

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.**2019**Open to Public  
InspectionA For the 2019 calendar year, or tax year beginning **JAN 1, 2020** and ending **JUN 30, 2020**

B Check if applicable.	C Name of organization <b>UMRC FOUNDATION, INC.</b>		D Employer identification number <b>38-3443089</b>
<input type="checkbox"/> Address change	Doing business as		E Telephone number <b>734-433-1000</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>805 W MIDDLE STREET</b>		F City or town, state or province, country, and ZIP or foreign postal code <b>CHELSEA, MI 48118</b>
<input type="checkbox"/> Initial return	Room/suite		G Gross receipts \$ <b>2,198,427.</b>
<input type="checkbox"/> Final return/terminated	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return			If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	H(c) Group exemption number ►		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <b>827</b>			
J Website: ► <b>WWW.UMRC.COM</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1998</b> M State of legal domicile: <b>MI</b>			

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>14</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>11</b>	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 <b>0</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>11</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>	
	b Net unrelated business taxable income from Form 990-T, line 39	7b <b>0.</b>	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	<b>1,757,390.</b>	<b>2,001,258.</b>
	9 Program service revenue (Part VIII, line 2a)	<b>0.</b>	<b>0.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,466,193.</b>	<b>109,669.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>125,615.</b>	<b>87,500.</b>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,349,198.</b>	<b>2,198,427.</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,258,695.</b>	<b>1,429,665.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>538,460.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,346,523.</b>	<b>737,210.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,605,218.</b>	<b>2,166,875.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>743,980.</b>	<b>31,552.</b>
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	<b>38,746,618.</b>	<b>34,238,507.</b>	
	<b>858,020.</b>	<b>736,982.</b>	
22 Net assets or fund balances. Subtract line 21 from line 20	<b>37,888,598.</b>	<b>33,501,525.</b>	

**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	Signature of officer <b>KIM HOPPE, TREASURER/ CFO</b>		Date <b>3/14/2021</b>
	Type or print name and title		
Paid	Print/Type preparer's name <b>LISA FORT</b>	Preparer's signature <b>LISA FORT</b>	Date <b>02/09/21</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00223532</b>
Preparer	Firm's name ► <b>PLANTE &amp; MORAN, PLLC</b>		Firm's EIN ► <b>38-1357951</b>
Use Only	Firm's address ► <b>2601 CAMBRIDGE CT., STE. 500 AUBURN HILLS, MI 48326</b>		Phone no. (248) <b>375-7100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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## **Part III Statement of Program Service Accomplishments**

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

X

**1 Briefly describe the organization's mission  
SEE SCHEDULE O**

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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 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 \$ 1,540,988. including grants of \$ 1,429,665.) (Revenue \$       )  
IN ADDITION TO BENEVOLENT CARE, ENSURING THAT ELIGIBLE RESIDENTS WHO  
OUTLIVE THEIR FINANCIAL RESOURCES ALWAYS HAVE A LOVING HOME AT UMRC,  
THE UMRC FOUNDATION ALSO SUPPORTS THE FOLLOWING AREAS: EMPLOYEE SUPPORT  
SERVICES; LIFE ENRICHMENT PROGRAMS WHICH IMPROVE THE LIVES OF THOSE WE  
SERVE; CAPITAL INITIATIVES; AND GRANTS THAT SUPPORT THE NEEDS OF OLDER  
ADULTS IN THE COMMUNITIES UMRC SERVES. EMPLOYEE SUPPORT SERVICES  
INCLUDES STAFF SCHOLARSHIPS AND EMERGENCY AID TO SUPPORT OUR  
OUTSTANDING UMRC TEAM MEMBERS IN REACHING THEIR CAREER AND EDUCATIONAL  
GOALS, OR TO LEND A HELPING HAND TO THOSE WHO EXPERIENCE AN EMERGENCY  
CAUSING FINANCIAL HARDSHIP. PRIORITY FOR SCHOLARSHIPS IS GIVEN TO OUR  
DIRECT CARE TEAM MEMBERS AND THOSE WITH GREATEST FINANCIAL NEED.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_) )

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d Other program services (Describe on Schedule O )**

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ► **1,540,988.**

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Form 990 (2019)

## Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - b Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		
21	X	

**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 X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 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)		
a	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
c	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 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 Schedule N, Part II	32	X
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	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
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	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0
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

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
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 (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<b>Section 501(c)(12) organizations.</b> Enter	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	14a	X
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	15	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	15	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	16	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	17	

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

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

### Section A. Governing Body and Management

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

1b Enter the number of voting members included on line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a	14	
1b	11	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

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?

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MI

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

Own website  Another's website  Upon request  Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► KIM HOPPE - (734) 433-1000  
805 W MIDDLE ST, CHELSEA, MI 48118

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) WENDY BRIGHTMAN FOUNDATION PRESIDENT	25.00 25.00	X		X			0.	0.	0.
(2) KIM HOPPE TREASURER/UMRC CFO	2.00 53.00	X		X			0.	0.	0.
(3) CHAD LOSEY VICE CHAIR	2.00 0.00	X		X			0.	0.	0.
(4) MARIANNE CONNER CHAIR	2.00 10.00	X		X			0.	0.	0.
(5) LISA HERRICK SECRETARY	2.00 0.00	X		X			0.	0.	0.
(6) STEVE PETYKO DIRECTOR/UMRC CEO	2.00 53.00	X					0.	0.	0.
(7) DR HENRY L PAULSON DIRECTOR	2.00 0.00	X					0.	0.	0.
(8) TOM MCMULLEN DIRECTOR	2.00 0.00	X					0.	0.	0.
(9) KAREN ANDREWS DIRECTOR	2.00 0.00	X					0.	0.	0.
(10) STEVE SARNIS DIRECTOR	2.00 0.00	X					0.	0.	0.
(11) RICH CHANG DIRECTOR	2.00 10.00	X					0.	0.	0.
(12) COLLEEN DOLAN-GREENE DIRECTOR	2.00 10.50	X					0.	0.	0.
(13) MARY LEE PENNEY DIRECTOR	2.00 0.00	X					0.	0.	0.
(14) MICHAEL SHORE DIRECTOR	2.00 12.00	X					0.	0.	0.
(15) LORI POTTER UMRC COO	2.00 53.00			X			0.	0.	0.



## Part VIII

## Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	57,655.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,943,603.				
g Noncash contributions included in lines 1a-1f	1g	\$				
h Total. Add lines 1a-1f		► 2,001,258.				
Program Service Revenue		Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		►				
3 Investment income (including dividends, interest, and other similar amounts)			► 109,476.			109,476.
4 Income from investment of tax-exempt bond proceeds			►			
5 Royalties			►			
6 a Gross rents	(i) Real	(ii) Personal				
b Less rental expenses	6a					
c Rental income or (loss)	6b					
d Net rental income or (loss)	6c					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses	7a	193.				
c Gain or (loss)	7b	0.				
d Net gain or (loss)	7c	193.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less direct expenses	8b					
c Net income or (loss) from fundraising events		►				
9 a Gross income from gaming activities See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities		►				
10 a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEE REVENUE	525990	87,500.				87,500.
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		► 87,500.				
12 Total revenue. See instructions		► 2,198,427.	0.	0.	0.	197,169.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,423,030.	1,423,030.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,635.	6,635.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees)	540,001.	900.	65,252.	473,849.
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,975.		21,975.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	28,957.	228.		28,729.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	12,770.			12,770.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,995.			15,995.
23 Insurance				
24 Other expenses. Itemize expenses not covered 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 O.)				
a COVID-19 EXPENSES	110,195.	110,195.		
b DUES AND SUBSCRIPTIONS	3,301.			3,301.
c EMPLOYEE TRAINING	2,895.			2,895.
d SUPPLIES	1,121.		200.	921.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,166,875.	1,540,988.	87,427.	538,460.
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)

## Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	2,396,843.	2 1,780,826.
	3 Pledges and grants receivable, net	2,529,457.	3 2,490,655.
	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
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 866,045.	
	b Less accumulated depreciation	10b 79,056.	802,983. 10c 786,989.
	11 Investments - publicly traded securities	15,907,772.	11 13,767,272.
	12 Investments - other securities See Part IV, line 11	16,692,549.	12 14,995,751.
	13 Investments - program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	417,014.	15 417,014.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,746,618.	16 34,238,507.	
Liabilities	17 Accounts payable and accrued expenses	798,093.	17 682,203.
	18 Grants payable		18
	19 Deferred revenue	59,927.	19 54,779.
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	858,020.	26 736,982.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	20,231,922.	27 18,732,467.
	28 Net assets with donor restrictions	17,656,676.	28 14,769,058.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>		
	and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building, or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 Total net assets or fund balances	37,888,598.	32 33,501,525.
33 Total liabilities and net assets/fund balances	38,746,618.	33 34,238,507.	

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,198,427.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,166,875.
3 Revenue less expenses Subtract line 2 from line 1	3	31,552.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,888,598.
5 Net unrealized gains (losses) on investments	5	-3,937,006.
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	-481,619.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,501,525.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O		
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		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
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		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		
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	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

**SCHEDULE A**  
(Form 990 or 990-EZ)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.► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

**UMRC FOUNDATION, INC.**

Employer identification number

**38-3443089****Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 12

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

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

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_

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

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

12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
UNITED METHODIST RETIREMENT COMMUNIT	38-1366908	10	X		398,030.	0.
<b>Total</b>					<b>398,030.</b>	<b>0.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <b>Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11 and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 Supporting Organizations**

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

**Section A. All Supporting 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 (b) and (c) below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2	X	
3a	X	
3b		
3c		
4a	X	
4b		
4c		
5a	X	
5b		
5c		
6	X	
7	X	
8	X	
9a	X	
9b	X	
9c	X	
10a	X	
10b		

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	X

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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 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	X
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, supervised, or controlled the supporting organization.	2	X

**Section 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 the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) 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	2a	
b Did the activities described in (a) 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	2b	
3 Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.	3a	
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.	3b	

**Part V Type III Non-Functionally Integrated 509(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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

## Part VI

### Supplemental Information

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**  
Open to Public  
Inspection

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number  
38-3443089**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<b>Held at the End of the Tax Year</b>
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 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, 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 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 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) Revenue included on 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 FASB ASC 958 relating to these items	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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Schedule D (Form 990) 2019

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2019.05050 UMRC FOUNDATION, INC.

28022-43

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program  
 e  Other \_\_\_\_\_

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

5 During the year, did the organization 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" on 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 XIII and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	34,032,392.	30,062,317.	35,127,093.	31,882,979.	26,438,168.
b Contributions	863,407.	842,210.	1,058,324.	1,426,701.	5,756,981.
c Net investment earnings, gains, and losses	-1,523,671.	5,268,734.	-3,049,552.	4,567,081.	2,012,126.
d Grants or scholarships	4,226,279.	2,140,869.	3,073,548.	2,749,668.	2,324,296.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	29,145,849.	34,032,392.	30,062,317.	31,882,979.	26,438,168.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 61.75 %  
 b Permanent endowment ► 38.25 %  
 c Term endowment ► .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)	X	
3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		761,704.	38,085.	723,619.
c Leasehold improvements				
d Equipment		104,341.	40,971.	63,370.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				► 786,989.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	14,995,751.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 14,995,751.

**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. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

a Net unrealized gains (losses) on investments

2a

b Donated services and use of facilities

2b

c Recoveries of prior year grants

2c

d Other (Describe in Part XIII)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4a

a Investment expenses not included on Form 990, Part VIII, line 7b

4b

b Other (Describe in Part XIII)

4c

c Add lines 4a and 4b

5

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1 Total expenses and losses per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

a Donated services and use of facilities

2a

b Prior year adjustments

2b

c Other losses

2c

d Other (Describe in Part XIII)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

4a

a Investment expenses not included on Form 990, Part VIII, line 7b

4b

b Other (Describe in Part XIII)

4c

c Add lines 4a and 4b

5

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:****MANAGEMENT OF UMRC CAN REQUEST DISBURSEMENTS FROM THE FOUNDATION AS****REIMBURSMENT FOR 100% OF RESIDENT BENEVOLENT CARE EXPENSES, 100% OF****DEVELOPMENT AND FUNDRAISING EXPENSES AND TO SUPPORT OTHER CAPITAL AND****OPERATIONAL PROJECTS OF UMRC.****PERMANENT ENDOWMENT - EARNINGS ARE DISTRIBUTED TO UMRC TO FUND THE COST OF****BENEVOLENT CARE FOR RESIDENTS.**

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

**2019**Open to Public  
Inspection

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

Name of the organization

**UMRC FOUNDATION, INC.****38-3443089****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,333,854.
<b>3 a Subtotal</b>	<b>0</b>	<b>0</b>			<b>6,333,854.</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>0.</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>0</b>			<b>6,333,854.</b>

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

Schedule F (Form 990) 2019

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16  
Part III can be duplicated if additional space is needed

Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U S Transferor of Property to a Foreign Corporation* (see *Instructions for Form 926*)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U S Owner* (see *Instructions for Forms 3520 and 3520-A*, don't file with Form 990)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U S Persons With Respect to Certain Foreign Corporations* (see *Instructions for Form 5471*)  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see *Instructions for Form 8621*)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U S Persons With Respect to Certain Foreign Partnerships* (see *Instructions for Form 8865*)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, *International Boycott Report* (see *Instructions for Form 5713*, don't file with Form 990)  Yes  No

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions



**Part III**  
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY AID	7	5,365.	0. CASH AMOUNT		
EMPLOYEE SCHOLARSHIPS	13	1,270.	0. CASH AMOUNT		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**PART I, LINE 2:**

**THE UMRC FOUNDATION BOARD OF DIRECTORS MAKES GRANTS THAT SUPPORT THE NEEDS OF OLDER ADULTS IN THE COMMUNITIES UMRC SERVES. GRANT RECIPIENTS ARE SELECTED BY THE UMRC FOUNDATION BOARD AND ARE VERIFIED TO BE A NON-PROFIT ORGANIZATION IN GOOD STANDING. THE GRANT RECIPIENT IS INVITED TO PRESENT TO THE BOARD AND REPORT IN WRITING ON THE OUTCOMES OF THE GRANT AND HOW THE FUNDS WERE USED.**

## **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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number  
38-3443089

### **PART I LINE 1**

UNITED METHODIST RETIREMENT COMMUNITIES (UMRC) HAS BEEN A LEADER IN  
CARING FOR OLDER ADULTS SINCE ITS FAITHFUL FOUNDING IN 1906. WITH A  
TRADITION OF EXCEPTIONAL QUALITY AND COMMITMENT TO CUTTING-EDGE CARE,  
TODAY UMRC OFFERS MICHIGAN'S MOST DIVERSE CONTINUUM OF HOUSING OPTIONS  
AND SERVICES ACROSS 12 COUNTIES TO OLDER ADULTS OF ALL INCOME LEVELS.

UMRC FOUNDATION WAS CREATED IN 1998 AS THE FUNDRAISING ARM SUPPORTING  
BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR SAVINGS, AS WELL  
AS GROWTH OPPORTUNITIES FOR THE ORGANIZATION. UMRC FOUNDATION'S  
MISSION IS TO PROMOTE THE WELLNESS, DIGNITY, AND INDEPENDENCE OF  
SENIORS BY SUPPORTING THE RESIDENTS, STAFF, AND COMMUNITIES UMRC  
SERVES.

THE POPULATION OF ADULTS OVER THE AGE OF 65 IS EXPECTED TO DOUBLE BY  
THE YEAR 2030, AND THE OLDEST ADULTS, 85 YEARS AND OLDER, WILL GROW BY  
300%. MICHIGAN IS CURRENTLY THE FASTEST AGING STATE IN THE U.S. UMRC  
IS COMMITTED IN ITS EFFORTS TO REMAIN AHEAD OF THE CURVE AND TO EMBRACE  
THE CARE NEEDS AND WISHES OF THIS DRAMATICALLY GROWING SECTOR. UMRC'S  
VISION IS TO CONTINUE ITS OWN SIGNIFICANT GROWTH, CREATING AND  
ENHANCING OPTIONS TO INCREASE THE NUMBER OF OLDER ADULTS IT SERVES,  
WHILE FOCUSING ON UMRC'S FAITH-BASED MISSION.

### **PAGE 2, PART III, LINE 1**

UNITED METHODIST RETIREMENT COMMUNITIES (UMRC) HAS BEEN A LEADER IN

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number  
38-3443089

CARING FOR OLDER ADULTS SINCE ITS FAITHFUL FOUNDING IN 1906. WITH A TRADITION OF EXCEPTIONAL QUALITY AND COMMITMENT TO CUTTING-EDGE CARE, TODAY UMRC OFFERS MICHIGAN'S MOST DIVERSE CONTINUUM OF HOUSING OPTIONS AND SERVICES ACROSS 12 COUNTIES TO OLDER ADULTS OF ALL INCOME LEVELS.

UMRC FOUNDATION WAS CREATED IN 1998 AS THE FUNDRAISING ARM SUPPORTING BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR SAVINGS, AS WELL AS GROWTH OPPORTUNITIES FOR THE ORGANIZATION. UMRC FOUNDATION'S MISSION IS TO PROMOTE THE WELLNESS, DIGNITY, AND INDEPENDENCE OF SENIORS BY SUPPORTING THE RESIDENTS, STAFF, AND COMMUNITIES UMRC SERVES.

THE POPULATION OF ADULTS OVER THE AGE OF 65 IS EXPECTED TO DOUBLE BY THE YEAR 2030, AND THE OLDEST ADULTS, 85 YEARS AND OLDER, WILL GROW BY 300%. MICHIGAN IS CURRENTLY THE FASTEST AGING STATE IN THE U.S. UMRC IS COMMITTED IN ITS EFFORTS TO REMAIN AHEAD OF THE CURVE AND TO EMBRACE THE CARE NEEDS AND WISHES OF THIS DRAMATICALLY GROWING SECTOR. UMRC'S VISION IS TO CONTINUE ITS OWN SIGNIFICANT GROWTH, CREATING AND ENHANCING OPTIONS TO INCREASE THE NUMBER OF OLDER ADULTS IT SERVES, WHILE FOCUSING ON UMRC'S FAITH-BASED MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAPITAL IMPROVEMENTS, TRANSFORMING EXISTING BUILDINGS AND CONSTRUCTING NEW ONES THAT PROVIDE THE UTMOST IN PERSONAL COMFORT AND AMENITIES FOR MICHIGAN'S GROWING POPULATION OF OLDER ADULTS.

LIFE ENRICHMENT FOR OLDER ADULTS, HELPING THE OLDER ADULTS WE SERVE AT

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number

38-3443089

UMRC FIND THEIR PURPOSE, FOLLOW THEIR PASSIONS, AND LIVE LIFE TO THE FULLEST.

WITH A FOCUS ON THE HEALTH, WELL-BEING, AND SECURITY OF OLDER ADULTS, AS WELL AS THE EDUCATION AND RETENTION OF OUR OUTSTANDING TEAM MEMBERS, THE UMRC FOUNDATION'S FOUR PRIORITY INITIATIVES INCLUDE:

O BENEVOLENT CARE, ENSURING THAT ELIGIBLE RESIDENTS WHO OUTLIVE THEIR FINANCIAL RESOURCES ALWAYS HAVE A LOVING HOME AT UMRC.

O CAPITAL IMPROVEMENTS, TRANSFORMING EXISTING BUILDINGS AND CONSTRUCTING NEW ONES THAT PROVIDE THE UTMOST IN PERSONAL COMFORT AND AMENITIES FOR MICHIGAN'S GROWING POPULATION OF OLDER ADULTS.

O LIFE ENRICHMENT FOR OLDER ADULTS, HELPING THE OLDER ADULTS WE SERVE AT UMRC FIND THEIR PURPOSE, FOLLOW THEIR PASSIONS, AND LIVE LIFE TO THE FULLEST.

O EMPLOYEE SUPPORT SERVICES, INCLUDING COMPETITIVE STAFF SCHOLARSHIPS AND EMERGENCY AID FOR OUR DEDICATED TEAM MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

UNITED METHODIST RETIREMENT COMMUNITIES IS THE SOLE CORPORATE MEMBER OF THE UMRC FOUNDATION

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENT AND CEO OF UNITED METHODIST RETIREMENT COMMUNITIES (UMRC), THE PRESIDENT OF THE UMRC FOUNDATION AND THE CHIEF FINANCIAL OFFICER OF UMRC SHALL EACH SERVE ON THE UMRC FOUNDATION BOARD OF DIRECTORS, EX-OFFICIO, WITH VOTE. THE REMAINING DIRECTORS SHALL BE ELECTED BY THE UMRC FOUNDATION BOARD OF DIRECTORS AND APPOINTED BY THE BOARD OF TRUSTEES OF

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number

38-3443089

UMRC

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

DRAFT OF 990 IS REVIEWED BY THE UMRC FOUNDATION PRESIDENT, TREASURER, AND BOARD CHAIR. A REDACTED COPY OF THE RETURN IS SENT TO THE UMRC FOUNDATION BOARD OF DIRECTORS AND UMRC BOARD OF TRUSTEES FOR COMMENT PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

UMRC FOUNDATION EXPECTS ITS BOARD MEMBERS AND STAFF TO CONDUCT THE BUSINESS OF THE UMRC FOUNDATION IN A LEGAL AND ETHICAL MANNER, OBSERVING THE HIGHEST STANDARDS OF INTEGRITY AND BUSINESS ETHICS WHEN ACTING ON BEHALF OF THE UMRC FOUNDATION. THESE INDIVIDUALS SHOULD ACT SOLELY FOR THE BENEFIT OF THE UMRC FOUNDATION. EACH BOARD AND/OR STAFF MEMBER SHOULD AVOID ANY FINANCIAL RELATIONSHIP OR OTHER SITUATION WHICH REPRESENTS A CONFLICT BETWEEN UMRC INTERESTS AND OTHER PERSONAL INTERESTS OF THE INDIVIDUAL. THE UMRC POLICY ON CONFLICT OF INTEREST IS DISTRIBUTED ANNUALLY TO MEMBERS OF THE UMRC BOARD OF TRUSTEES, UMRC PRESIDENT AND CEO, AND UMRC ADMINISTRATIVE STAFF, INCLUDING DEPARTMENT HEADS AND CENTRAL SUPPLY STAFF. AT THE TIME OF THE DISTRIBUTION OF THE POLICY, EACH PERSON WILL BE GIVEN THE OPPORTUNITY TO DISCLOSE REAL OR PONENTIAL CONFLICTS OF INTEREST, WHICH WILL BE KEPT CONFIDENTIAL. DISCLOSURES OF ANY POTENTIAL CONFLICTS OF INTEREST BY TRUSTEES AND/OR STAFF ARE FORWARDED TO THE GOVERNANCE COMMITTEE FOR REVIEW. ANY TRANSACTION BETWEEN UMRC AND AN ENTITY AFFECTED BY A CONFLICT OF INTEREST OF ANY UMRC EMPLOYEE OR TRUSTEE SHALL NOT BE VOID BUT SHALL BE VALID IF 1) THE TRANSACTION IS FAIR AND REASONABLE, 2) THE MATERIAL FACTS OF THE CONFLICT ARE DISCLOSED TO THE BOARD OF TRUSTEES OR GOVERNANCE COMMITTEE, 3) THE TRANSACTION IS DISCUSSED AND VOTED UPON BY THE BOARD OR

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number  
38-3443089

COMMITTEE OUTSIDE THE PRESENCE OF THE AFFECTED INDIVIDUAL, 4) THE TRANSACTION IS APPROVED, AND 5) THE MINUTES OF THE BOARD OR COMMITTEE REFLECT COMPLIANCE WITH THE POLICY. INDIVIDUALS WITH A CONFLICT ARE NOT PERMITTED TO BE PRESENT DURING DISCUSSIONS OR ANY VOTE REGARDING THE CONFLICT OF INTEREST. ANY TRUSTEE OF THE UMRC BOARD WHO BECOMES AWARE OF A RELATIONSHIP THAT DOES, OR MIGHT, CONSTITUTE A CONFLICT OF INTEREST AFTER COMPLETING AND SIGNING THIS FORM MUST FILE AN UPDATED FORM.

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

LINE 15A:

THE UMRC FOUNDATION PRESIDENT IS PAID BY UMRC. EVERY THREE YEARS, UMRC HIRES AN INDEPENDENT CONSULTANT TO PERFORM A COMPENSATION STUDY, MOST RECENTLY COMPLETED IN 2018. IN INTERIM YEARS, UMRC USES INDUSTRY STANDARD COMPENSATION STUDIES FROM MULTIPLE SOURCES. ALL FINDINGS ARE DOCUMENTED AND PRESENTED TO UMRC'S BOARD OF TRUSTEES AND COMPENSATION COMMITTEE. UTILIZING THESE RESULTS, SALARY INCREASES ARE SET BY THE UMRC PRESIDENT AND CEO AND CHIEF HUMAN RESOURCES OFFICER.

LINE 15B:

ALL EMPLOYEES OF THE UMRC FOUNDATION ARE PAID BY UMRC. EVERY THREE YEARS, UMRC HIRES AN INDEPENDENT CONSULTANT TO PERFORM A COMPENSATION STUDY, MOST RECENTLY COMPLETED IN 2018. IN INTERIM YEARS, UMRC USES INDUSTRY STANDARD COMPENSATION STUDIES FROM MULTIPLE SOURCES. ALL FINDINGS ARE DOCUMENTED AND PRESENTED TO UMRC'S BOARD OF TRUSTEES AND COMPENSATION COMMITTEE. UTILIZING THESE RESULTS, SALARY INCREASES ARE SET BY THE UMRC PRESIDENT AND CEO AND CHIEF HUMAN RESOURCES OFFICER.

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

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

UMRC FOUNDATION, INC.

Employer identification number  
38-3443089

UMRC FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE UMRC FOUNDATION WEBSITE (WWW.UMRC.COM), AND SUCH NONPROFIT DATABASE SITES AS GUIDESTAR AND FOUNDATION CENTER. UMRC FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY, IN ADDITION TO ITS FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST.

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

<u>TRANSFERS TO UMRC</u>	<u>-475,001.</u>
<u>UNCOLLECTIBLE PLEDGES</u>	<u>-6,618.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 9</u>	<u>-481,619.</u>

PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

## 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.

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

## Part II Identification of Related Tax-Exempt Organizations

**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.

(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	(g) Section 512(b)(13) controlled entity?	No
THE CASCADE PACE INC - 46-5362872						UNITED METHODIST RETIREMENT COMMUNITIES		
805 W MIDDLE ST, CHELSEA, MI 48118	NSG CARE		MICHIGAN	501(C) (3)	LINE 10	X		
THE WASHTENAW PACE INC - 27-5067787						UNITED METHODIST RETIREMENT COMMUNITIES		
805 W MIDDLE ST CHELSEA, MI 48118	NSG CARE		MICHIGAN	501(C) (3)	LINE 10	X		
UNITED METHODIST RETIREMENT COMMUNITIES - 38-13665908, 805 W MIDDLE ST, CHELSEA, MI 48118	RETIREMENT COMMUNITY		MICHIGAN	501(C) (3)	LINE 12A, I	N/A	UNITED METHODIST RETIREMENT COMMUNITIES	X
PORTER HILLS PRESBYTERIAN VILLAGE - 38-6141735, 4450 CASCADE ROAD, GRAND RAPIDS, MI 49564	NSG CARE AND ASSISTED LIVING		MICHIGAN	501(C) (3)	LINE 10			X

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

## 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(3) controlled organization?
PORTER HILLS FOUNDATION - 38-3243846	SUPPORTING ORGANIZATION	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	Yes X
4450 CASCADE ROAD	WITH PUBLIC CHARITY STATUS	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	No X
GRAND RAPIDS , MI 49546	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
MEADOWLARK RETIREMENT HOME - 38-3373281	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
4450 CASCADE ROAD	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
GRAND RAPIDS , MI 49546	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
WALKER MEADOW RETIREMENT COMMUNITY , INC. -	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
38-3283760 , 1101 WILSON AVE , WALKER , MI 49534	SENOA WOODS RETIREMENT COMMUNITY , INC. -	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
38-3382650 , 3781 GIDDINGS AVE , GRAND RAPIDS , MI 49508	SPARTA RETIREMENT COMMUNITY , INC. -	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
38-3445251 , 100 IDA ROAD , SPARTA , MI 49345	RIVER GROVE RETIREMENT COMMUNITY , INC. -	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
38-3519530 , 5761 JUPITER AVE , BELMONT , MI 49306	BAILEYS GROVE RETIREMENT COMMUNITY , INC. -	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
38-3643825 , 5252 BAILEYS CENTER DRIVE SE , KENTWOOD , MI 49512	STATION CREEK RETIREMENT COMMUNITY -	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
20-0771871 , 10010 CROSSROAD COURT SE , CALEDONIA , MI 49116	RETIREMENT COMMUNITY	MICHIGAN	501(C) (3)	LINE 7	PORTER HILLS PRESBYTERIAN VILLAGE	X
LIFE CIRCLES - 26-0170498	PACE PROGRAM	MICHIGAN	501(C) (3)	LINE 10	UNITED METHODIST RETIREMENT COMMUNITIES	X
560 SEMINOLE ROAD	PRIVATE DUTY COMPANY	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
MUSKEGON , MI 49444	PORTER HILLS AT HOME - 45-3469541	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
805 W MIDDLE ST	4450 CASCADE ROAD	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
CHELSEA , MI 48118	HOME CARE	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
4450 CASCADE ROAD	PORTER HILLS AT HOME - 45-3469541	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
GRAND RAPIDS , MI 49546	PORTER HILLS HOME HEALTH WEST - 38-3384372	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X
4450 CASCADE ROAD SE STE 200	CERTIFIED HOME HEALTH	MICHIGAN	501(C) (3)	LINE 10	PORTER HILLS PRESBYTERIAN VILLAGE	X

**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

**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

**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

		Yes	No
1a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b	Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1c	Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1d	Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1e	Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1f	Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1g	Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1h	Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1i	Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1j	Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1k	Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1l	Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1m	Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1o	Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1p	Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1q	Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1r	Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1s	Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)				
(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.

**Part VII** **Supplemental Information**

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