

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning , and ending**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending

C Name of organization Presbyterian Villages of Michigan Foundation
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
26200 Lahser Rd Suite 300
City or town State ZIP code
Southfield MI 48033
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number

20-2559884

E Telephone number

(248) 281-2040

G Gross receipts \$ 8,474,651**F** Name and address of principal officer:

Paul Miller 26200 Lahser Rd Suite 300, Southfield, MI 48033

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ pvm.org**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2006**M** State of legal domicile: MI**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The PVM Foundation sustains and advances the mission of Presbyterian Villages of Michigan by providing philanthropic support for benevolent care, wellness programs, innovative projects and residences for seniors.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	6
Revenue	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,144,705	1,082,322
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	899,637	579,864
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	381,013	276,369
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,425,355	1,938,555
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,295,483	6,446,167
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	436,585	433,189
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 109,754	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	583,944	433,279
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,316,012	7,312,635
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,890,657	-5,374,080
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	19,850,553	14,334,638
	22	Net assets or fund balances. Subtract line 21 from line 20	245,915	85,589
		19,604,638	14,249,049	

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	Date			
	Paul Miller	President			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SELF-PREPARED RETURN				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:
 The PVM Foundation sustains and advances the mission of Presbyterian Villages of Michigan by providing philanthropic support for benevolent care, wellness programs, innovative projects and residences for seniors of all faiths.

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 \$ 6,584,919 including grants of \$) (Revenue \$ 1,938,555)
 A non-profit faith based philanthropic organization that receives charitable contributions, manages its funds and provides financial assistance to related organizations and others who focus on serving senior adults

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

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

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 6,584,919

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.			
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (or 1024 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 in Schedule O)

19 Describe in 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: ►
 Presbyterian Villages of Michigan 248-281-2030
 26200 Lahser Rd Suite 300, Southfield, MI 48033

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

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

☐ Check this box if 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 dotted 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	Former			
(1) James Gompers Chair	1.00 0.00	X		X						
(2) Brian Carnaghi Treasurer	5.00 35.00	X		X				270,663		
(3) Donald A Lindow Secretary	1.00 0.00	X		X						
(4) Jerome Morgan Director	1.00 0.00	X								
(5) Robert Peterson Director	1.00 0.00	X								
(6) Richard Rabbideau Director	1.00 0.00	X								
(7) Robert Schroeder Vice Chair	1.00 0.00	X		X						
(8) Linda Bomberski Director	1.00 0.00	X								
(9) Henry Johnson Director	1.00 0.00	X								
(10) David Lau Director	1.00 0.00	X			X					
(11) Paul Miller President	40.00 0.00	X		X	X			162,240		
(12) Betsy Reid Creedon Director	1.00 0.00	X								
(13) John Utley Director	1.00 0.00	X								
(14) Elmer Dixon Director	1.00 0.00	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
(15) Thomas Kimble Director	1.00 0.00	X								
(16) Donna Snider Director	1.00 0.00	X								
(17) Denise Turman Director	1.00 0.00	X								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								162,240	270,663	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								162,240	270,663	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0	1,082,322			
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,082,322				
	g	Noncash contributions included in lines 1a-1f: \$ 35,927					
	h	Total. Add lines 1a-1f					
Program Service Revenue	Business Code						
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		364,092			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
	b	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	(i) Securities					
		(ii) Other					
	b	Gross amount from sales of assets other than inventory	6,646,854	0			
	b	Less: cost or other basis and sales expenses	6,431,082	0			
	c	Gain or (loss)	215,772	0			
	d	Net gain or (loss)		215,772			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		a 381,383			
b	Less: direct expenses	b 105,014					
c	Net income or (loss) from fundraising events		276,369				
9a	Gross income from gaming activities. See Part IV, line 19		a 0				
b	Less: direct expenses	b 0					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances		a 0				
	b	Less: cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory					0
Miscellaneous Revenue			Business Code				
11a	Miscellaneous	900099	0				
b				0			
c				0			
d	All other revenue			0			
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			1,938,555	0	0	0

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 domestic governments. See Part IV, line 21	6,446,167	6,446,167		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	162,240		162,240	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	228,841		228,841	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,528		4,528	
9	Other employee benefits	10,090		10,090	
10	Payroll taxes	27,490		27,490	
11	Fees for services (non-employees):				
a	Management	37,132		37,132	
b	Legal	1,508		1,508	
c	Accounting	12,105		12,105	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	107,340	107,340		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,555	25,555		
12	Advertising and promotion	46,912			46,912
13	Office expenses	36,181			36,181
14	Information technology	25,948		25,948	
15	Royalties	0			
16	Occupancy	21,019		21,019	
17	Travel	26,661			26,661
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,646	0	7,646	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Pledge Discount	-3,000		-3,000	
b	-----	0			
c	Bad Debts	5,857	5,857		
d	-----	0			
e	All other expenses	82,415		82,415	
25	Total functional expenses. Add lines 1 through 24e	7,312,635	6,584,919	617,962	109,754
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	1,698,614	1	1,217,072
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,813,279	4	1,721,692
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	928,584	7	263,846
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,800	9	4,800
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,797		
	b Less: accumulated depreciation	10b 19,617	10c 6,539	2,180
	11 Investments—publicly traded securities	12,796,362	11	10,310,539
	12 Investments—other securities. See Part IV, line 11	1,600,764	12	812,898
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,611	15	1,611
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,850,553	16	14,334,638	
Liabilities	17 Accounts payable and accrued expenses	245,915	17	85,589
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	245,915	26	85,589
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,644,061	27	5,847,244
	28 Temporarily restricted net assets	8,830,369	28	4,251,435
	29 Permanently restricted net assets	4,130,208	29	4,150,370
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,604,638	33	14,249,049
34 Total liabilities and net assets/fund balances	19,850,553	34	14,334,638	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,938,555
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,312,635
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,374,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,604,638
5	Net unrealized gains (losses) on investments	5	73,408
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 in Schedule O)	9	-54,917
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,249,049

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ X

	Yes	No
1 Accounting method used to prepare the Form 990: <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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

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)**.
- 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)
			Yes	No		
(A) Presbyterian Village of Michigan	38-1387145	1	X			
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2015. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2016. 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—2015. 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>	X	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
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))? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		X
11b		X
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		X
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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	0	0
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	0	0

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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
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.	
7	Total annual distributions. Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	0
10	Line 8 amount divided by Line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013	0		
d	From 2014	0		
e	From 2015	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2016 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a				
b	Excess from 2013	0		
c	Excess from 2014	0		
d	Excess from 2015	0		
e	Excess from 2016	0		

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

Part IV Section A Line 6 The PVM Foundation regularly provides grants to non profit
corporations controlled by Presbyterian Villages of Michigan (The Support Organization) to
assist those organizaitns in meeting the housing needs of seniors.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Presbyterian Villages of Michigan Foundation	20-2559884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	see attached schedule ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Presbyterian Villages of Michigan Foundation	Employer identification number 20-2559884
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization Presbyterian Villages of Michigan Foundation	Employer identification number 20-2559884
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- ----- For. Prov. Country		----- ----- -----

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

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 (e.g., 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.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization 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:
- | | Amount |
|--|-------------|
| c Beginning balance | 1c 0 |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0 |
- 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	4,130,210	4,110,017	4,107,339	4,094,004	4,058,271
b Contributions	20,160	20,193	2,678	13,335	64,044
c Net investment earnings, gains, and losses					0
d Grants or scholarships					
e Other expenditures for facilities and programs					28,311
f Administrative expenses					
g End of year balance	4,150,370	4,130,210	4,110,017	4,107,339	4,094,004

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

- a** Board designated or quasi-endowment ☐ %
- b** Permanent endowment ☐ 100%
- c** Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

- 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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	21,797	19,617	2,180
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,180

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	0	
(2) Closely-held equity interests	0	
(3) Other <u>Money Market</u>	812,898	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	812,898	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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.) ▶	0

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	0	
(2) Due to related organizations		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

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 FIN 48 (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	1,865,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-73,408	
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	-73,408	
3	Subtract line 2e from line 1	3	1,938,555	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,938,555	

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	7,312,635
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	0	
3	Subtract line 2e from line 1	3	7,312,635	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,312,635	

Part XIII Supplemental Information.

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

Part X Line 1 The entities that comprise the Organization are exempt from federal income

tax under Internal Revenue Code Section 501(c)(3). Accordingly, no tax provision is

recorded in the combined financial statements

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Gala (event type)	(b) Event #2 re Possibilities Brea (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	305,226	76,157	0	381,383
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	305,226	76,157	0	381,383
Direct Expenses	4 Cash prizes	1,000	0	0	1,000
	5 Noncash prizes	1,176	0	0	1,176
	6 Rent/facility costs	29,428	738	0	30,166
	7 Food and beverages	53,612	5,031	0	58,643
	8 Entertainment	4,070	0	0	4,070
	9 Other direct expenses	4,793	5,166	0	9,959
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(105,014)
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				276,369

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
----------	---------------------------------------	------------	---

b An outside facility	13b	100.00%
--	------------	---------

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer

Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>(1) The Village of Bethany Manor</u> 8737 14th Street Detroit, MI 48206	38-3218138	501C3	4,675				Operations, Tech Imprv, Res Activities
<u>(2) The Village of Brush Park</u> 2900 Brush Street Detroit, MI 48201	38-3402656	501C3	20,718				Operations, Cap Imprv, Res Activities
<u>(3) Community Connections</u> 26200 Lahser Road Suite 300 Southfield, MI 48033	80-0954076	501C3	146,048				Operations
<u>(4) The Village of East Harbor</u> 33875 Kiely Drive Chesterfield Twp, MI 48017	38-3098399	501C3	205,683				Operations, Cap Imprv, Res Activities
<u>(5) The Village of Hampton Meadows</u> 700 North Pine Road Bay City, MI 48706	20-4633178	501C3	8,941				Operations, Cap Imprv, Res Activities
<u>(6) The Village of Harmony Manor</u> 15050 Birwood Street Detroit, MI 48233	30-0036447	501C3	1,844				Operations, Res Activities
<u>(7) Hartford Village</u> 17500 Meyers Road Detroit, MI 48235	47-1404100	501C3	80,000				Cap Imprv
<u>(8) Hillside LDHA LP</u> 311 West Main Street Harbor Springs, MI 49741	47-1957866		1,549,438				Operations, Cap Imprv, Res Activities
<u>(9) The Village of Holly Woodlands</u> 3325 Grange Hall Road Holly, MI 48440	38-2588668	501C3	3,088				Res Activities
<u>(10) The Village of Mill Creek</u> 300 Carl Avenue Battle Creek, MI 49011	20-4633288	501C3	2,555				Operations, Cap Imprv, Res Activities
<u>(11) Presbyterian Village North</u> 420 S. Opdyke Pontiac, MI 48341	38-2204058	501C3	39,648				Operations, Cap Imprv, Res Activities
<u>(12) The Village of Oakman Manor</u> 14000 Woodrow Wilson Detroit, MI 48228	56-2438797	501C3	5,027				Operations, Cap Imprv, Res Activities

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶ 26

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

Schedule I (Form 990) (2016)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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 Grant Recipients are required to seek approval from the PVM Foundation prior to spending funds. Such spending must be in compliance with the grant agreement signed when the grant was made by the PVM Foundation and accepted by the recipient organization.

The recipient organization is required to submit a final report at the conclusion of the grant which specifies outcomes and community impact etc.

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization Presbyterian Villages of Michigan Foundation	Employer identification number 20-2559884
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) The Village of Our Saviour's Manor 29495 Annapolis Westland, MI 48186	38-2593702	501C3	5,120				Operations, Cap Imprv, Res Activities
(14) The Village of Peace Manor 17275 15 Mile Road Clinton Twp, MI 48035	38-2890399	501C3	7,705				Operations, Cap Imprv, Res Activities
(15) Perry Farm Development Co 4241 Village Circle Drive Harbor Springs, MI 4	35-2183523	501C3	50,113				Operations, Cap Imprv, Res Activities
(16) The Village of Redford 25330 W Six Mile Road Redford, MI 48240	38-3098398	501C3	215,709				Debt Pmts, Operations, Cap
(17) Harry & Jeanette Weinberg GH at RVT 26200 Lahser Road Suite 300 Southfield, MI 4	37-1748152	501C3	3,597,702				Capital Improvements
(18) Thome Rivertown Neighborhood 260 McDougall Ave Detroit, MI 48207	45-4963459	501C3	2,165				Res Activities
(19) The Village of Rosebush Manor 4210 East Rosebush Road Rosebush, MI 488	38-3544655	501C3	60,044				Operations, Cap Imprv, Res Activities
(20) The Village of Sage Grove 214 S Sage Street Kalamazoo, MI 49008	26-4194584	501C3	3,053				Operations, Cap Imprv, Res Activities
(21) The Village of Spring Meadows II 3300 County Farm Road Jackson, MI 49201	26-1795340	501C3	941				Res Activities
(22) The Village of St. Martha's 15875 Joy Road Detroit, MI 48228	20-8088875	501C3	11,189				Operations, Cap Imprv, Res Activities
(23) The Village of Warren Glenn 2950 E Twelve Mile Road Warren , MI 48902	38-3405663	501C3	4,651				Operations, Cap Imprv, Res Activities
(24) The Village of Westland 32001 Cherry Hill Road Westland, MI 48186	38-2302090	501C3	35,158				Operations, Cap Imprv, Res Activities
(25) The Village of Woodbridge 1300 Martin Luther King Detroit, MI 48201	32-0099465	501C3	5,600				Operations, Cap Imprv, Res Activities
(26) Presbyterian Villages of Michigan 26200 Lahser Road Suite 300 Southfield, MI 4	38-1387145	501C3	380,292				Operations, Cap Imprv, Res Activities
(27)							
(28)							
(29)							

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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 non-cash assistance
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	X									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X									
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>X</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>X</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>X</td> </tr> </table> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	X	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	c Participate in, or receive payment from, an equity-based compensation arrangement?	X				
a Receive a severance payment or change-of-control payment?	X									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X									
c Participate in, or receive payment from, an equity-based compensation arrangement?	X									
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>X</td> </tr> </table> If "Yes" on line 5a or 5b, describe in Part III.	a The organization?	X	b Any related organization?	X						
a The organization?	X									
b Any related organization?	X									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>X</td> </tr> </table> If "Yes" on line 6a or 6b, describe in Part III.	a The organization?	X	b Any related organization?	X						
a The organization?	X									
b Any related organization?	X									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Brian Carnaghi 1 Treasurer	(i)	247,994	22,669				270,663	
	(ii)						0	
Paul Miller 2 President	(i)	147,171	15,069				162,240	
	(ii)						0	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

selected financial and quality targets are achieved across the entire Presbyterian Villages of Michigan system

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	17	35,927	fair market value
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

Presbyterian Villages of Michigan Foundation

20-2559884

Form 990, Part IV, Line 12: The Organization's financials are audited as part of the
Presbyterian Villages of Michigan Obligated Group and published in that document. A separate
audit is not published for this Organization. ☐

Form 990, Part V, Line 2a: PVM acts as a common pay master for all entities within the PVM
system, therefore this Organization does not file any W-2 forms. The Organization reported
here has approximately 6 employees.

Form 990, Part VI, Section A, Line 6, 7a, 7b: Presbyterian Villages of Michigan is the sole
member of the corporation and appoints the members of the board.

Form 990, Part VI, Section B, Line 11b: A copy of the completed form was presented to the
board at a meeting prior to filing.

Form 990, Part VI, Section B, Line 12a, 12c: Presbyterian Villages of Michigan annually
distributes conflict of interest forms to all board members and senior staff. Forms are
returned to the PVM offices. This Organization does not have its own conflict of interest
policy, but uses the conflict of interest policy of Presbyterian Villages of Michigan.

Form 990, Part VI, Section B, Line 15b: A biannual salary study is conducted by an independent
compensation analyst who reports to the PVM Sr VP of HR and to the PVM Human Resources
committee of the board. Wage rates are studied for all employee positions.

Form 990, Part VI, Section C, Line 19: The Organization has not yet established a process for
publically disclosing its governing documents or conflict of interest policy. Such items are
available upon request. Annual audits and Form 990 are available at www.PVM.org.

Form 990, Part VI, Section B, Line 13: The Organization does not have its own whistleblower
policy. It relies on the policy of PVM, its management company.

Form 990, Part VI, Section B, Line 14: The Organization does not have a written document
retention policy approved by its board of directors; it relies on the policy adopted by
Presbyterian Villages of Michigan, its management agent.

Form 990, Part XII, Line 2b: See note on 990 Section IV line 12

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number

20-2559884

Form 990, Part XI, Line 9: Equity Transfer to Affiliate

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Presbyterian Villages of Michigan Foundation

Employer identification number

20-2559884

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Presbyterian Villages of Michigan 38-1387145 26200 Lahser Rd Suite 300 Southfield, MI 48033	Management company	MI	501(c)(3)	11	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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

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) Presbyterian Villages of Michigan	b	1,878,665	direct payment
(2) Presbyterian Villages of Michigan	d	1,400,000	direct payment
(3) Presbyterian Villages of Michigan	m	37,132	direct payment
(4) Presbyterian Villages of Michigan	p	635,346	direct payment
(5) Presbyterian Villages of Michigan	o	30,689	direct payment
(6) Presbyterian Villages of Michigan	a	2,482	direct payment

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information.

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

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Unrestricted Donations	9,243	25,984
	Temp Restricted Donations	1,016,990	9,943
	Endowment Gifts	20,162	
	Other contributions total	6	1,046,395 35,927
7	Total	7	1,046,395 35,927

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	Cost, other basis and expenses
Total Public Securities:	6,646,854	6,431,082
Total Non-Public Securities:	0	0
Total Other Sales:	0	0

1	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation	Description of Basis Method
											Cost	Donated value			
1	various		X				1/1/2016		12/31/2016	6,646,854	6,431,082				

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1 4,359		4,359	
2	Depletion	2 0			
3	Amortization	3 3,287		3,287	
4	Total	4 7,646	0	7,646	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	Accrued interest receivable	1 44,111		29,437			
2	pledges receivable	2 2,804,538		1,733,482	35,370		41,227
3	Due from PVM	3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total accounts receivable	11 2,848,649		1,762,919	35,370		41,227

Part X, Line 7 (990) - Other Notes

Total:		645,000	928,584	263,846	0	
Borrower's name		Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year	Purpose of loan
1	Presbyterian Villages of Michigan	645,000	928,584	263,846		working capital funds

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Total:								21,797	15,258	19,617	0	6,539	2,180	
Category or Item		Land	Buildings	Leasehold Improve- ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Computer Software				X				21,797	15,258	19,617		6,539	2,180

Part X, Lines 11 and 12 (990) - Investments - Securities

					Total:	0	14,397,126	11,123,437
Description		Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Fixed Income	X			0.00	0	4,405,216	3,455,757
2	Equities	X			0.00	0	1,198,804	952,199
3	Equities	X			0.00	0	5,781,335	4,371,262
4	Allowance for market adjustment	X			0.00	0	963,569	1,117,027
5	Comerica pooled income fund	X			0.00	0	156,352	140,398
6	Beneficial interests	X			0.00	0	274,657	273,896
7	Pooled income mortgages	X			0.00	0	16,429	0
8	Money Market				0.00	0	1,600,764	812,898

Part X, Line 15 (990) - Other Assets

		Total:	1,611	1,611
		Description	Beginning	End
1	Prepaid Assets		1,611	1,611

Gift Detail and Summary Report
\$5,000+ Donors for 2016

5/30/2017

Constituent Name	Date	Fund Description	Cash	Stocks/Property	Pledges	Pledge Payments
Aileron Ltd. 818 W. Grand River Avenue Brighton, MI 48116 Brighton, MI 48116	7/28/2016	Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	9/12/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
Arch Consultants, LTD 250 Parkway Drive, Suite 350 Lincolnshire, IL 60069	9/6/2016	Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	9/19/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
Mayor and Mrs. Dave Bing 24600 Franklin Farms Franklin, MI 48025	5/23/2016	Hartford Village	\$10,000.00	\$0.00	\$0.00	\$0.00
Mr. and Mrs. Pier Borra 4716 Au Cor Dor Drive P.O. Box 854 Harbor Springs, MI 49740	10/17/2016	Hillside & Friendship Center Renewal Project	\$5,000.00	\$0.00	\$0.00	\$0.00
Braun Construction Group 39395 W. 12 Mile Road, Suite 100 Farmington Hills, MI 48331	5/9/2016	PVM Fund-greatest needs of our seniors	\$250.00	\$0.00	\$0.00	\$0.00
	8/22/2016	Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	11/14/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
	11/15/2016	Foundation Gala	\$500.00	\$0.00	\$0.00	\$0.00
Mrs. Natalie E. Brothers 17533 Adams Lane Detroit, MI 48235	1/7/2016	Foundation Gala	\$500.00	\$0.00	\$0.00	\$0.00
	4/21/2016	Hartford Village	\$0.00	\$0.00	\$5,000.00	\$0.00
	4/28/2016	Oakman-Outdoor Living	\$250.00	\$0.00	\$0.00	\$0.00
	4/28/2016	OSM-Facility Improvements	\$250.00	\$0.00	\$0.00	\$0.00
	9/22/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$2,500.00
	11/2/2016	Foundation Gala	\$2,000.00	\$0.00	\$0.00	\$0.00
Mrs. Carolyn E. Cameron 33877 Kiely Drive Chesterfield, MI 48047	4/21/2016	East Harbor Health & Wellness Center	\$20,000.00	\$0.00	\$0.00	\$0.00
	9/12/2016	East Harbor Health & Wellness Center	\$0.00	\$0.00	\$248,400.00	\$0.00
Charles Stewart Mott Foundation 503 S. Saginaw Street, Suite 1200 Flint, MI 48502-1851	4/4/2016	Hillside & Friendship Center Renewal Project	\$0.00	\$0.00	\$0.00	\$1,500.00
	4/14/2016	Perry Farm-Facility Improvements	\$2,500.00	\$0.00	\$0.00	\$0.00
	4/14/2016	Hillside-Outdoor Living	\$2,500.00	\$0.00	\$0.00	\$0.00
	10/6/2016	Perry Farm-Facility Improvements	\$3,750.00	\$0.00	\$0.00	\$0.00
Chemical Bank 333 E. Main Street Midland, MI 48640	5/9/2016	PVM Fund-greatest needs of our seniors	\$1,000.00	\$0.00	\$0.00	\$0.00
	8/2/2016	Foundation Gala	\$0.00	\$0.00	\$10,500.00	\$0.00
	8/15/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$10,500.00
Community Foundation for Southeast Michigan 333 W. Fort Street, Suite 2010 Detroit, MI 48226-3134	6/6/2016	EH Chaplaincy Fund	\$11,660.50	\$0.00	\$0.00	\$0.00
	6/6/2016	Green House Endowment - PVM	\$10,068.00	\$0.00	\$0.00	\$0.00
	6/6/2016	PVM Fund-greatest needs of our seniors	\$23,352.50	\$0.00	\$0.00	\$0.00
	12/5/2016	EH Chaplaincy Fund	\$11,660.50	\$0.00	\$0.00	\$0.00
	12/6/2016	Green House Endowment - PVM	\$10,068.00	\$0.00	\$0.00	\$0.00

	12/6/2016 PVM Fund-greatest needs of our seniors	\$23,352.50	\$0.00	\$0.00	\$0.00
The Damone Group, LLC 1450 West Long Lake Road, Suite 300 Troy, MI 48098	5/19/2016 PVM Fund-greatest needs of our seniors	\$1,000.00	\$0.00	\$0.00	\$0.00
	8/22/2016 Foundation Gala	\$0.00	\$0.00	\$10,500.00	\$0.00
	10/26/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$10,500.00
Dickinson Wright, PLLC 2600 W. Big Beaver Road, Suite 300 Troy, MI 48084	11/11/2016 Foundation Gala	\$6,000.00	\$0.00	\$0.00	\$0.00
Dixon Inc. Masonry Construction 660 Woodward Avenue, Suite 1945 Detroit, MI 48226	7/20/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$500.00
	7/28/2016 Foundation Gala	\$0.00	\$0.00	\$10,500.00	\$0.00
	8/22/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,250.00
	9/21/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,250.00
DuMouchelles Art Galleries Co. 409 East Jefferson Avenue Detroit, MI 48226	5/23/2016 PVM Fund-greatest needs of our seniors	\$9,475.00	\$0.00	\$0.00	\$0.00
William J. & Julia Edwards Foundation 11771 Calleta Court Palm Beach Gardens, FL 33418	5/6/2016 Hillside-Outdoor Living	\$5,000.00	\$0.00	\$0.00	\$0.00
	5/6/2016 Perry Farm-Facility Improvements	\$5,000.00	\$0.00	\$0.00	\$0.00
Mr. Dave Ellis 4210 E. Rosebush Road Rosebush, MI 48878	4/30/2016 Rosebush-Dining Room Enhancements	\$5,000.00	\$0.00	\$0.00	\$0.00
	5/6/2016 Rosebush-Dining Room Enhancements	\$5,000.00	\$0.00	\$0.00	\$0.00
First Foundation - First Presbyterian Church of Birmingham 1669 West Maple Road Birmingham, MI 48009	9/26/2016 Rivertown Neighborhood General Fund	\$5,000.00	\$0.00	\$0.00	\$0.00
Mrs. Karin W. Flint 2419 Windsor Way Court Wellington, FL 33414	4/19/2016 Perry Farm-Facility Improvements	\$2,500.00	\$0.00	\$0.00	\$0.00
	4/27/2016 Hillside-Outdoor Living	\$1,500.00	\$0.00	\$0.00	\$0.00
	4/27/2016 Perry Farm-Facility Improvements	\$1,500.00	\$0.00	\$0.00	\$0.00
	11/29/2016 Perry Farm	\$500.00	\$0.00	\$0.00	\$0.00
	11/29/2016 Hillside	\$500.00	\$0.00	\$0.00	\$0.00
Friends of PVM Foundation 26200 Lahser Road, Suite 300 Southfield, MI 48033	11/11/2016 Foundation Gala	\$11,800.00	\$0.00	\$0.00	\$0.00
	11/11/2016 Foundation Gala	\$50.00	\$0.00	\$0.00	\$0.00
	11/11/2016 Foundation Gala	\$1,060.00	\$0.00	\$0.00	\$0.00
	11/11/2016 Foundation Gala	\$100.00	\$0.00	\$0.00	\$0.00
Ms. Joan D. Geering 4451 Reilly Drive Troy, MI 48085-4946	1/19/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$620.00
	6/23/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$10,000.00	\$0.00
	8/25/2016 Foundation Gala	\$250.00	\$0.00	\$0.00	\$0.00
	12/20/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$560.00
	12/21/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$2,500.00
	12/31/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$600.00
Dr. and Mrs. Ronald E. Goldsberry 2759 Turtle Ridge Drive Bloomfield Hills, MI 48302	5/10/2016 Hartford Village	\$0.00	\$0.00	\$10,000.00	\$0.00
	8/18/2016 Hartford Village	\$0.00	\$0.00	\$0.00	\$5,000.00
	8/26/2016 Foundation Gala	\$750.00	\$0.00	\$0.00	\$0.00

	10/26/2016 Foundation Gala	\$500.00	\$0.00	\$0.00	\$0.00
	12/31/2016 Foundation Gala	\$500.00	\$0.00	\$0.00	\$0.00
Gompers, Cornish & Barr 22955 21 Mile Road Macomb, MI 48042-4920	2/23/2016 East Harbor Health & Wellness Center	\$100.00	\$0.00	\$0.00	\$0.00
	7/28/2016 Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	10/11/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
Grigg Graphic Services 20982 Bridge Street Southfield, MI 48033	4/3/2016 East Harbor Health & Wellness Center	\$200.00	\$0.00	\$0.00	\$0.00
	5/13/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$1,000.00	\$0.00
	5/31/2016 PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$500.00
	8/18/2016 Foundation Gala	\$1,500.00	\$0.00	\$0.00	\$0.00
Grosse Pointe Memorial Church 16 Lakeshore Drive Grosse Pointe Farms, MI 48236-3783	4/29/2016 East Harbor Health & Wellness Center	\$10,000.00	\$0.00	\$0.00	\$0.00
Hospitaler's Committee Detroit Commandery No. 1 500 Temple Avenue Detroit, MI 48201	1/12/2016 Trust/Benevolence-TR	\$5,000.00	\$0.00	\$0.00	\$0.00
Mr. William G. Hyland P.O. Box 2049 Monterey, CA 93942	1/4/2016 Perry Farm Benevolence	\$3,600.00	\$0.00	\$0.00	\$0.00
	3/11/2016 Perry Farm Benevolence	\$3,600.00	\$0.00	\$0.00	\$0.00
	6/7/2016 Perry Farm Benevolence	\$3,600.00	\$0.00	\$0.00	\$0.00
	9/15/2016 Perry Farm Benevolence	\$3,600.00	\$0.00	\$0.00	\$0.00
	12/21/2016 Perry Farm Benevolence	\$3,600.00	\$0.00	\$0.00	\$0.00
Interstate Restoration, LLC 22310 Telegraph Road Southfield, MI 48033	8/31/2016 Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	10/4/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
Mr. and Mrs. Verne G. Istock 100 E. Huron #4602 Chicago, IL 60611	9/29/2016 Foundation Gala	\$5,000.00	\$0.00	\$0.00	\$0.00
Jermor Plumbing & Heating, Inc. 15450 Dale Street Detroit, MI 48223	8/15/2016 Foundation Gala	\$5,500.00	\$0.00	\$0.00	\$0.00
Mr. Jethro Joseph 30855 Franklin Woods Court Franklin, MI 48025	12/22/2016 Hartford Village	\$5,000.00	\$0.00	\$0.00	\$0.00
Kirk in the Hills 1340 West Long Lake Road Bloomfield Hills, MI 48302-1335	4/30/2016 Oakland Woods-Community Room Upgrades	\$138.00	\$0.00	\$0.00	\$0.00
	11/15/2016 Oakland Woods	\$12,500.00	\$0.00	\$0.00	\$0.00
Kitch, Drutchas, Wagner, Valitutti & Sherbrook One Woodward Avenue, Suite 2400 Detroit, MI 48226-3499	8/17/2016 Foundation Gala	\$0.00	\$0.00	\$5,500.00	\$0.00
	9/6/2016 Foundation Gala	\$0.00	\$0.00	\$0.00	\$5,500.00
The Kresge Foundation	7/18/2016 PVM Fund-greatest needs of our seniors	\$10,000.00	\$0.00	\$0.00	\$0.00

3215 W. Big Beaver Road
Troy, MI 48084

Lau & Lau Associates LLC
44 East Long Lake Road, Suite 300
Bloomfield Hills, MI 48304

Lear Corporation
21557 Telegraph Road
Southfield, MI 48033

Estate of Lillian MacLean
c/o Ms. Lynn Farina-Noelke, Personal Representative
41578 Sunnydale Lane
Northville, MI 48168

Mr. and Mrs. Thomas R. McAskin
1948 Crosswick Road
Bloomfield Hills, MI 48301-4154

McGregor Fund
333 W. Fort Street, Suite 2090
Detroit, MI 48226-3134

Michigan Health Endowment Fund
330 Marshall
Lansing, MI 48912

Mr. George B. Millush, Jr.
3167 Newport Court
Troy, MI 48084

Estate of Donna Moore
33875 Kiely Drive, Apt. 108
Chesterfield, MI 48047

Morrison Community Living
4721 Morrison Drive, Suite 300
Mobile, AL 36609

Mr. and Mrs. Roger L. Myers
3139 River Meadow Circle
Canton, MI 48188-2334

7/1/2016 Foundation Gala

8/8/2016 St. Martha's-Outdoor Living

9/8/2016 Trust/Benevolence-TR

4/18/2016 PVM Fund-greatest needs of our seniors
5/16/2016 PVM Fund-greatest needs of our seniors

5/31/2016 Hartford Village

4/4/2016 Hillside - Bay Connect
4/27/2016 Hillside - Bay Connect

4/7/2016 Oakland Woods-Community Room Upgrades
5/13/2016 Hartford Village
7/28/2016 Foundation Gala
8/15/2016 Foundation Gala
10/18/2016 PVM Fund-greatest needs of our seniors
10/18/2016 Oakland Woods
10/18/2016 PVM Fund-greatest needs of our seniors
10/18/2016 Oakland Woods
10/18/2016 Foundation Gala
11/29/2016 Hartford Village

5/23/2016 East Harbor Health & Wellness Center

9/6/2016 Foundation Gala

1/15/2016 PVM Fund-greatest needs of our seniors
1/15/2016 PVM Fund-greatest needs of our seniors
1/27/2016 Foundation Gala
1/27/2016 Foundation Gala

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\$1,000.00

2/1/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
2/12/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
2/26/2016	PVM Fund-greatest needs of our seniors	\$500.00	\$0.00	\$0.00	\$0.00
3/1/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
3/11/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
3/17/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$1,000.00
3/22/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$500.00
3/25/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
4/4/2016	Westland-Transportation	\$100.00	\$0.00	\$0.00	\$0.00
4/4/2016	Thome Rivertown Sr Apts-Resident Activities	\$100.00	\$0.00	\$0.00	\$0.00
4/8/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
4/11/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$485.10
4/11/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$250.00
4/11/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$750.00
4/11/2016	Hartford Village	\$0.00	\$0.00	\$5,000.00	\$0.00
4/11/2016	Rosebush-Dining Room Enhancements	\$500.00	\$0.00	\$0.00	\$0.00
4/15/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$500.00
4/17/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$750.00
4/20/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$1,000.00
4/22/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
5/6/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
5/13/2016	PVM Fund-greatest needs of our seniors	\$500.00	\$0.00	\$0.00	\$0.00
5/20/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$500.00
5/20/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
6/3/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
6/17/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
6/17/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$500.00
7/1/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
7/15/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
7/25/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$500.00
8/1/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
8/12/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
9/1/2016	PVM Fund-greatest needs of our seniors	\$0.00	\$0.00	\$0.00	\$200.00
9/6/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$500.00
9/9/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
9/15/2016	Foundation Gala	\$0.00	\$0.00	\$2,000.00	\$0.00
9/20/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$500.00
10/1/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
10/3/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$500.00
10/7/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
10/10/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$500.00
10/11/2016	Foundation Gala	\$250.00	\$0.00	\$0.00	\$0.00
10/17/2016	Foundation Gala	\$0.00	\$0.00	\$0.00	\$500.00
11/1/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
11/10/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
11/11/2016	Foundation Gala	\$1,000.00	\$0.00	\$0.00	\$0.00
11/18/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
11/23/2016	PVM Fund-greatest needs of our seniors	\$500.00	\$0.00	\$0.00	\$0.00
12/2/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
12/16/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
12/20/2016	PVM Fund-greatest needs of our seniors	\$1,000.00	\$0.00	\$0.00	\$0.00
12/22/2016	Hartford Village	\$0.00	\$0.00	\$0.00	\$700.00

	12/30/2016 Hartford Village	\$0.00	\$0.00	\$0.00	\$200.00
National Church Residences Foundation 2335 North Bank Drive Columbus, OH 43220-5599	11/2/2016 Foundation Gala	\$5,500.00	\$0.00	\$0.00	\$0.00
Plante & Moran, PLLC 27400 Northwestern Hwy. Southfield, MI 48034	7/28/2016 Foundation Gala 9/6/2016 Foundation Gala	\$0.00 \$0.00	\$0.00 \$0.00	\$5,500.00 \$0.00	\$0.00 \$5,500.00
Mr. and Mrs. Richard E. Rabbideau 102 Chauncey Ct. Marshall, MI 49068	4/21/2016 Mill Creek Resident Activities 8/16/2016 Foundation Gala 10/12/2016 Foundation Gala 10/17/2016 Foundation Gala 10/17/2016 Foundation Gala	\$250.00 \$0.00 \$200.00 \$0.00 \$750.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$5,000.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$5,000.00 \$0.00
Mrs. Linda E. Riley 11771 Calleta Court Palm Beach Gardens, FL 33418	10/3/2016 Perry Farm-Facility Improvements	\$5,000.00	\$0.00	\$0.00	\$0.00
Mr. and Mrs. Robert R. Schroeder 286 Touraine Road Grosse Pointe Farms, MI 48236	3/14/2016 PVM Fund-greatest needs of our seniors 4/13/2016 Thome Rivertown Sr Apts-Resident Activities 5/13/2016 PVM Fund-greatest needs of our seniors 7/28/2016 Foundation Gala 10/6/2016 Foundation Gala 10/6/2016 Foundation Gala 10/6/2016 Foundation Gala 10/6/2016 Foundation Gala 10/11/2016 Foundation Gala 11/11/2016 Foundation Gala 11/11/2016 Foundation Gala 12/30/2016 Foundation Gala	\$0.00 \$250.00 \$1,000.00 \$0.00 \$750.00 \$0.00 \$1,000.00 \$750.00 \$100.00 \$0.00 \$250.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$2,000.00 \$0.00 \$0.00 \$0.00 \$400.00 \$0.00 \$0.00 \$0.00	\$500.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$400.00
Mr. and Mrs. Thomas Snider 386 Westchester Way Birmingham, MI 48009	4/25/2016 PVM Fund-greatest needs of our seniors 10/11/2016 Foundation Gala 10/11/2016 Foundation Gala	\$2,000.00 \$100.00 \$3,500.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
St. John's Episcopal Church P.O. Box 52 Harbor Springs, MI 49740	9/9/2016 Hillside - Bay Connect	\$5,000.00	\$0.00	\$0.00	\$0.00
Sterling Heights Regional Chamber of Commerce 12900 Hall Road, Suite 100 Sterling Heights, MI 48313	10/18/2016 East Harbor Health & Wellness Center	\$7,166.66	\$0.00	\$0.00	\$0.00
University of Maryland College Park 3101 Chesapeake Building College Park, MD 20742-3142	2/2/2016 Community Connections-Legacy 3/7/2016 Community Connections-Legacy 4/18/2016 Community Connections-Legacy 4/28/2016 Community Connections-Legacy 11/2/2016 Community Connections-Legacy 12/28/2016 Community Connections-Legacy	\$6,979.79 \$3,148.86 \$2,369.05 \$7,430.94 \$13,251.85 \$1,739.71	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Samuel L. Westerman Foundation 40950 Woodward Avenue, Suite 306 Bloomfield Hills, MI 48304	6/9/2016 Rivertown Neighborhood General Fund	\$0.00	\$0.00	\$0.00	\$5,000.00
	6/9/2016 Rivertown Neighborhood General Fund	\$0.00	\$0.00	\$25,000.00	\$0.00