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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SOUTHFIELD VILLAGE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6450 MIAMI CIRCLE

City or town, state or country, and ZIP + 4
SOUTH BEND, IN 46614

D Employer identification number
35-1866553

E Telephone number
(574) 231-1000

G Gross receipts $ 7,426,168

F Name and address of principal officer
AMY CALDERONE
1721 GREENCROFT BLVD
GOSHEN,IN 46527

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SOUTHFIELDVILLAGE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1991 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SOUTHFIELD VILLAGE PROVIDES ACTIVE, AFFORDABLE RETIREMENT LIVING WITH SUPPORTIVE SERVICES, ASSISTED LIVING, AND SKILLED NURSING CARE CHARITY CARE FOR FYE JUNE 30, 2010 AMOUNTED TO $932,567

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of employees (Part V, line 2a)	**5**	181
6	Total number of volunteers (estimate if necessary)	**6**	26
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	22,900
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-362

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	411,702	16,377
	9 Program service revenue (Part VIII, line 2g)	7,423,218	7,243,484
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,960	86,289
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,409	80,018
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,161,289	7,426,168
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,047,080	3,239,614
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,099,126	4,120,241
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,146,206	7,359,855
	19 Revenue less expenses Subtract line 18 from line 12	1,015,083	66,313

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	16,442,207	16,832,802
	21 Total liabilities (Part X, line 26)	17,355,505	17,356,108
	22 Net assets or fund balances Subtract line 21 from line 20	-913,298	-523,306

Part II Signature Block

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

Sign Here

****** | 2011-05-12
Signature of officer | Date

DALE SHENK TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903			EIN ▶ Phone no ▶ (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF SOUTHFIELD VILLAGE IS TO PROVIDE ACTIVE, AFFORDABLE RETIREMENT LIVING IN HOMES WITH SUPPORTIVE SERVICES, ASSISTED LIVING, AND SKILLED NURSING CARE (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 6,131,071 including grants of $ 0) (Revenue $ 7,243,484)

SOUTHFIELD VILLAGE (SV) IS A NON-PROFIT COMMUNITY BENEFIT CORPORATION THAT PROVIDES CONTINUING CARE RETIREMENT COMMUNITY (CCRC) SERVICES TO 101 RESIDENTS ON A 19-ACRE CAMPUS SV PROVIDES CCRC SERVICES INCLUDING ASSISTED LIVING AND SKILLED NURSING CARE INDEPENDENT LIVING RESIDENTS PAY A LIFE-LEASE ENTRY FEE TO OCCUPY THE RESIDENCE AND PAY A MONTHLY SERVICE FEE FOR SERVICES RENDERED ASSISTED LIVING AND SKILLED NURSING RESIDENTS PAY A MONTHLY OR DAILY FEE FOR SERVICES RENDERED ADDITIONALLY THEY HAVE SOME A LA CARTE FEES FOR INCIDENTALS AND SUPPLIES RESIDENTS WHO DO NOT MISUSE THEIR ASSETS MAY BE ELIGIBLE FOR SUPPORT FROM SOUTHFIELD VILLAGE IF THEIR ASSETS RUN OUT OVER 12% OF TOTAL REVENUES WERE USED TO PROVIDE COMMUNITY BENEFITS, WHICH INCLUDES THE FOLLOWING AMOUNTS INDIGENT CARE/CHARITY CARE - $633,996 MEDICARE WRITE-OFFS - $298,571

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 6,131,071

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	45		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 9		
b	Enter the number of voting members that are independent . .	1b 7		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DALE SHENK
1721 GREENCROFT BLVD
GOSHEN,IN 46527
(574) 537-4000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOREN ROTH CHAIR	1	X		X				0	0	0
REV DAVID SUTTER VICE CHAIR	1	X		X				0	0	0
FATHER JOHN DELANEY BOARD MEMBER	1	X						0	0	0
REV HOSEA DRAKE BOARD MEMBER	1	X						0	0	0
MARSHA MCCLURE BOARD MEMBER	1	X						0	0	0
LEROY TROYER BOARD MEMBER	1	X						0	0	0
PAUL D SCHOENLE BOARD MEMBER	1	X						0	0	0
CAROL ANDERSON BOARD MEMBER	1	X						0	0	0
DR KEIM HOUSER BOARD MEMBER	1	X						0	0	0
DALE SHENK TREASURER	1			X				0	94,037	27,948
SUZANNE KINCAID SECRETARY	40			X				0	36,433	16,919
AMY CALDERONE PRESIDENT/ADMINISTRATOR	40			X				78,192	0	25,710

1b Total . . . . . ▶	78,192	130,470	70,577

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST THERAPY SERVICES 6450 MIAMI CIRCLE SOUTH BEND, IN 46614	PHYSICAL & OCCUPATIONAL THERAPY	502,056
GREENCROFT RETIREMENT COMMUNITIES PO BOX 819 GOSHEN, IN 46527	MANAGEMENT & CORPORATE SERVICES	487,401
C AND E EXCAVATING 53767 CR 9 ELKHART, IN 46514	CONSTRUCTION	209,867
THE TROYER GROUP 550 UNION STREET MISHAWAKA, IN 46544	CONSTRUCTION	142,247

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 10,000				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,377				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		16,377			
			Business Code				
Program Service Revenue	2a	NURSING SERVICES		5,657,931	5,657,931	0	0
	b	RESIDENT SERVICES		1,585,553	1,585,553	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		7,243,484			
	3	Investment income (including dividends, interest and other similar amounts)		86,289	0	0	86,289
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	2,540 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	2,540 / 0				
	d	Net rental income or (loss)		2,540	0	0	2,540
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 a 0					
	b	Less direct expenses b 0					
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19 a 0					
	b	Less direct expenses b 0					
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances a 0					
	b	Less cost of goods sold b 0					
	c	Net income or (loss) from sales of inventory		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	BEAUTY/BARBER SHOP INCOME		38,751	0	0	38,751
	b	TOURS INCOME	561,520	22,900	0	22,900	0
	c	GUEST/EMPLOYEE MEALS		5,500	0	0	5,500
	d	All other revenue		10,327	0	0	10,327
	e	**Total.** Add lines 11a–11d		77,478			
	12	**Total revenue.** See Instructions		7,426,168	7,243,484	22,900	143,407

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	103,902	103,902	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	2,363,933	2,173,374	190,559	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,401	80,212	7,189	0
9 Other employee benefits	502,515	461,667	40,848	0
10 Payroll taxes	181,863	167,672	14,191	0
11 Fees for services (non-employees)				
a Management	373,401	0	373,401	0
b Legal	1,984	0	1,984	0
c Accounting	46,930	0	46,930	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	2,500	0	2,500	0
g Other	828,814	692,291	136,523	0
12 Advertising and promotion	104,701	0	104,701	0
13 Office expenses	846,905	787,501	59,404	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	349,632	263,273	86,359	0
17 Travel	2,957	2,137	820	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	986,350	986,350	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	486,614	366,420	120,194	0
23 Insurance	7,700	5,798	1,902	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	20,222	20,222	0	0
b TOURS EXPENSE	19,755	0	19,755	0
c DUES, LICENSES, & SUBSCRIPTIONS	15,531	3,667	11,864	0
d PROFESSIONAL DEVELOPMENT	6,055	6,055	0	0
e FEDERAL INCOME TAX	125	125	0	0
f All other expenses	20,065	10,405	9,660	0
25 **Total functional expenses.** Add lines 1 through 24f	7,359,855	6,131,071	1,228,784	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,200	1	1,200
	2	Savings and temporary cash investments		2,439,187	2	2,409,929
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		383,881	4	473,175
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		24,168	8	28,052
	9	Prepaid expenses and deferred charges		80,121	9	45,374
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 16,330,826			
	b	Less accumulated depreciation	10b 4,176,164	12,089,470	10c	12,154,662
	11	Investments—publicly traded securities		1,014,526	11	1,338,205
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	2,499
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		409,654	15	379,706
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,442,207	16	16,832,802
Liabilities	17	Accounts payable and accrued expenses		344,163	17	323,023
	18	Grants payable		0	18	0
	19	Deferred revenue		39,617	19	128,683
	20	Tax-exempt bond liabilities		15,784,518	20	15,424,366
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		447,859	22	447,859
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		23,330	24	23,330
	25	Other liabilities Complete Part X of Schedule D		716,018	25	1,008,847
	26	**Total liabilities.** Add lines 17 through 25		17,355,505	26	17,356,108
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-932,603	27	-529,936
	28	Temporarily restricted net assets		19,305	28	6,630
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		-913,298	33	-523,306
	34	Total liabilities and net assets/fund balances		16,442,207	34	16,832,802

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SOUTHFIELD VILLAGE INC

Employer identification number
35-1866553

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,087	3,115	2,948	411,702	16,377	437,229
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,070,510	6,099,791	6,337,286	7,423,218	7,243,484	30,174,289
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	4,702	50,501	45,657	44,251	145,111
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	3,073,597	6,107,608	6,390,735	7,880,577	7,304,112	30,756,629
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	318,932	0	318,932
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	318,932	0	318,932
8 **Public Support** (Subtract line 7c from line 6)						30,437,697

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,073,597	6,107,608	6,390,735	7,880,577	7,304,112	30,756,629
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,933	163,659	145,992	102,458	88,829	576,871
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	75,933	163,659	145,992	102,458	88,829	576,871
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	816	0	816
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	21,979	6,373	25,152	159,716	10,327	223,547
13 **Total support** (Add lines 9, 10c, 11 and 12)	3,171,509	6,277,640	6,561,879	8,143,567	7,403,268	31,557,863

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	96 45 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96 3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	1 828 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1 99 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME, SCHEDULE A, PART III, SECTION B, LINE 12, MISCELLANEOUS INCOME RECEIVED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE 2005 - $21,979 2006 - $6,373 2007 - $25,152 2008 - $159,716 2009 - $10,327,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SOUTHFIELD VILLAGE INC

Employer identification number
35-1866553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	5,614,673	6,616,432			
b	Contributions	4,584	285,623			
c	Investment earnings or losses	332,789	-1,128,086			
d	Grants or scholarships	0	0			
e	Other expenditures for facilities and programs	69,762	159,296			
f	Administrative expenses	0	0			
g	End of year balance	5,923,540	5,614,673			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ **61.86 %**
- b Permanent endowment ▶ **37.25 %**
- c Term endowment ▶ **0.89 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,197,353		1,197,353
b Buildings	0	13,404,912	3,245,878	10,159,034
c Leasehold improvements	0	143,821	53,830	89,991
d Equipment	0	1,168,095	876,456	291,639
e Other	0	416,645	0	416,645
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,154,662

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
RESIDENT REFUNDS AND DEPOSITS	29,496
DUE TO AFFILIATE - GREENCROFT RETIREMENT COMMUNITIES	60,180
ACCRUED INTEREST PAYABLE	435,171
LIFE LEASE NOTES PAYABLE	484,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,008,847

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,426,168
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,359,855
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	66,313
4	Net unrealized gains (losses) on investments	4	323,679
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	323,679
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	389,992

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,749,847
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	323,679		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	323,679
3	Subtract line **2e** from line **1**			3	7,426,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,426,168

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,359,855
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,359,855
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,359,855

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE HELD BY GREENCROFT COMMUNITIES FOUNDATION, INC FOR THE BENEFIT OF GREENCROFT RETIREMENT COMMUNITIES, INC AND ITS AFFILIATED ORGANIZATIONS GREENCROFT COMMUNITIES FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PERPETUAL SOURCE OF SUPPORT TO PROGRAMS SUPPORTED BY ITS ENDOWMENTS WHILE SEEKING TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS
FIN 48 footnote	Schedule D, Part X, Line 2	U S GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO U S FEDERAL INCOME TAX OR STATE INCOME TAX THE ORGANIZATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF INDIANA FOR THE LAST THREE YEARS THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2010 AND 2009

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SOUTHFIELD VILLAGE INC

Employer identification number
35-1866553

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
LOREN ROTH FOR STARTUP	X		52,574	52,574		No	Yes		Yes	
LEROY TROYER FOR STARTUP	X		231,222	231,222		No	Yes		Yes	
JULIE ROTH FOR STARTUP	X		19,062	19,062		No	Yes		Yes	
JACK MATTHYS FOR STARTUP	X		20,000	20,000		No	Yes		Yes	
TERRY TROYER FOR STARTUP	X		125,000	125,000		No	Yes		Yes	
Total . . . . . ▶ $				447,858						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
THE TROYER GROUP	OWNER IS A SFV BOARD MEMBER	142,247	ARCHITECTURAL SERVICES PROVIDED BY THE TROYER GROUP TO THE ORGANIZATION		No

Additional Data

Software ID:
Software Version:
EIN: 35-1866553
Name: SOUTHFIELD VILLAGE INC

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493133021611**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SOUTHFIELD VILLAGE INC

Employer identification number
35-1866553

Identifier	Return Reference	Explanation
Delegation of management duties	Form 990, Part VI, Section A, Line 3	THE ORGANIZATION IS UNDER A MANAGEMENT/AFFILIATION CONTRACT WITH GREENCROFT RETIREMENT COMMUNITIES, INC ("GRC"), A RELATED TAX-EXEMPT ORGANIZATION ACCORDING TO THE AGREEMENT, GRC HAS THE SOLE AND EXCLUSIVE RIGHT TO SUPERVISE, MANAGE, AND OPERATE THE ORGANIZATION'S FACILITY ("THE FACILITY") IN ADDITION, GRC HAS THE SOLE CONTROL AND DISCRETION WITH REGARD TO THE OPERATION AND MANAGEMENT OF THE FACILITY FOR ALL CUSTOMARY PURPOSES, AS WELL AS THE RIGHT TO DETERMINE ALL OPERATING POLICIES AFFECTING OR CONCERNING THE APPEARANCE AND MAINTENANCE STANDARDS OF OPERATION, AND ANY OTHER MATTER AFFECTING THE FACILITY OR THE OPERATION THEREOF THE AGREEMENT TERMINATES IN JUNE 2011, AND IS RENEWABLE ANNUALLY FOR ADDITIONAL ONE YEAR PERIODS

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION HAS ONE MEMBER, GREENCROFT RETIREMENT COMMUNITIES, INC (GRC), WHO IS ALSO A RELATED TAX-EXEMPT ORGANIZATION THE RESERVED POWERS OF THE SOLE MEMBER ARE AS FOLLOWS 1 APPROVAL TO ANY CHANGES IN CORPORATE MISSION, WHICH MAY BE PROPOSED BY THE ORGANIZATION, BUT WHICH SHALL BECOME EFFECTIVE ONLY UPON APPROVAL OF GRC, 2 APPROVAL OF NOMINATED CANDIDATES TO SERVE AS DIRECTOR OF THE ORGANIZATION, 3 THE CREATION OR DISCONTINUANCE OF PROGRAMS OR SERVICES OFFERED BY THE ORGANIZATION, 4 AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION, 5 APPROVAL OR THE ADOPTION OF THE ANNUAL BUDGET, 6 APPROVAL OF NON-BUDGETED CONTRACTS AND/OR NON-BUDGETED PURCHASES OF OVER $50,000, 7 THE INCURRENCE OF INDEBTEDNESS OF OVER $500,000, 8 THE SALE OF REAL ESTATE, 9 THE DONATION OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, 10 ANY MERGER OR CONSOLIDATION WITH ANY OTHER ORGANIZATION, OR THE PARTIAL OR TOTAL DISSOLUTION OF THE ORGANIZATION, 11 THE CREATION OF SUBSIDIARY CORPORATIONS, LLCS, PARTNERSHIPS, OR OTHER ENTERPRISES, 12 THE ACQUISITION OF CONTROLLING INTERESTS IN ANOTHER ENTITY, 13 THE APPOINTMENT OF THE PRESIDENT/CEO, CFO, SECRETARY, AND TREASURER OF THE CORPORATION (BUT NOT THE OFFICERS OF THE BOARD OF DIRECTORS), 14 THE REMOVAL OF THE CHAIR OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE, 15 THE REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE NOTWITHSTANDING THESE RESERVED POWERS, THE MEMBER HAS NO FINANCIAL OBLIGATIONS OR RESPONSIBILITIES FOR ANY ACTIONS OF THE ORGANIZATION BY REASON OF SERVING AS A MEMBER

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE NARRATIVE FOR PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, IS PRESENTED BY OUR TAX ADVISORS TO THE ORGANIZATION'S AUDIT COMMITTEE AT A REGULARLY SCHEDULED MEETING A COPY OF THE FINAL DRAFT IS THEN PROVIDED TO EACH BOARD MEMBER PRIOR TO ITS FILING THIS ALLOWS THE BOARD OF DIRECTORS AND MANAGEMENT TO REVIEW AND PROVIDE COMMENTS AND EXPLANATIONS REGARDING CHANGES TO THE REDESIGNED FORM

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	BOARD MEMBERS AND OFFICERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTERESTS THEY MAY HAVE WITH THE ORGANIZATION THE TREASURER REVIEWS EACH POLICY STATEMENT SIGNED BY THESE INDIVIDUALS TO DETERMINE IF ANY CONFLICTS HAVE OCCURRED AND NEED TO BE BROUGHT TO THE ATTENTION OF THE BOARD IF A CONFLICT ARISES, THE RESPECTIVE BOARD MEMBER WILL ABSTAIN HIM/HERSELF FROM ANY RELATED DISCUSSION, VOTE OR SIMILAR ACTION ON THE MATTER

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS PAID BY GREENCROFT RETIREMENT COMMUNITIES, INC , A RELATED TAX-EXEMPT ORGANIZATION SOUTHFIELD VILLAGE'S (SFV) PHILOSOPHY IS TO COMPENSATE TEAM MEMBERS IN A FAIR MANNER FOR THE WORTH OF WORK PROVIDED WITHIN THE CURRENT MARKET VALUE RANGE FOR EACH POSITION IN THE ORGANIZATION SFV CONDUCTS PERIODIC REVIEWS OF THE MARKET TO DEVELOP AVERAGE WAGES FOR POSITIONS WITHIN SOUTHFIELD VILLAGE SOUTHFIELD VILLAGE STARTS EMPLOYEES THAT MEET THE MINIMUM REQUIREMENTS FOR THE POSITION AT/OR NEAR THE STARTING WAGE WE MAKE ADJUSTMENTS TO THE STARTING WAGE BASED ON YEARS OF EXPERIENCE IN THAT SPECIFIC POSITION OUR COMPENSATION PHILOSOPHY FOR STAFF OF OUR ORGANIZATION IS BASED ON VARIOUS TIERS THE FIRST TIER IS GENERAL STAFF WE HAVE HIRED AN OUTSIDE CONSULTANT TO DEVELOP A COMPENSATION SYSTEM FOR ALL OF SOUTHFIELD VILLAGE'S POSITIONS THE CONSULTANT DEVELOPED A SYSTEM WITH WAGE SCALES THAT USE THE MARKETPLACE AVERAGE FOR KEY POSITIONS AS THE BASE POINT FOR THE SCALES THE WAGES SCALES HAVE A MINIMUM, A 25TH PERCENTILE, A 50TH PERCENTILE (AVERAGE), A 75TH PERCENTILE, AND A MAXIMUM WE STRIVE TO KEEP OUR AVERAGE FOR POSITIONS AT THE MID-POINT OF A RANGE DEVELOPED BY OUR CONSULTANTS PERIODICALLY WE HIRE A CONSULTANT TO UPDATE THE MARKETPLACE AVERAGE FOR SEVERAL KEY POSITIONS THE CONSULTANT WILL USE AREA MARKETPLACE DATA, AAHSA DATA, AND OTHER INDUSTRY DATA TO DEVELOP THE AVERAGE OUR COMPENSATION PHILOSOPHY FOR MANAGEMENT AND EXECUTIVE STAFF (DIRECTORS AND VICE PRESIDENT) OF OUR ORGANIZATION IS SLIGHTLY DIFFERENT THE SECOND TIER IS MANAGEMENT STAFF THE WAGE SCALE SYSTEM IS THE SAME FOR OUR STAFF HOWEVER, OUR POLICY STATES THAT DIRECTORS ARE LIKE OTHER STAFF AND CAN EARN UP TO THE 100TH PERCENTILE OF THE RANGE FOR THEIR POSITION OUR THIRD TIER IS VICE PRESIDENT STAFF THE WAGE SCALE SYSTEM IS THE SAME FOR OUR STAFF HOWEVER, THERE IS ONE DIFFERENCE THE POLICY STATES THAT VICE PRESIDENTS CAN EARN UP TO THE 85TH PERCENTILE OF THE RANGE FOR THEIR POSITION THE RANGE USES THE MEDIAN AS THE MID-POINT NOT THE AVERAGE GENERALLY THE MEDIAN IS BELOW THE AVERAGE THE OVERALL COMPENSATION POLICY AND THE VP COMPENSATION POLICY ARE APPROVED BY THE GREENCROFT RETIREMENT COMMUNITIES (GRC) BOARD OF DIRECTORS THE SOUTHFIELD VILLAGE (SFV) BOARD REVIEWS THE COMPENSATION POLICIES ANNUALLY, THE GRC BOARD AND THE SFV BOARD REVIEW THE COMPENSATION OF THE EXECUTIVE TEAM THEY COMPARE CURRENT WAGES WITH NATIONAL DATA PROVIDED BY AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA) THE BOARDS REVIEW THE CURRENT WAGE, THE PERCENTILE RANKING OF THE EMPLOYEE IN HIS/HER RESPECTIVE RANGE, AND THE MEDIAN OF THE MARKETPLACE COMPARED TO THE MID-POINT OF THE EMPLOYEE'S RANGE THE BOARDS DOCUMENT THESE MEETINGS AND ACTIONS TAKEN IN THEIR BOARD MINUTES THE SFV BOARD HAS REVIEWED THE BASE WAGE AND THE VARIABLE PAY FOR THE PRESIDENT OF SOUTHFIELD VILLAGE IN THE FISCAL YEAR 2010, THIS POSITION WAS AT THE 31ST PERCENTILE OF THE RANGE FOR THIS POSITION IN BASE COMPENSATION AND AT THE 25TH PERCENTILE OF THE MARKET FOR THE VARIABLE PAY COMPENSATION

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS IS PAID BY GREENCROFT RETIREMENT COMMUNITIES, INC , A RELATED TAX-EXEMPT ORGANIZATION GREENCROFT RETIREMENT COMMUNITIES' (GRC) PHILOSOPHY IS TO COMPENSATE TEAM MEMBERS IN A FAIR MANNER FOR THE WORTH OF WORK PROVIDED WITHIN THE CURRENT MARKET VALUE RANGE FOR EACH POSITION IN THE ORGANIZATION GRC CONDUCTS PERIODIC REVIEWS OF THE MARKET TO DEVELOP AVERAGE WAGES FOR POSITIONS WITHIN GREENCROFT RETIREMENT COMMUNITIES GREENCROFT RETIREMENT COMMUNITIES WILL START EMPLOYEES THAT MEET THE MINIMUM REQUIREMENTS FOR THE POSITION AT/OR NEAR THE STARTING WAGE EMPLOYEES WITH EXPERIENCE IN A JOB ARE HIRED HIGHER UP IN THE WAGE SCALE A HIRING GRID IS USED FOR UP TO ELEVEN YEARS OF EXPERIENCE OUR COMPENSATION PHILOSOPHY FOR STAFF OF OUR ORGANIZATION IS BASED ON THE VARIOUS TIERS THE FIRST TIER IS GENERAL AND MANAGEMENT STAFF WE HAVE HIRED AN OUTSIDE CONSULTANT TO DEVELOP A COMPENSATION SYSTEM FOR ALL OF GREENCROFT RETIREMENT COMMUNITIES' POSITIONS THE CONSULTANT DEVELOPED A SYSTEM WITH WAGE SCALES THAT USE THE MARKETPLACE AVERAGE FOR KEY POSITIONS AS THE BASE POINT FOR THE SCALES THE WAGE SCALES HAVE A MINIMUM, A 25TH PERCENTILE, A 50TH PERCENTILE (AVERAGE), A 75TH PERCENTILE, AND A MAXIMUM WE STRIVE TO KEEP THE AVERAGE PAY IN THE MARKETPLACE FOR POSITIONS AT THE MID-POINT OF OUR PAY RANGE FOR A POSITION DEVELOPED BY OUR CONSULTANT PERIODICALLY WE HIRE A CONSULTANT TO UPDATE THE MARKETPLACE AVERAGE FOR SEVERAL KEY POSITIONS THE CONSULTANT WILL USE AREA MARKETPLACE DATA, AAHSA DATA, AND OTHER INDUSTRY DATA TO DEVELOP THE AVERAGE OUR COMPENSATION PHILOSOPHY FOR EXECUTIVE STAFF (VICE PRESIDENTS AND ABOVE) OF OUR ORGANIZATION IS SLIGHTLY DIFFERENT THE SECOND TIER IS VICE PRESIDENTS THE WAGE SCALE SYSTEM IS THE SAME FOR OUR STAFF HOWEVER, OUR POLICY STATES THAT VICE PRESIDENTS CAN EARN UP TO THE 85TH PERCENTILE OF THE RANGE FOR THEIR POSITION OUR THIRD TIER IS SENIOR VICE PRESIDENTS AND CEO STAFF THE WAGE SCALE SYSTEM IS THE SAME FOR OUR STAFF HOWEVER, THERE ARE TWO DIFFERENCES FIRST, THE POLICY STATES THAT SENIOR VICE PRESIDENTS AND THE CEO CAN EARN UP TO THE 75TH PERCENTILE OF THE RANGE FOR THEIR POSITION THE PAY RANGE USES THE MARKETPLACE MEDIAN AS THE MID-POINT FOR THESE PAY RANGES, NOT THE MARKETPLACE AVERAGE GENERALLY THE MEDIAN IS BELOW THE AVERAGE THE BOARD HAS ALSO DESIGNED A QUALIFIED DEFERRED COMPENSATION PROGRAM FOR THIS TIER OF EMPLOYEE ANNUALLY, THE BOARD SETS ASIDE UP TO 10% OF THESE EMPLOYEES' WAGES IN THIS PROGRAM ANNUALLY, THE BOARD REVIEWS THE SALARY AND WAGE COMPARISONS FOR EACH EXECUTIVE STAFF MEMBER A FISCAL YEAR 2009 SURVEY OF OUR EXECUTIVE POSITIONS, INCLUDING VICE PRESIDENT, SENIOR VICE PRESIDENT, AND CEO, SHOW THE FOLLOWING BREAKDOWNS NUMBER OF EMPLOYEES IN GROUP 0 TO 24TH PERCENTILE - 2 (17%) 25TH TO 49TH PERCENTILE - 4 (33%) 50TH TO 74TH PERCENTILE - 6 (50%) 75TH TO 100TH+ PERCENTILE - 0 (0%) THE OVERALL COMPENSATION POLICY, THE VPS COMPENSATION POLICES, AND THE CEO COMPENSATION POLICY ARE APPROVED BY THE GREENCROFT RETIREMENT COMMUNITIES (GRC) BOARD OF DIRECTORS THE VARIOUS AFFILIATES IN THE GRC STRUCTURE REVIEW THE COMPENSATION POLICIES ANNUALLY, THE GRC BOARD AND ITS AFFILIATE BOARDS REVIEW THE COMPENSATION OF THEIR RESPECTIVE EXECUTIVE TEAMS THEY COMPARE BASE WAGES AND VARIABLE PAY PLANS WITH NATIONAL DATA PROVIDED BY AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA) THE BOARDS REVIEW THE CURRENT WAGE, THE PERCENTILE RANKING OF THE EMPLOYEE IN HIS/HER RESPECTIVE RANGE, AND THE MEDIAN OF THE MARKETPLACE COMPARED TO THE MID-POINT OF THE EMPLOYEE'S RANGE THE BOARDS DOCUMENT THESE MEETINGS AND ACTIONS TAKEN IN THEIR BOARD MINUTES

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES	FORM 990, PART VII, SECTION A	DALE SHENK, TREASURER, DEVOTES APPROXIMATELY 40 HOURS PER WEEK TO GREENCROFT RETIREMENT COMMUNITIES, INC , A RELATED TAX-EXEMPT ORGANIZATION, HE ALSO DEVOTES ONE HOUR PER WEEK TO THE FOLLOWING RELATED ORGANIZATIONS GREENCROFT COMMUNITIES FOUNDATION, INC GREENCROFT CENTRAL MANOR, INC GREENCROFT MANOR II, INC GREENCROFT MANOR III, INC GREENCROFT MIDDLEBURY, INC GREENCROFT GOSHEN, INC GREENCROFT HOME HEALTH SERVICES, INC HAVEN HUBBARD HOMES, INC D/B/A HAMILTON GROVE WALNUT HILLS RETIREMENT COMMUNITIES, INC OAK GROVE CHRISTIAN RETIREMENT VILLAGE, INC GREENCROFT MANAGEMENT, INC VARIOUS BOARD MEMBERS ALSO CONTRIBUTE TIME TO OTHER RELATED ORGANIZATIONS REPORTED IN SCHEDULE R

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	EACH YEAR THE ORGANIZATION STRIVES TO BE A GOOD NEIGHBOR IN THE COMMUNITY WHERE WE SERVE WE HAVE A HISTORY OF ADDING VALUE TO OUR RESIDENTS, TO SENIORS LIVING OUTSIDE OF OUR COMMUNITY AND TO THE BROADER COMMUNITY WE SERVE WE STRIVE TO IMPROVE THE QUALITY OF CARE BY CELEBRATING THE LIVES OF THE SENIORS LIVING IN OUR COMMUNITY AND WORKING WITH THEM TO ENSURE THEY HAVE OPPORTUNITIES TO LIVE LIFE OUT TO THE FULLEST AND WORK TOGETHER TO ADDRESS THE CHALLENGES OF AGING THE BOARD HAS BEEN INTENTIONAL ABOUT UNDERSTANDING COMMUNITY BENEFIT THESE ARE AMONG THE COMPONENTS OF WHAT WE INCLUDE AS COMMUNITY BENEFIT -- FREE OR REDUCED COST SERVICES WHEN A RESIDENT IS NOT ABLE TO PAY FOR THE FULL COST OF SERVICES PROVIDED, -- INDIGENT CARE - SERVICES TO THE VERY POOR NOT REIMBURSED BY OTHER SOURCES, AND -- UNREIMBURSED SERVICES FROM THIRD PARTY PAYERS, SUCH AS MEDICARE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SOUTHFIELD VILLAGE INC

Employer identification number
35-1866553

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

(a) Name, address, and EIN 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 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GREENCROFT MANAGEMENT INC PO BOX 819 GOSHEN, IN46527 27-0259652	MANAGEMENT	IN	GREENCROFT RETIREMENT COMMUNITIES INC	C CORPORATION	0	0	0 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 35-1866553
Name: SOUTHFIELD VILLAGE INC

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity
GREENCROFT RETIREMENT COMMUNITIES INC PO BOX 819 GOSHEN, IN46527 35-1377430	MANAGEMENT	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT CENTRAL MANOR INC PO BOX 819 GOSHEN, IN46527 35-6047318	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT COMMUNITIES FOUNDATION INC PO BOX 819 GOSHEN, IN46527 23-7126990	FUNDRAISING	IN	501(C)(3)	7	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT GOSHEN INC PO BOX 819 GOSHEN, IN46527 35-1270709	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MANOR III INC PO BOX 819 GOSHEN, IN46527 35-1431475	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MANOR II INC PO BOX 819 GOSHEN, IN46527 35-1377430	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT MIDDLEBURY INC PO BOX 819 GOSHEN, IN46527 30-0036865	HOUSING	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-0870110	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
OAK GROVE CHRISTIAN RETIREMENT VILLAGE INC 221 WEST DIVISION ROAD DEMOTTE, IN46310 35-1986767	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
WALNUT HILLS RETIREMENT COMMUNITIES INC PO BOX 129 WALNUT CREEK, OH44687 35-1317338	HEALTHCARE	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
GREENCROFT HOME HEALTH SERVICE INC PO BOX 819 GOSHEN, IN46527 35-1606010	HOME HEALTH	IN	501(C)(3)	9	GREENCROFT RETIREMENT COMMUNITIES INC
HAMILTON FOUNDATION INC 31869 CHICAGO TRAIL NEW CARLISLE, IN46552 35-1764275	FUNDRAISING	IN	501(C)(3)	11 - Type I	HAVEN HUBBARD HOMES INC DBA HAMILTON GROVE

Additional Data

Software ID:
Software Version:
EIN: 35-1866553
Name: SOUTHFIELD VILLAGE INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NURSING SERVICES		5,657,931	5,657,931	0	0
RESIDENT SERVICES		1,585,553	1,585,553	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	20,222	20,222	0	0
TOURS EXPENSE	19,755	0	19,755	0
DUES, LICENSES, & SUBSCRIPTIONS	15,531	3,667	11,864	0
PROFESSIONAL DEVELOPMENT	6,055	6,055	0	0
FEDERAL INCOME TAX	125	125	0	0