. EMENT 1	1 2 3 4 5 6 8b 9 10 11 11 12 13 14	1,200.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (attach Less depreciation Depletion Contributions to de Employee benefit Excess exempt ex Excess readership Other deductions Total deductions	nnected with the unrelated business ir officers, directors, and trustees (Part X) es enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part IX) (attach statement) . Add lines 1 through 14	Subtract li	7 8a SEE STAT ne 15 from Part I, line 1	<u>32,832.</u> EMENT 1 3,	1 2 3 4 5 6 8b 9 10 11 11 12 13 14	1,200. 32,832. 5,124. 39,156.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Unrelated busines column (C)	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part VIII) o costs (Part IX) (attach statement) . Add lines 1 through 14 s income before net operating loss deduction. S	Subtract li	7 8a SEE STAT ne 15 from Part I, line 1	32,832. EMENT 1 3,	1 2 3 4 5 6 8b 9 10 11 11 12 13 14 15	1,200. 32,832. 5,124. 39,156. 3,843. 0.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sta Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated business column (C)	nnected with the unrelated business ir officers, directors, and trustees (Part X) enance atement) (see instructions) s ch Form 4562) (see instructions) claimed in Part III and elsewhere on return eferred compensation plans programs penses (Part VIII) o costs (Part VIII) o costs (Part IX) (attach statement) . Add lines 1 through 14 s income before net operating loss deduction. S	Subtract li	7 8a SEE STAT ne 15 from Part I, line 1	32,832. <u>32,832</u> . <u>EMENT 1</u> 3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	1,200. 32,832. 5,124. 39,156. 3,843.

023741 12-23-20

1

ENTITY

ENTITY	1
--------	---

Schod	ule A (Form 990-T) 2020				ENTITY I Page 2
Part		nod of inventory valu	ation 🕨		Faye
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	e 2		
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and	Personal Prop	erty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Cheo	ck if a dual-use (see instr	uctions)	
	A				
	в 🔄				
	c				
	D				1
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5 Part 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, compared in the second s	ter here and on Part ee instructions)			0.
•	A	ity, state, Zir Codej.	Oneck in a dual-use (see		
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %	%	ó 9
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	Enter here and on F	Part I, line 7, column (A)		0.
			-1		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	nd on Part I, line 7, colu	mn (B) 🕨 🔔	0.
11	Total dividends-received deductions included in line	10			0.
023721	12-23-20			Schedule	e A (Form 990-T) 2020

6. Deductions directly connected with income in column 5
connected with
Deductions directly connected with come in column 10
er here and on Part I, line 8, column (B)
5. Total deductions and set-asides (add cols 3 and 4)
Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •

Schedule A (Form 990-T) 2020

023731 12-23-20

43 14231028 147227 0306844-0314447.0990 2020.04030 PCH VILLAGE, INC.

Page 4

Scheo Part	ule A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting tv	vo or more periodicals	on a consolidated bas	iS.	
	c 🗌				
	D				
Enter	amounts for each periodical listed above in the corr	responding column.		1	
		Α	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Par	t I, line 11, column (A)		►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Par	rt I, line 11, column (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from line				
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greate	er of the line 8a, colum	ns total or zero here a	nd on	
<u> </u>	Part II, line 13			🕨	0.
Part	X Compensation of Officers, Direc	tors, and Trustees	s (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Tit	le	of time devoted	attributable to
(4)				to business	unrelated business
(<u>1</u>)				%	
(2) (2)				%	
(<u>3)</u> (<u>4</u>)				%	
(4)				/0	
Tota	. Enter here and on Part II, line 1				0.
Part		structions)			-

023732 12-23-20

14231028 147227 0306844-0314447.0990

PCH VILLAGE, INC.		22-2085939
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
UTILITIES		5,124.
TOTAL TO SCHEDULE A, PAR	RT II, LINE 14	5,124.

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Numb	er
PCH VILLAGE	E, INC.			22-2085	939
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			-
07/15/20	133.	133.			
07/15/20	132.	265.	62	.000081967	1
09/15/20	133.	398.	91	.000081967	3
12/15/20	132.	530.	16	.000081967	1
12/31/20	0.	530.	135	.000082192	6

* Date of estimated tax payment, withholding credit date or installment due date.

012511 04-01-20

Form 2220

Department of the Treasury
Internal Revenue Service

Name

Underpayment of Estimated Tax by Corporations

FORM 990-T

► Attach to the corporation's tax return. FORM ► Go to www.irs.gov/Form2220 for instructions and the latest information.

U-T 2020 Employer identification number

22-2085939

OMB No. 1545-0123

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment		
1 Total tax (see instructions)	1	597.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term		
contracts or section 167(g) for depreciation under the income forecast method 2b		
c Credit for federal tax paid on fuels (see instructions)		
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation		
does not owe the penalty		597.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	530.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4,		
enter the amount from line 3		530.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation	must file Form 2220	
even if it does not owe a penalty. See instructions.		

6	The cor	noration i	s usina	the ad	iusted	seasonal	installment	method
•			o uomy	ino au	Justou	300301101	motummont	mounou.

7 The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

0	Installment due dates Enter in columns (a) through (d) the		(a)	(b)	(C)	(d)
3	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	07/15/20	07/15/20	09/15/20	12/15/20
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	133.	132.	133.	132.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		133.	265.	398.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		133.	265.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	133.	132.	133.	132.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owe	d.	
	 E. D. S. S. M. D. B. M. Hills, A. M. M. M. S. S.					E 0000 (0000)

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

012801 02-02-21

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Form 2220 (2020)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)	
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
0	Number of days from due date of installment on line 9 to the date shown on line 19	20						
1	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21						
2	Underpayment on line 17 x Number of days on line 21 x 5% (0.05) 366	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23						
ļ	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 366	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25						
3	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 366	26	·	\$	\$		\$	
7	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	SEE	ATTACHED W	DRKSHEET			
}	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$	
	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29						
_	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31	ф.	ф.	ф.		¢	
	Underpayment on line 17 x Number of days on line 31 x *%	32 33	<u></u> δ	\$	\$		\$	
	Number of days on line 20 after 9/30/2021 and before 1/1/2022 Underpayment on line 17 x Number of days on line 33 x *%	34	¢	\$	\$		\$	
	365 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35	Ψ	ψ	_Ψ		ψ	
	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
	365 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37		\$	\$		\$	
	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he		e 34; or the comparable		38		11

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2020)

012802 02-02-21

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	Der
PCH VILLAGE	E, INC.			22-2085	939
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/20	133.	133.			
07/15/20	132.	265.	62	.000081967	1
09/15/20	133.	398.	91	.000081967	3
12/15/20	132.	530.	16	.000081967	1
12/31/20	0.	530.	135	.000082192	6
nalty Due (Sum of Colu	mn F).				11

* Date of estimated tax payment, withholding credit date or installment due date.

012511 04-01-20 (Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificatio	n number (TIN)		
print	PCH VILLAGE, INC.		22-20	85939				
File by the due date for filing your return. See instructions. ONE MONUMENT DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Entert	PRINCETON, NJ 08540	e a senarat	te application for each return)			0 1		
Applic		Return	Application	<u></u>		Return		
Is For		Code	Is For			Code		
	990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			08		
	1720 (individual)	03	Form 4720 (other than individual)			09		
	990-PF	04	Form 5227			10		
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	990-T (trust other than above)	06	Form 8870			12		
• If the box •	The organization does not have an office or place of business his is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright I request an automatic 6-month extension of time until the organization named above. The extension is for the org \overleftarrow{X} calendar year 2020 or \overleftarrow{u} tax year beginning If the tax year entered in line 1 is for less than 12 months, c \overleftarrow{u} Change in accounting period	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2021</u> , to file return for: d ending	f this is fo all membe	r the whole (ers the exter npt organizat	group, check this nsion is for.		
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less	3a	\$	0.		
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069) enter any	refundable credits and		Ψ	0.		
	estimated tax payments made. Include any prior year overp			Зb	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.		
-	on: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	153-EO an		9-EO for payment 3868 (Rev. 1-2020)		

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	dentification	n number (TIN)			
print	PCH VILLAGE, INC.		22-20	85939					
due date filing you return. Se	File by the due date for filing your return. See instructions. ONE MONUMENT DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Enter t	PRINCETON, NJ 08540 he Return Code for the return that this application is for (fil	e a senarat	e application for each return)			0 7			
Applic		Return	Application			Return			
Is For		Code	Is For			Code			
	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9		02	Form 1041-A			08			
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	990-PF	04	Form 5227			10			
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	990-T (trust other than above)	06	Form 8870			12			
• If th • If th box • 1 I 1 2 I	request an automatic 6-month extension of time until the organization named above. The extension is for the org ► X calendar year 2020 or ► 1 tax year beginning f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEN anization's , an theck rease	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>1BER 15, 2021, to file return for: d ending on: Initial return</u>	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.			
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less	20	\$	0.			
-	any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	<u>3a</u>	Ψ				
	estimated tax payments made. Include any prior year over			Зb	\$	0.			
-	Balance due. Subtract line 3b from line 3a. Include your part				–	<u> </u>			
	using EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.			
-	n: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 8879	-EO for payment 868 (Rev. 1-2020)			