State ZII MI 48 ovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	s it may be mad he latest inform , and ending on bom/suite P code 3033 reign postal code 33 H(a) Is H(b) A L(b) A	e public.	19,430,44 5? Yes X No Yes No
elivered to street address) Rc State ZII MI 48 rovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	pom/suite P code 3033 reign postal code H(a) Is H(b) A 527	20-2559884 E Telephone number G Gross receipts S this a group return for subordinates re all subordinates included?	19,430,44 5? Yes X No Yes No
elivered to street address) Rc State ZII MI 48 rovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	com/suite Code 3033 reign postal code H(a) Is H(b) A 527	20-2559884 E Telephone number G Gross receipts S this a group return for subordinates re all subordinates included?	19,430,44 5? Yes X No Yes No
State ZII MI 48 ovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	Code 3033 reign postal code H(a) Is H(b) A 527	E Telephone number G Gross receipts S this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
State ZII MI 48 ovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	Code 3033 reign postal code H(a) Is H(b) A 527	E Telephone number G Gross receipts S this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
MI 48 ovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	3033 reign postal code H(a) Is H(b) A 527	G Gross receipts S this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
ovince/state/county Fo 400, Southfield, MI 4803 insert no.) 4947(a)(1) or	H(a) is H(b) A 527	this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
400, Southfield, MI 4803	H(a) is H(b) A 527	this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
insert no.) 4947(a)(1) or	33 H(b) A	this a group return for subordinates re all subordinates included?	3? Yes X No Yes No
insert no.) 4947(a)(1) or	33 H(b) A	re all subordinates included?	Yes No
insert no.) 4947(a)(1) or	527	and the second the second second	
		"No," attach a list. See instru	ctions
	-		Clions
		roup exemption number	
on Other	L Year of form	nation: 2006 M State	of legal domicile: M
dy (Part VI, line 1a) governing body (Part VI, ar year 2023 (Part V, line ary) , column (C), line 12	line 1b) 2a)	3 4 5 6 7a	issets. 1 1
orm 990-T, Part I, line 11.			
			Current Year 2,824,81
			2,024,01
			188,21
			282,64
and the second sec			3,295,67
		2,091,158	4,472,02
		0	
Part IX, column (A), lines 5-	-10)	512,594	575,78
		60,000	62,40
), line 25)	868,211		
-11d, 11f-24e)			648,94
			5,759,15
ine 12			-2,463,48
		23 965 452	End of Year 25 396 06
	- e 1 -	23,965,452	25,396,06
om line 20			
	a projects and residences ontinued its operations or dy (Part VI, line 1a) . governing body (Part VI, ar year 2023 (Part V, line ary) . , column (C), line 12 . , m 990-T, Part I, line 11 . , at and 7d) . , at a set and a set and a set and a set and a part III, column (A), line 1 , line 1 , line 25) . , at IX, column (A), line 25	n by providing philanthropic support for a projects and residences for seniors. ontinued its operations or disposed of mo dy (Part VI, line 1a)	n by providing philanthropic support for a projects and residences for seniors. bontinued its operations or disposed of more than 25% of its net a dy (Part VI, line 1a)

FOL	
HTA.	

Form	990
Form	550

artmont of the Treas

Dor

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

2023 Open to Public

Inter	mal Revenue	Service	Go to www.irs.gov	/Form990 for instructions ar	nd the latest	information.		Inspection
Α			endar year, or tax year beginning		, and e	ndina	-	-
В	Check if ap			ian Villages of Michigan Found	í í		over identifi	cation number
—	Address cha		Doing business as	an vinages of Michigan Found				
~	Audiess ch	ange	Number and street (or P.O. box if mail is	s not delivered to street address)	Room/suite	20-2559	881	
	Name chan	ge	25200 Telegraph Rd Suite 400		rtoonii/outto		none numbe	•
П	1		City or town	State	ZIP code			
Ц	Initial return		Southfield	MI	48033			
	Final return/te	rminated						
			Foreign country name For	eign province/state/county	Foreign postal			40 400 440
Ш	Amended re	eturn				G Gross	receipts \$	19,430,442
	Application	pending	F Name and address of principal officer:			H(a) Is this a group re	urn for subordi	nates? Yes X No
			Paul Miller 25200 Telegraph Rd,	Suite 400 Southfield MI 4	8033	H(b) Are all subord		
						If "No," attach		
<u> </u>	Tax-exemp	ot status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527			1311 4010113
J	Website:	pvm	i.org			H(c) Group exempt	ion number	
к	Form of or	nanization	X Corporation Trust As	sociation Other	L Yea	ar of formation: 20	OG MS	tate of legal domicile: MI
_		-				20	00	IVII
	Part I		nmary					
۵.		2	escribe the organization's mission	0		PVM Foundation	n sustains	and advances
ũ	-		ion of Presbyterian Villages of Mic					
na	b	penevole	ent care, wellness programs, inno	vative projects and residence	ces for senio	rs.		
ver	2 (Check th	his box if the organization	discontinued its operations	or disposed	of more than 25	% of its n	et assets.
ő			of voting members of the governi					17
త			of independent voting members of				4	16
es								
Activities & Governance			mber of individuals employed in c				5	7
G			mber of volunteers (estimate if ne				6	41
∢			related business revenue from Pa				7a	0
	bN	Vet unre	lated business taxable income fro	om Form 990-T, Part I, line 1	11	<u></u>	7b	
						Prior Yea	r	Current Year
Ð	8 (Contribu	tions and grants (Part VIII, line 1h)		2,	658,664	2,824,815
Revenue	9 F	Program	service revenue (Part VIII, line 2	g). 🗛			0	0
e ve	10 I		ent income (Part VIII, column (A),				452,774	188,214
Ř	11 (venue (Part VIII, column (A), lines				214,788	282,648
			enue—add lines 8 through 11 (must				326,226	3,295,677
			ind similar amounts paid (Part IX,				091,158	4,472,026
			paid to or for members (Part IX, o			۷.	091,130	
	1 · - · ·						•	575 700
ses	15 5		other compensation, employee ben		,		512,594	575,782
enŝ	16a F		onal fundraising fees (Part IX, col				60,000	62,400
Expenses	b		idraising expenses (Part IX, colun			1		
ш	17 (Other ex	penses (Part IX, column (A), lines	s 11a–11d, 11f–24e)			817,893	648,949
	18 1	Fotal exp	penses. Add lines 13–17 (must ec	lual Part IX, column (A), line	25)	3,	481,645	5,759,157
	19 F	Revenue	e less expenses. Subtract line 18	from line 12			155,419	-2,463,480
Net Assets or	ŝ					Beginning of Cur	rent Year	End of Year
sets	20 1	Fotal ass	sets (Part X, line 16)			23,	965,452	25,396,062
Äs	3 21 1	Fotal liab	oilities (Part X, line 26)				200,540	438,484
Net	22 1		ets or fund balances. Subtract line	21 from line 20			764,912	24,957,578
Ð	art II		nature Block			,	,	_ ,,
			, I declare that I have examined this return,	including accompanying schedules	and statements	and to the best of m	v knowledge	•
			ct, and complete. Declaration of preparer (o					•
			-,,				<u>-</u>	
Si	gn	Ciar -	ture of officer				•	
He	ere		ature of officer		D=	Dat	c	
			I Miller		Pres	ident		
			or print name and title					
		Print	/Type preparer's name	Preparer's signature		Date	-	PTIN
Pa		1					Check	if

Yes No

Firm's EIN

Preparer

Use Only

Firm's name

Form 9	90 (2023)	Presbyterian Villages of Michigan Foundation		20-2559884	Page 2
Pa	rt III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this I	Part III....		
1	Briefly d	lescribe the organization's mission:			
	The PVI	M Foundation sustains and advances the mission of Presbyterian Villages of Mic	higan		
	by provi	iding philanthropic support for benevolent care, wellness programs, innovative			
	projects	and residences for seniors of all faiths.			
2		organization undertake any significant program services during the year which w			
	•	r Form 990 or 990-EZ?		· · · Yes	X No
•		describe these new services on Schedule O.			
3		organization cease conducting, or make significant changes in how it conducts, a	any program		
		s?		· · Yes	X No
4		e the organization's program service accomplishments for each of its three large	st program service	e as measured by	
4		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amou			
	-	I expenses, and revenue, if any, for each program service reported.	and or grants and a		,
4a	(Code:) (Expenses \$ 4,472,026 including grants of \$) (Reven	ue \$ 3,295	5,677)
	•	profit faith based philanthropic organization that receives charitable contributions,			··
		es its funds and provides financial assistance to related organizations and others	who focus		
	on servi	ing senior adults			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
		• • •			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
		······			
	01				
4d	-	rogram services (Describe on Schedule O.)	the f		
40	(Expens	ses 0 including grants of \$ 0) (Reven ogram service expenses 4,472,026	ing þ	0)	
4e	i otai pi				

Form 990 (2023) Presbyterian Villages of Michigan Foundation
Part IV Checklist of Required Schedules

Pari	V Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
÷	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Ň	Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	Х	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	v	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Х	
128	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		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120		^
IJ	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
• •	If "Yes," complete Schedule G, Part III.	19	Х	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic agreement on Part IX, column (A) line 12 if "Xoo" complete Schodule L Parte L and U	.	\mathbf{v}	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

20-2559884 Page **3**

Part IV

Form 990 (2023)
Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
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>	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		~
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			~
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			7.
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
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>	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	~	
- ai	Check if Schedule O contains a response or note to any line in this Part V		.	Х
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on 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?	1c	х	
		-		

	Open (2023) Presbyterian Villages of Michigan Foundation 20-255	9884	P	age 5
Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.0		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		Х
b	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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		v
d	required to file Form 8282?	7c		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
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 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
Ň	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	14-		Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		х
		10		
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Ê
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		ĺ
		17		
	If "Yes," complete Form 6069.			

	Presbyterian Villages of Michigan Foundation 20-255 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			age 6
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI.	ee ins	struct	ions. X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a17If there are material differences in voting rights among members of the governing body, orif the governing body delegated broad authority to an executive committee or similarif the governing body delegated broad authority to an executive committee or similarcommittee, explain on Schedule O.if the governing body delegated broad authority to an executive committee or similar			
b 2	Enter the number of voting members included on line 1a, above, who are independent	-		
3	any other officer, director, trustee, or key employee?	2		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4 5	Х	X X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	^
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.		
10-	Did the experimetion have lead charters branches or efficience?	100	Yes	No V
10a b	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on 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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		Х
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
	and financial statements available to the public during the tax year.	y,		
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			
	25200 Telegraph Rd Suite 400, Southfield, MI 48033			

Form 990 (2023)	Presbyterian Villages of Michigan Foundation	20-2559884	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	rees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	rson irectr	than oth is both pr/truster employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Roger Myers	1.00									
Ex Officio	40.00								486,718	
(2) Bruce Blalock	5.00									
Treasurer (Sr VP, Presbyterian Villages of Michigan)	40.00	Х		Х					259,847	
(3) Paul Miller	40.00									
President (President of Presbyterian Villages of Mici				Х			-	185,797		
(4) James Gompers	1.00									
Chair	0.00	Х		Х						
(5) Linda Bomberski	1.00									
Secretary	0.00	Х		Х						
(6) Robert Peterson	1.00									
Director	0.00	Х								
(7) Paul Hubbard	1.00									
Director	0.00	Х								
(8) Robert Schroeder	1.00									
Vice Chair	0.00	Х		Х						
(9) Mark Boyle	1.00									
Director	0.00	Х								
(10) Henry Johnson	1.00									
Director	0.00	Х								
(11) Duane Lewis	1.00									
Director	0.00	Х								
(12) John Utley	1.00									
Director	0.00									
(13) Nathan Conway	1.00									
Director	0.00									
(14) Thomas Kimble	1.00									
Director	0.00	Х								000

	90 (2023)	Presbyterian Villages of Michi									20-25		Р	age 8
Pa	rt VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,			ghes	t Co	ompensated Em	nployees (conti	nued)		
							C) sition							
	(A) (B) (do not check more than one (D) (E)							(E)		(F)				
		Name and title	Average hours					is both		Reportable	Reportable	Estir	nated an	
			per week			1	Tecic	or/trust		compensation from the	compensation from related	со	of other mpensat	
			(list any	Individual t or director	nstit	Officer	(ey	ligh 9mp	Former	organization (W-2/	organizations (W-2	/	from the)
			hours for related	rect	utio	ë	emp	est i loye	ler	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		anization d organiz	
			organizations	or tr	nal		oloy	e e		1000-1120)	1000-1120)	relater	a organiz	Lauons
			below	Individual trustee or director	Institutional truste		ee	pen						
			dotted line)	æ	ee			Highest compensated employee						
								đ						
	Marcia Nu	nn												
Direct			0.00	Х								-		
		er, Jr.		v										
Direct			0.00	Х							•	-		
	Mark Walla													
Direct		<i>P</i> 11.	0.00	Х								-		
		/illiams		v										
Direct		molio	0.00									-		
Direct		nalia	1.00 0.00											
-				^										
(20)														
(21)														
<u></u>														
(22)														
(23)														
(24)														
(25)			·····											
44	Quintatal									405 707	740 50			0
	Subtotal .			• •	•	• •	·	• •		185,797	746,56			0
		n continuation sheets to Part VII, S								0 185,797				0
 2		I lines 1b and 1c)							vod		746,56)		0
2		compensation from the organization			aDUV	/e) v	VIIO	lecei	veu		,000 01			3
	repertable												Yes	r
3	Did the ord	ganization list any former officer, dir	ector. trustee. ke	v em	vola	vee.	or h	iahes	st co	ompensated				
		on line 1a? If "Yes," complete Sche						0				3		х
		dividual listed on line 1a, is the sum					nd c	other	con	nnensation from				
	-	zation and related organizations gre		-							h			
	-							-				4	Х	
		erson listed on line 1a receive or acc							-	anization or indiv	vidual			
	• •	s rendered to the organization? If "	•			•			-			5		х
		ependent Contractors	<i>cc, ccp.ccc</i> cc				00.0			<u></u>				
-		this table for your five highest comp	ensated independ	dent	cont	ract	ors	that r	ece	eived more than	\$100,000 of			
	compensa	tion from the organization. Report c	ompensation for t	he ca	alen	dar	yea	r end	ing	with or within the	e organization's	tax ye	ear.	
		(A)								(B)		(0		
		Name and business ad	dress							Description of ser	vices	Compe	nsation	
														0
														0
														0
														0
2	Total numb	ber of independent contractors (inclu	uding but not limit	ed to	o tha	se l	iste	d abo	ve)	who received				0
		\$100,000 of compensation from the	-					0	.)					

	990 (202	, <u> </u>	ition			20-25598	84 Page 9
Par	t VIII						
		Check if Schedule O contains a response or	note to any line ir	hthis 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				
	b	Membership dues	0				
	С	Fundraising events	219,921				
ifts r A	d	Related organizations	0				
a, G nila	е	Government grants (contributions) 1e	0				
ons Sin	f	All other contributions, gifts, grants, and					
her		similar amounts not included above 1f	2,604,894				
ĢĔ	g	Noncash contributions included in					
no Nu		lines 1a–1f 1g					
0 10	h	Total. Add lines 1a–1f		2,824,815			
			Business Code				
Program Service Revenue	2a			0			
Jram Serv Revenue	b			0			
n S ven	C .			0			
ran ĉev	d			0			
Ъ	е			0			
ሻ	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest					
		other similar amounts)		704,843			
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties	(ii) Personal	0			
	0.		(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c 0	0				
	d Za	Net rental income or (loss)	 (ii) Other	0			
	7a		(ii) Other				
		sales of assets other than inventory 7a	15 525 240				
Ð	h	other than inventory 7a 0 Less: cost or other basis	15,535,310				
enue	D		16 051 020				
		and sales expenses .7b0Gain or (loss)7c	16,051,939				
Other Rev	С Д	Visition Visition		-516,629			
her	d 8a	Gross income from fundraising	 	-510,029			
g	Ua						
		of contributions reported on line 1c).					
		See Part IV, line 18	79,855				
	b	Less: direct expenses 8b	74,298				
	c	Net income or (loss) from fundraising events .		5,557			
	9a	Gross income from gaming activities.		-,			
		See Part IV, line 19	46,434				
	b	Less: direct expenses	8,528				
	c	Net income or (loss) from gaming activities		37,906			
		Gross sales of inventory, less		5.,000			
		returns and allowances	0				
	b	Less: cost of goods sold	-				
	c	Net income or (loss) from sales of inventory	Ţ	0			
s	Ē		Business Code				
on: e	11a	Fundraising Management Fees	900099	238,834			
nu	b		-	0	T		
cellaneo Revenue	c			0			
Miscellaneous Revenue	d	All other revenue		351			
Σ	e	Total. Add lines 11a–11d		239,185			
	12	Total revenue. See instructions.		3,295,677	0	0	C
				0,200,077	. 0		

Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note t	to any line in this Pa	art IX		🗖
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,472,026	4,472,026		
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	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	498,007		65,029	432,978
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,304		954	6,350
Э	Other employee benefits	40,546	2	14,191	26,35
)	Payroll taxes	29,925		3,908	26,01
1	Fees for services (nonemployees):				
а	Management	54,756		54,756	
b	Legal	1,214		1,214	
с	Accounting	26,884		26,884	
d	Lobbying	0		.,	
e	Professional fundraising services. See Part IV, line 17.	62,400			62,40
f	Investment management fees	158,096		158,096	0_,.0
g	Other. (If line 11g amount exceeds 10% of line 25, column	100,000		100,000	
э	(A), amount, list line 11g expenses on Schedule O.).	1,040	0	1,040	
2	Advertising and promotion	0	0	1,040	
-	Office expenses	83,257		83,257	
1	Information technology	44,515		00,207	44,51
+ 5	Royalties				44,01
6		24,136		5,042	19,094
7		46,941		5,042	46,94
3	Travel	40,941			40,94
)		0			
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
)		0			
	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	0	0	0	17.00
3		21,777		4,549	17,22
ŀ	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	inkind gifts	102,589			102,589
b	change in pledges	68,867			68,86
С	bad debts	10,765			10,76
d		0			
е	All other expenses	4,112			4,11
;	Total functional expenses. Add lines 1 through 24e	5,759,157	4,472,026	418,920	868,21
5	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🚺 if				
	following SOP 98-2 (ASC 958-720)				

	990 (2	,	oundation				20-2559884 Page 1
Pa	rt X	Balance Sheet Check if Schedule O contains a response or	r note to ar	ny line in this Part X .			🗖
		·			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			636,046	1	1,026,52
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net		5,792,086	4	6,208,82	
	5	Loans and other receivables from any current of			0,702,000	-	0,200,02
	5	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			0	5	
	6	Loans and other receivables from other disqualif	-				
	0	under section 4958(f)(1)), and persons describe			0	6	
n,	-				0	7	
010000	7	Notes and loans receivable, net			0	-	
Ĉ	8	Inventories for sale or use			0	8	4.07
	9	Prepaid expenses and deferred charges .	· · · ·		17,030	9	4,67
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	21,797			
	b	Less: accumulated depreciation	10b	21,797	0	10c	
	11	Investments—publicly traded securities			17,515,490	11	18,081,04
	12	Investments-other securities. See Part IV, line			0	12	
	13	Investments—program-related. See Part IV, lin			0	13	
	14	Intangible assets	0	14			
	15	Other assets. See Part IV, line 11			4,800	15	75,00
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)		23,965,452	16	25,396,06
	17	Accounts payable and accrued expenses			168,061	17	96,95
	18	Grants payable			32,479	18	41,52
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities		[0	20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D	0	21	
20	22	Loans and other payables to any current or forr	ner officer,	director,			
		trustee, key employee, creator or founder, subs	stantial con	tributor, or 35%			
LIAUIIIUES		controlled entity or family member of any of the	se persons	5	0	22	
Ľ	23	Secured mortgages and notes payable to unrel			0	23	
	24	Unsecured notes and loans payable to unrelate			0	24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		Part X of Schedule D			0	25	300,00
	26	Total liabilities. Add lines 17 through 25			200,540	26	438,48
n		Organizations that follow FASB ASC 958, ch			,		,
2		and complete lines 27, 28, 32, and 33.					
Ø	27	Net assets without donor restrictions			11,515,165	27	24,957,57
	28	Net assets with donor restrictions			12,249,747	28	24,907,07
2	20	Organizations that do not follow FASB ASC			12,249,141	20	
Z I		and complete lines 29 through 33.	550, CHECI				
5	20	Capital stock or trust principal, or current funds			^	20	
2	29 20				0	29	
	30	Paid-in or capital surplus, or land, building, or e			0	30	
ć	31	Retained earnings, endowment, accumulated in			0	31	01055
Net Assets of Fully Datafices	32	Total net assets or fund balances			23,764,912		24,957,57
-	33	Total liabilities and net assets/fund balances .			23,965,452	33	25,396,06 Form 990 (202

Form 990 (2023) Presbyterian Villages of Michigan Foundation

Part	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,295	5,677
2	Total expenses (must equal Part IX, column (A), line 25).	2				9,157
3	Revenue less expenses. Subtract line 2 from line 1.	3				3,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				1,912
5	Net unrealized gains (losses) on investments	5				5,144
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		2	4,957	7,578
Part		<i>*</i>				
	Check if Schedule O contains a response or note to any line in this Part XII.					Х
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		_			
0-	Schedule O.			0		V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• •	· •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		_			
			_			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		·	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		_			
	separate basis, consolidated basis, or both.		_			
	Separate basis X Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on		_			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	9		-		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	•••	•	3a		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 on Schedule O and describe any steps taken to undergo such audits.			3b		
	required addit of addits, explain why on Schedule O and describe any steps taken to undergo such addits .	• •			aan	(2023)
				FOIIII	550	(2023)
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.					

SCHEDULE A (Form 990)

1

Total

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.

2023 **Open to Public**

OMB No. 1545-0047

		t of the Treasury evenue Service	Go		10 Form 990 or Form 3		st informa		Inspection	
		he organization		ie minieligem em				Employer identification		
		erian Villages of	Michigan Found	ation					59884	
Par					ganizations must co	omplete t	his part.)	See instructions.		
The o	orga				or lines 1 through 12, o	-				
1					f churches described in		170(b)(1)	(A)(i).		
2		A school descr	ibed in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3			•		zation described in sec	•				
4			arch organizatio e, city, and state		nction with a hospital c	lescribed i	in section	170(b)(1)(A)(iiii). Er	iter the	
5			n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit dese	cribed in	
6		A federal, state	, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)	(v).		
7				eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	unit or from the gene	ral public	
8		A community tr	ust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)	_			
9		or university or	research organi a non-land-grar	zation described in a nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions).) operated Enter the	d in conjui name, city	nction with a land-gra /, and state of the co	ant college llege or	
10		university: 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	n organized and	operated exclusivel	ly to test for public safe	ety. See se	ection 509	9(a)(4).		
12	Х	one or more pu	blicly supported	l organizations desc	ly for the benefit of, to ribed in section 509(a ibes the type of suppo)(1) or sea	ction 509	a)(2). See section 5	509(a)(3).	
а		the supporte organizatior	ed organization(s	s) the power to regunder to regunder the power to regunder the power to regulate the pow		majority o	of the dire	ctors or trustees of th	ne supporting	
b c		control or m organizatior Type III fun	anagement of th n(s). You must c ctionally integr	te supporting organi complete Part IV, S ated. A supporting of	organization operated i	ime perso n connect	ns that co ion with, a	ntrol or manage the	supported	
			U (You must complete F				· · · · · · · · · · · · · · · · · · ·	
d		that is not fu	inctionally integr	ated. The organizat	ting organization opera ion generally must sati blete Part IV, Sections	sfy a distr	ibution re	quirement and an at		
е		Check this b	ox if the organiz	zation received a wr	itten determination from illy integrated supporting	n the IRS	that it is a		e III	
f		Enter the numb	er of supported	organizations					1	
g	(1)	Provide the follo Name of supported of	owing informatio	about the support (ii) EIN	ed organization(s). (iii) Type of organization			(.) A	(a) Amount of	
	(1)	Name of supported of	organization	(II) EIN	(described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
(A)			$\overline{\mathbf{V}}$							
	oyte	erian Village of N	lichigan	38-1387145	10	х				
(B)										
(C)										
(D)										
(E)										

0

0

Sche	dule A (Form 990) 2023 Presbyteria	an Villages of Mic	higan Foundatio	n		20-255988	84 Page 2
Pa	rt II Support Schedule for Orga (Complete only if you checked Part III. If the organization fa	anizations Des ed the box on li	cribed in Sec ne 5, 7, or 8 of	tions 170(b)(1) Part I or if the o	organization fa	iled to qualify un	der
Sec	tion A. Public Support			sted below, plea		art m.)	
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(4) = = = = =	(0) = 0 = 0	(, =====	(0) =0=0	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 5	Total. Add lines 1 through 3 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)	0	0	0		0	0
6	Public support. Subtract line 5 from line 4						0
-	tion B. Total Support				9		0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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		Ĺ				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.)	Ç					0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the organization, check this box and stop here	nization's first, sec	ond, third, fourth, o		a section 501(c)(3)	12	
	ction C. Computation of Public Su						
14	Public support percentage for 2023 (line 6, c		-			14	0.00%
15 16a	Public support percentage from 2022 Sched 33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13	8, and line 14 is 33	1/3% or more, che		0.00%
b	33 1/3% support test—2022. If the organiz box and stop here. The organization qualifier						
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets to Part VI how the organization meets the facts organization	the facts-and-circur -and-circumstance	mstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here . Explain in		
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain	 []
18	Private foundation. If the organization did						
							· · · ·

Sche	dule A (Form 990) 2023 Presbyteria	an Villages of Mic	higan Foundatior	า		20-255988	84 Page 3
Pa	rt III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	ed the box on li	ne 10 of Part I	or if the organi	zation failed to	qualify under Pa	art II.
	If the organization fails to qu	alify under the	tests listed belo	w, please com	nplete Part II.)		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			-			0
_	tion B. Total Support				I		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	٠					
	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
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on 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
14	First 5 years. If the Form 990 is for the orga organization, check this box and stop here			•	,		
<u> </u>							· · · · · <u> </u>
	tion C. Computation of Public Su			()		45	0.00%
15	Public support percentage for 2023 (line 8, c	.,	•			15	0.00%
<u>16</u> Sec	Public support percentage from 2022 Sched stion D. Computation of Investmer			<u></u>		16	0.00%
	-			olumn (f))		17	0.00%
17 18	Investment income percentage for 2023 (line Investment income percentage from 2022 So		-			18	0.00%
	33 1/3% support tests—2023. If the organi					-	0.0070
	not more than 33 1/3%, check this box and s						🗖
b	33 1/3% support tests—2022. If the organi				-		
	line 18 is not more than 33 1/3%, check this						🗌
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	o, check this box a	and see instructions	3	🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	100	NO
1	Х	
2		Х
		N
3a		X
3b		
3c		
4a		х
40		~
4b		
4c		
5a		X
5b		
5c		
6	Х	
7		Х
8		X
		Ň
9a		X
9b		х
9c		Х
10a		Х
10b		

Part	V Supporting Organizations (continued)			
. <u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 (see ins	truction	s)	
•	Service and sex most to the motion and the organization about to satisfy the mogran art rost during the year (see ins		-).	

Presbyterian Villages of Michigan Foundation

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2023

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

20-2559884

Page 5

Schedule A (Form 990) 2023 Presbyterian Villages of Michigan Foundation			2559884 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting orga	-		
Section A - Adjusted Net Income	Inzation	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	C	0
5 Depreciation and depletion	5		.
6 Portion of operating expenses paid or incurred for production or collection of	Ť		
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	
			(B) Current Year
Section B - Minimum Asset Amount	_	(A) Prior Year	(optional)
 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	C	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	C	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		~	
see instructions).	4	C	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	C	-
6 Multiply line 5 by 0.035.	6	C	-
7 Recoveries of prior-year distributions	7	C	
8 Minimum Asset Amount (add line 7 to line 6)	8	C	-
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		C
4 Enter greater of line 2 or line 3.	4		C
5 Income tax imposed in prior year	5		Ĭ
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functiona	lly integ	rated Type III supporting	organization (see

instructions).

1

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3		zations (continue		0-2009004 Page I
	on D - Distributions	/ • • • • • • • • • • • • • • • • • • •			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ations	3	
	Amounts paid to acquire exempt-use assets			4	
5		/)	5		
6		<i>.</i>	.6		
7	Total annual distributions. Add lines 1 through 6.		7	0	
8	Distributions to attentive supported organizations to which the	ne organization is respo	nsive 🔺 📥		
	(provide details in Part VI). See instructions.	. .		8	
9	Distributable amount for 2023 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required— <i>explain in Part VI)</i> . See				
	instructions.		N		
3	Excess distributions carryover, if any, to 2023				
а	From 2018 0				
b	From 2019 0				
C	From 2020 0				
d	From 2021 0				
е	From 2022				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2023 distributable amount				0
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2023 from Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
b	Applied to 2023 distributable amount				0
c	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.	0			
8	Breakdown of line 7.				
а	Excess from 2019 0				
b	Excess from 2020 0				
С					
d	Excess from 2022 0				
е					
				-	

Schedule A (Form 990) 2023

Schedule A (Fo	orm 990) 2023	Presbyterian	Villages of Michigan	Foundation		20-2559884	Page 8
Part VI		Information. Provid	e the explanations re	equired by Part II, line 10 5a, 6, 9a, 9b, 9c, 11a, 1		17b; Part	
				on D, lines 2 and 3; Par			
				t V, Section D, lines 5, 6 al information. (See inst		, Section E,	
	, - ,			` ```	,		
Part IV Sec	tion A Line 6 The	e Presbyterian Village	es of Michigan Found	laion regularly			
provides gr	ants to non-profit	corporations control	lled by Presbyterian V	Villages of Michigan			
(The Suppo	orted Organizatio	n) to assist those orc	anizations in meeting	g the Housing and Hom	e		
and Comm	unity Based Serv	ice needs of Seniors					
Part IV Sec	tion B Line 1 The	e Presbyterian Village	es of Michigan Found	lation board members			
are elected	by the existing b	oard members.					
					0		
			·····				
			• ()				
		Ø					

Schedule B
(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	n.

2023

Employer identification number 20-2559884

Department of the Treasury									
Internal Revenue Service									
	6.11								

Presbyterian Villages of Michigan Foundation

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 cove	ered 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. HTA

Schedule B (F	Form 990) (2023)		Page 2
Name of org Presbyteria	ganization an Villages of Michigan Foundation	E	mployer identification number 20-2559884
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Various - see attached schedule 25200 Teelgraph Rd, Suite 400 Southfield MI 48033 Foreign State or Province: Foreign Country:	\$1,267,149	Person X Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (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 Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

ime of organiza esbyterian Vill	ation lages of Michigan Foundation	Emp	loyer identification numbe 20-2559884
	ncash Property (see instructions). Use duplicate	copies of Part II if additional spa	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	4
(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
		- - - \$	

Schedule B (Form 990) (2023)

Schedule B (F	form 990) (2023)				Page 4								
Name of org					Employer identification number								
Presbyteria Part III	an Villages of Michigan Foundation <i>Exclusively</i> religious, charitable, etc., c (10) that total more than \$1,000 for the y	/ear from any	one contributor. Con	nplete col	umns (a) through (e) and								
	the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additiona	r. (Enter this in	formation once. See in										
(a) No.			eu.										
from Part I	(b) Purpose of gift	(0) Use of gift	(0	d) Description of how gift is held								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee												
	Transferee's name, address, and	onship 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												
(a) No.	For. Prov. Country												
from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held								
	(e) Transfer of gift												
	Transferee's name, address, and	ZIP + 4	Relatio	onship of	transferor to transferee								
			·										
(a) No.	For. Prov. Country												
from Part I	(b) Purpose of gift	(0) Use of gift	(0	d) Description of how gift is held								
	(e) Transfer of gift												
	Transferee's name, address, and	ZIP + 4	Relatio	onship of	transferor to transferee								
	For. Prov. Country												

Schedule B (Form 990) (2023)

	EDULE D m 990)	Suppler	nental Financial Stateme	ents	OMB No. 1545-0047						
(FOI	iii 990)		the organization answered "Yes" on Form		2023						
			7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a								
	ment of the Treasury		Attach to Form 990. //Form990 for instructions and the latest in		Open to Public						
	I Revenue Service		Inspection								
Name	Name of the organization Employer identification										
		f Michigan Foundation			2559884						
Part	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 ar	nd other accounts						
1		end of year									
2		contributions to (during year) .									
3		grants from (during year)									
4		at end of year	r advisors in writing that the accets hold in	dener advised	•						
5	-		or advisors in writing that the assets held in		Yes No						
6	-		b the organization's exclusive legal control' s, and donor advisors in writing that grant f								
0			efit of the donor or donor advisor, or for a								
					Yes No						
Part		tion Easements.									
Fal			d "Yes" on Form 990, Part IV, line 7.								
1		<u> </u>	the organization (check all that apply).								
		of land for public use (for example		on of a historically im	nortant land area						
	=										
	Protection of	f natural habitat	Preservatio	on of a certified histor	ric structure						
		n of open space									
2			n held a qualified conservation contributior	n in the form of a con	servation						
		last day of the tax year.		Held	at the End of the Tax Year						
а		conservation easements		<u>2</u> a							
b	-	stricted by conservation easen		2b							
c			ed historic structure included on line 2a.								
d			n line 2c acquired after July 25, 2006, and								
3		structure listed in the National	Register ransferred, released, extinguished, or term		zation during						
3	the tax year		ansierred, released, extinguished, or term	inated by the organi	zalion duning						
4		s where property subject to cor	servation easement is located								
5			arding the periodic monitoring, inspection,	handling of							
U	-		easements it holds?	-	Yes No						
6			pecting, handling of violations, and enforcing of								
•			pooling, handling of violations, and emotoring e								
7	Amount of expens	es incurred in monitoring, inspect	ng, handling of violations, and enforcing conse	ervation easements du	ring the year						
		3, 1									
8	Does each conse	ervation easement reported on	line 2d above satisfy the requirements of	section 170(h)(4)(B)	(i)						
9	In Part XIII, desc	ribe how the organization repo	rts conservation easements in its revenue	and expense statem	nent and						
	balance sheet, a	nd include, if applicable, the te	xt of the footnote to the organization's fina	ncial statements that	t describes the						
	organization's ac	counting for conservation ease	ements.								
Part	IIII Organizat	ions Maintaining Collecti	ons of Art, Historical Treasures, or	r Other Similar As	ssets.						
	Complete i	if the organization answere	d "Yes" on Form 990, Part IV, line 8.								
1a	If the organizatio	n elected, as permitted under l	FASB ASC 958, not to report in its revenue	e statement and bala	ance sheet						
			r assets held for public exhibition, education								
			e footnote to its financial statements that d								
b	-	-	FASB ASC 958, to report in its revenue sta								
			ts held for public exhibition, education, or i	research in furtheran	ice of public						
		the following amounts relating									
			ne 1								
2	•		, historical treasures, or other similar asse	ts for financial gain,	provide the						
			r FASB ASC 958 relating to these items.								
			1								
b	Assets included	In ⊢orm 990, Part X		\$							

	~		100			1010	404						· ·	•	•	•	•	•	•		•	•	•	•
Fo	or P	a	oer	wo	rk	Red	duc	tion	Act	Notic	e, s	ee	the	ln	stı	uc	tio	ns	fo	or F	or	m	99(0.
нт	A																							

Sched	ule D (Form 990) 2023 Presbyterian Villages of N	/lichigan Foundati	ion				20-255	9884	F	Page 2
Part	III Organizations Maintaining Collect	tions of Art, H	listor	ical Trea	sures, or	Other	Similar Asset	t s (contil	าued)	
3	Using the organization's acquisition, accession	on, and other reco	ords, c	heck any	of the followi	ing that	make significan	t use of it	s	
	collection items (check all that apply).		·			0	U			
а	Public exhibition	d		Loan or e	exchange pro	ogram				
b	Scholarly research	e	Ē			-				
c	Preservation for future generations	Ũ								
4	Provide a description of the organization's co	lloctions and avai	lain ha	wy thoy fur	that the area	onizatio	n's avampt purp	oco in Dr	vrt	
4	XIII.	mechons and exp		w uley lui		anizatio	ins exempt purp		л	
5	During the year, did the organization solicit o	r receive donation	ne of a	rt historic	al trageurae	or othe	ar cimilar			
U	assets to be sold to raise funds rather than to							Υe	s	No
Part			- [
Fail			orm 0	00 Dort			rtad an amajur	t on For		
	Complete if the organization answe	red res on re	500 9	90, Part	iv, ine 9, c	перо	rteu an amour		m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi			-	ibutions or o	ther as	sets not			ı
	included on Form 990, Part X?					• • •		Ye	IS	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follow	ing table.						
								Amount		
C	Beginning balance					10				0
d	Additions during the year					10				
е	Distributions during the year				· • • •	16				
f	Ending balance				• • • •	1f				0
2a	Did the organization include an amount on Fe	orm 990, Part X, I	ine 21	, for escro	w or custodi	al acco	unt liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	e expla	anation ha	s been provi	ded in l	Part XIII...			
Part	V Endowment Funds.									
	Complete if the organization answe	red "Yes" on Fo	orm 9	90. Part	IV. line 10.					
			(b) Prio		(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	5,811,069		,799,796		5,304	5,641,87		-	27,236
b	Contributions	21,310		21,580		4,582	33,43			4,637
C	Net investment earnings, gains,			,		.,	,			.,
	and losses			-10,307						
d	Grants or scholarships			-)						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	-4								
g	End of year balance	5,832,383	5	,811,069	5,79	9,886	5,675,30)4	5,64	1,873
2	Provide the estimated percentage of the curr	ent year end bala	nce (li	ne 1g, col	umn (a)) hel	d as:		•		
а	Board designated or quasi-endowment	%								
b	Permanent endowment 100	0%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organ	nizatior	n that are	held and adr	minister	ed for the	-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as re	quired	on Sched	lule R?			3b		
4	Describe in Part XIII the intended uses of the	organization's er	ndowm	nent funds						
Part	VI Land, Buildings, and Equipment.									
	Complete if the organization answe	red "Yes" on Fo	orm 9	90, Part	IV, line 11a	a. See	Form 990, Par	rt X, line	10.	
	Description of property	(a) Cost or other ba	asis	(b) Cost of	r other basis	(c)	Accumulated	(d) Bo	ook value	е
		(investment)		(ot	ther)	d	epreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		21,797		21,797			0
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, P	art X, I	line 10c, c	olumn (B)) .					0

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 Cost or end-of-year	
(1) Financia	al derivatives	0		
• •	held equity interests	0		
(3) Other				
(A)				
(B)		-		
(C)				
(D)				
(E)		-		
(F)		-		
(G) (H)				
、 /	n (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
Part VIII	Investments—Program Related.	0		
	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	· · · · · ·
	(a) Description of investment	(b) BOOK value	Cost or end-of-year	
(1)				
(2)			5	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B)) .	0		
Part IX	Other Assets.			
	Complete if the organization answered		Part IV, line 11d. See Form	
	(a) Descr	ription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colu	umn (b) must equal Form 990, Part X, line 15, o	(B)		0
	Other Liabilities.	<i>JOI.</i> (<i>D</i>))		0
Part X	Complete if the organization answered	"Ves" on Form 000	Part IV line 11e or 11f Soc	Form 000 Part V
	line 25.	res on Form 990,		5 FUIII 990, Fait A,
1.		tion of liability		(b) Book value
	l income taxes			(b) DOOK Value
	s held for others			300,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 25, o	col. (B))		300,000
2. Liability fo	or uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the o	rganization's financial statements	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2023

Schedu	le D (Form 990) 2023 Presbyterian Villages of Michigan Foundation		20-2559884	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.).	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	–	0
	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
a b	Other (Describe in Part XIII.)	4a 4b		
b	Add lines 4a and 4b .		4c	0
			• <u>4</u> C	0
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).		÷	0
Part	XII Reconciliation of Expenses per Audited Financial Statement		Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other losses	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	, 	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5	0
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV. lines 1b and 2b: Pa	art V. line 4: Part X	K. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			.,
	/ Line 4 Martens Endowment, Benevolence Endowment and Kirk Endowment are	-		
Part	Line 4 Martens Endowment, Benevolence Endowment and Kirk Endowment are			
benev	olence support at Presbyterian Village East and Presbyterian Village WestWeste	erman		
Endo	wment is for resident wellness activities at Presbyterian Village NorthRosebush			
Endo	wment is for benevolence support at Village of RosebushKleeman Help Endowm	ent is an		
	······································			
assist	ance fund for residents and employees help for PresbyterianVillage EastThome			
River	own Endowment is for support of the Rivertown campusGreenhouse Endowmen	t is for the		
suppo	ort of the Weinberg Green House			
Part >	<u>(Line 1 The 2023 audit report for the Presbyterian Villages of Michigan Obligated</u>	1		
~				
Group	was not received prior to the filing of this return. When the audit report is			
·				
issue	d, it will contain the following statement: The Obligated Group members are			
	d, it will contain the following statement: The Obligated Group members are r-profit corporations and are exempt from tax under the provisions of Internal			
not-fo	r-profit corporations and are exempt from tax under the provisions of Internal			
not-fo		ial		
not-fo Reve	r-profit corporations and are exempt from tax under the provisions of Internal	ial		

Part XIII	Supplemental Information (continued)
	* V
	•

	Supplemental	Information	Regardir	ng Fundra	aising or Gamin	g Activities	OMB No. 1545-0047	
SCHEDULE G (Form 990)	Complete if th	e organization ans	swered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the ed more than \$15,000 on Form 990-EZ, line 6a.				2023	
Department of the Treasury		Atta	ch to Form 99	0 or Form 99	00-EZ.		Open to Public	
Internal Revenue Service Name of the organization	Go	to www.irs.gov/Fo	rm990 for ins	tructions and	d the latest information.	Employer identificati	Inspection on number	
Presbyterian Villages of				-		20-25		
	i ng Activities. Co -EZ filers are not				ered "Yes" on For	m 990, Part IV, li	ne 17.	
1 Indicate whether	the organization ra	ised funds throu	ugh any of t	he followir	ng activities. Check	all that apply.		
a X Mail solicitati	ons		e X So	olicitation o	of non-government g	Irants		
	email solicitations				of government grant	s		
c X Phone solicit			g X S	becial fund	lraising events			
		or oral agreeme	nt with anv	individual	(including officers, o	lirectors trustees o)r	
					rofessional fundraisi		X Yes No	
	0 highest paid indiv at least \$5,000 by			ers) pursua	ant to agreements u	nder which the func	lraiser is to	
(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have control of utions?	(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 Consultants for Con 4829 Regalwood Dr Ra	-	consults on fundraising		×	0	62,400	0	
2					0	02,400	0	
3					0	0	0	
4					0	0	0	
5			C		0	0	0	
6			C		0	0	0	
7		Ş			0	0	0	
8			>		0	0	0	
9					0	0	0	
10	Ċ				0	0	0	
Total					0	62,400	0	
3 List all states in v registration or lig		on is registered	or licensed	to solicit (contributions or has	been notified it is e	xempt from	
<u>MI</u>	/							
						·		
					·			

Presbyterian Villages of Michigan Foundation

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.

		ovonto mangrood roodi	plo greater than \$0,000	0.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			2023 Gala	(NONE	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue		Gross receipts	299,776		0	299,776
R		Less: Contributions Gross income (line 1	219,921		0	219,921
		Gross income (line 1 minus line 2)	79,855		0	79,855
	4	Cash prizes			0	0
	Į	Noncash prizes			0	0
Direct Expenses	(Rent/facility costs			0	0
t Expe	7	Food and beverages	53,497		0	53,497
Direc	8	B Entertainment	10,521		0	10,521
	ę	Other direct expenses	10,280		0	10,280
	1(1 ⁻		5			(<u>74,298)</u> 5,557
Pa	rt I	II Gaming. Complete if th	e organization answer	red "Yes" on Form 99	00, Part IV, line 19, or re	eported more than
		\$15,000 on Form 990-E	Z, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	• • •)	46,434	46,434
ses	2	Cash prizes			7,800	7,800
Direct Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
	5	Other direct expenses			728	728
	6	Volunteer labor	Yes%	☐ Yes% ☐ No	X Yes 100.00%	
	7	Direct expense summary. Add	lines 2 through 5 in colu	mn (d)		(8,528)
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		37,906
9		Enter the state(s) in which the or	ganization conducts gami	ng activities: MI		
	а	Is the organization licensed to co If "No," explain:	nduct gaming activities in	each of these states? .	· · · · · · · · · · · · ·	. X Yes No
		Were any of the organization's ga If "Yes," explain:	aming licenses revoked, s	uspended, or terminated	d during the tax year?	. Yes X No

Schedule G (Form 990) 2023

Schedu	ule G (Form 9	90) 2023	Presbyterian Villages of Michigan Foundation	20-2559884 Page 3
11	Does the	organization of	conduct gaming activities with nonmembers?	X Yes No
12	0	0	rantor, beneficiary or trustee of a trust, or a member of a partnership or other entity haritable gaming?	Yes X No
13			e of gaming activity conducted in:	
а			lity	13a 20.00%
b				13b 80.00%
14	Enter the records:	name and ad	Idress of the person who prepares the organization's gaming/special events books an	d
	Name	Paul Miller		
	Address	25200 Tel	legraph Rd Suite 400 Southfield, MI 48033	<u> </u>
15a			have a contract with a third party from whom the organization receives gaming	Yes X No
b			unt of gaming revenue received by the organization \$0 and the	
		• •	enue retained by the third party \$0	
С	lf "Yes," e	enter name an	nd address of the third party:	
	Name		\sim	
	Address			
16	Gaming n	nanager inforr	mation:	
	Name	Paul Miller		
	Gaming n	nanager comp	pensation \$0	
	Descriptio	on of services	provided raffle administration	
	X Direct	tor/officer	Employee Independent contractor	
17		y distributions		
а	-		uired under state law to make charitable distributions from the gaming proceeds to	
h			license?	X Yes No
	spent in t	he organizatio	on's own exempt activities during the tax year \$	0
Part	IV Su	pplemental	I Information. Provide the explanations required by Part I, line 2b, columns	
		rt III, lines 9 e instructior), 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	information.
	00		15.	
			, 	

Schedule G (Form 990) 2023

SCHEDULE I (Form 990)		Governmen	d Other Assist ts, and Individ ganization answered "" Attach to F	uals in the Ur Yes" on Form 990, Par	ited States			OMB No. 1545-0047 2023 Open to Public
Department of the Treasury Internal Revenue Service		Gote	www.irs.gov/Form990		tion			Inspection
Name of the organization			, www.iio.govii oriiiooo				Employer identifi	
Presbyterian Villages of Michigan	Foundation						20	-2559884
Part I General Informati		and Assistance						
 Does the organization main the selection criteria used to Describe in Part IV the orga 	award the grant	s or assistance? .				or assist	ance, and	X Yes No
					ts. Complete if the or cated if additional sp			d "Yes" on Form
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)		Description of ash assistance	(h) Purpose of grant or assistance
 (1) various - see schedule 25200 Telegraph Rd, Suite 400 South (2) 			4,032,545			various	- see schedule	various - see schedule
(3)	-				· ·			
	-							
(4)	-							
(5)	_							
(6)	_							
(7)	_	Lrl						
(8)	_							
(9)		N						
(10)								
(11)								
(12)	-							
2 Enter total number of section3 Enter total number of other of		•				 	 <u></u>	
For Paperwork Reduction Act Notic	ce, see the Instru	ctions for Form 990).					Schedule I (Form 990) 2023

Page **2**

Part III Grants and Other Assistance Part III can be duplicated if add			e organization answ	ered "Yes" on Form 990,	Part IV, line 22.
(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
					•
			6		
				う	
art IV Supplemental Information. P	rovide the information re	equired in Part I, li	ne 2; Part III, columr	n (b); and any other addit	ional information.
art I Line 2 Grant recipients are required to see	k approval from the PVM F	oundation prior to sp	ending funds. Such sp	ending must be in	
ompliance with the grant agreement signed who	en the grant was made by	the PVM Foundation	and accepted by the re	ecipient organization.	
ne recipient organization is required to submit a	a final report at the conclus	ion of the grant whic	n specified outcomes a	nd community	
npact, etc.					
	2				
•					

SCHEDULE J		Compensation Information	OMB N	o. 1545-0	047			
(Forn	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	2023				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depart	ment of the Treasury	Attach to Form 990.	Open					
	al Revenue Service of the organization	Go to www.irs.gov/Form990 for instructions and the latest information. Employer identificat	Inspection					
			-2559884					
Par		is Regarding Compensation	2000004					
				Yes	No			
1a		priate box(es) if the organization provided any of the following to or for a person listed on Form ction A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or							
	Travel for con							
		cation and gross-up payments						
		spending account Personal services (such as maid, chauffeur, chef)						
b		es on line 1a are checked, did the organization follow a written policy regarding payment to provision of all of the expenses described above? If "No," complete Part III to						
			. 1b					
2		ion require substantiation prior to reimbursing or allowing expenses incurred by all						
		s, and officers, including the CEO/Executive Director, regarding the items checked on line	. 2					
3		any, of the following the organization used to establish the compensation of the						
	-	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a ion to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation	· · · · · · · · · · · · · · · · · · ·						
		compensation consultant X Compensation survey or study						
		other organizations X Approval by the board or compensation committee						
	<u> </u>							
4		did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing related organization:						
а	•	ance payment or change-of-control payment?	. 4a		Х			
b	Participate in or r	eceive payment from a supplemental nonqualified retirement plan?	4b		Х			
С		eceive payment from an equity-based compensation arrangement?	. 4c		Х			
	-							
_	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.						
5		d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ntingent on the revenues of:						
а	The organization	?	5a		Х			
b	Any related organ		5b		Х			
	II Yes on line ba	a or 5b, describe in Part III.						
6		d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
-	compensation co	ntingent on the net earnings of:	6.		v			
a b	Any related organ	?	6a 6b	Х	Х			
-	If "Yes" on line 6a	a or 6b, describe in Part III.						
7	For persona listo	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
'		scribed on lines 5 and 6? If "Yes," describe in Part III	. 7		х			
8	Were any amoun	ts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
		ract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	. 8		Y			
	mrailm		. <u>ð</u>		Х			
9	If "Yes" on line 8,	did the organization also follow the rebuttable presumption procedure described in						
	Regulations sections	ion 53.4958-6(c)?	. 9		Х			
For P	aperwork Reduction	on Act Notice, see the Instructions for Form 990.	Schedule J ((Form 99	0) 2023			

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	(i) Base	and/or 1099-MISC and/or 10		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
	compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Bruce Blalock (i)						0	0
1 Treasurer (Sr VP, Presbyterian Villag (ii)	249,615	9,375	857	1,542	588		
Paul Miller (i)	170,238	14,703	857	3,415	588	189,801	
2 President (President of Presbyterian (ii)						0	
Roger Myers (i)						0	
3 Ex Officio (ii)	425,614	52,855	8,249	6,090	17,383	510,191	
(i)							
4 (ii)							
(i)							
5 (ii)			*				
(i)							
6 (ii)							
(i)							
7 (ii)							
(i) 8 (ii)		*)				
(i)							
9 (ii)							
(i) (ii)							
(i) 11 (ii)							
(i) 12 (ii)							
<u>13</u> (ii)							
(i) (ii)							
(i) 15 (ii)							
(i) 16 (ii)							

Schedule J (Form 990) 2023

20-2559884 Page 2

Part III Supplemental Information

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

Part I Line 6b Selected members of senior management are eligible to participate in an Executive Incentive Compensation Program if
selected financial and guality targets are achieved across the entire Presbyterian Villages of Michigan system
▼

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Presbyterian Villages of Michigan Foundation

20-2559884

Par	Types of Property							
		(a)	(b)	(c) Noncash contribution		(d)		
		Check if applicable	Number of contributions or items contributed	amounts reported on	Method noncash co			
		applicable		Form 990, Part VIII, line 1g				
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		1,500	RETAIL			
5	Clothing and household							
~	goods			· · · ·				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10 11	Securities—Closely held stock Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	Х	÷	95.085	MAREKT			
13	Qualified conservation			90,000				
10	contribution—Historic							
	structures							
14	Qualified conservation							
14	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	Archaeological artifacts							
25	Other (SERVICE - MECHAN)	X		2,449	PER INVOI	CE		
26	Other (TVS)	X		300	RETAIL			
27	Other (THEATER TICKETS)	Х		3,255	RETAIL			
28	Other (
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	, Part V, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizati			•	•			
	28, that it must hold for at least 3 y							
	to be used for exempt purposes for		holding period?			30a		Х
b	If "Yes," describe the arrangement			,				
31	Does the organization have a gift a						X	
	contributions?					31	Х	
32a	Does the organization hire or use		•	•				V
	noncash contributions?					32a		Х
b	If "Yes," describe in Part II.			ante fan andelek - 1 - 7 - 7				
33	If the organization didn't report an checked, describe in Part II.	amount in c	column (c) for a type of prop	erty for which column (a) is				
	checked, describe in Part II.							

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

Schedule M (F	orm 990) 2023 Presbyterian Villages of Michigan Foundation	20-2559884 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	
	the organization is reporting in Part I, column (b), the number of contributions, the numb	er of items received
	or a combination of both. Also complete this part for any additional information.	
		*
	[]	
	*. V	
	*	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	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 Form 990-EZ.							
Name of the organization	of Michigan Foundation	Employer identification number 20-2559884						
	e 2A: PVM acts as a common pay master for all entities within the PVM							
	Organization does not file any W-2 forms. The Organization reported							
here has approximate	ly 7 employees.							
Form 990, Part VI, Se	ction A, Line 3: The Organization contracts with Presbyterian Villages of	$\mathbf{\hat{\mathbf{N}}}$						
Michigan for managen	nent services							
Form 990, Part VI, Se	ction A, Line 7a: Presbyterian Villages of Michigan is the sole member of							
the corporation and ap	opoints the members of the board.							
Form 990, Part VI, Se	ction B, Line 11: A copy of the completed form and all related schedules							
was distributed to the	board members via e-mail for their review, comment and questions prior							
to filing								
Form 990, Part VI, Se	ction B, Line 12: Presbyterian Villages of Michigan annually distributes							
conflict of interest form	ns to all board members and senior staff. Forms are returned to the							
PVM offices. This Org	anization does not have its own conflict of interest policy, but uses the							
conflict of interest poli	cy of Presbyterian Villages of Michigan.							
Form 990, Part VI, Se	ction 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, Se	ction B, Line 14: The Organization does not have a written document							
retention policy approv	ved by its board of directors; it relies on the policy adopted by							
Presbyterian Villages	of Michigan, its management agent							
Form 990, Part VI, Se	ction B, Line 15b: A biannual salary study is conducted by an independent							
compensation consult	ant/analyst who reports to the PVM Executive Committee acting in their							
capacity as the PVM (Compensation Committee. Compensation rates are also routinely surveyed	and						
evaluated for all emplo	byee positions.							
Form 990, Part VI, Se	ction C, Line 19: The Organization has not yet established a process for							
publicly disclosing its	governing documents or conflict of interest policy. Such items are							
available upon reques	t. Annual audits and Form 990 are available at www.PVM.org							

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Presbyterian Villages of Michigan Foundation	20-2559884
Form 990, Part XII, Line 2b: The financials of the Organization 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. The 2023 audit was not completed prior to the	
filing of this return.	
Form 990, Part XI, Line 9: Rounding	
<u> </u>	

SCHEDULE R (Form 990)		ganizations and			-			^{B No. 1545-0}	
Department of the Treasury		Attach to F						en to Pu	
Internal Revenue Service Name of the organization	Go to www	.irs.gov/Form990 for instr	uctions and th	ne lates	st information.		Employer ider	1spectio	
0	of Michigan Foundation						20-2559884		
Part I Identif	cation of Disregarded Entities. Comple	ete if the organization	answered "Y	Yes" o	n Form 990, Par	t IV, line 33.			
Name,	(a) address, and EIN (if applicable) of disregarded entity		b) v activity		(c) domicile (state To eign country)	(d) otal income End	(e) d-of-year assets	(f) Direct contro entity	olling
_(1)									
(2)									
(3)					\mathbf{O}				
(4)									
_(6)									
	cation of Related Tax-Exempt Organiz more related tax-exempt organizations d		ne organizatio	ion ans	swered "Yes" or	Form 990, Part	IV, line 34, bec	ause it h	ad
	(a) ddress, and EIN of related organization	(b) Primary activity	(c) Legal domicile (or foreign cour		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(13) rolled tity?
								Yes	No
	ges of Michigan 38-1387145 Suite 400 Southfield, MI 48033	Management Company	N 41	,	E01(a)(2)	10	NI/A		v
	ge Redford 38-3098398	Senior Housing	MI		501(c)(3)	10	N/A		X
25330 W Six Mile Red	R		MI	Ļ	501(c)(3)	10	N/A		х
(3) Presbyterian Villa		Senior Housing							
	sterfield Twp, MI 48047		MI	Ę	501(c)(3)	10	N/A		Х
	ge Westland 38-2302090	Senior Housing							
32001 Cherry Hill Rd \			MI	Ę	501(c)(3)	10	N/A		Х
(5) Presbyterian Villa	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Senior Housing							
420 S Opdyke Pontiac	•	Conion Housin r	MI	Ę	501(c)(3)	10	N/A		X
	ge Holly Nonprofit Housing Corp 38-2588668	Senior Housing	N 41		E01(a)(2)	10	N1/A		v
3325 Grange Hall Rd I	dolly, MI 48442 ge Holly Phase II Nonprofit Housing Corp 38-3	Senior Housing	MI	:	501(c)(3)	10	N/A		X
3325 Grange Hall Rd I			МІ	ţ	501(c)(3)	10	N/A		х
								-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $\ensuremath{\mathsf{HTA}}$

(a)

Part III

(5)

(6)

(7)

Presbyterian Villages of Michigan Foundation

(b)

(c)

(d)

Direct controlling Name, address, and EIN of Primary activity Legal Predominant Share of total Share of end-of-Disproportionate Code V—UBI General or Percentage allocations? related organization domicile entity income (related. income vear assets amount in box 20 managing ownership (state or unrelated. of Schedule K-1 partner? foreign excluded from (Form 1065) country) tax under sections 512-514) No No Yes Yes (1) Pontiac ILF LDHA LP 30-0 Senior Housing 420 S Opdyke Pontiac, MI 4834 MI N/A Х Х (2) Lake Huron Woods Associa Senior Housing 5221 Lakeshore Rd Fort Gratiot Х MI N/A Х (3) Redford Manor LDHA LP 3 Senior Housing х 25340 W Six Mile Rd Redford, M Х MI N/A (4) Woodbridge ILF Associates Senior Housing Х 1300 Martin Luther King Detroit, MI N/A Х (5) Gibraltar Manor LDHA LP 2 Senior Housing 14486 Middle Gibraltar Rd Gibra MI N/A Х Х (6) Oakland Woods LDHA LP Senior Housing 420 South Opdyke Pontiac, MI 4 MI N/A Х Х (7) Blackman LDHA LP 20-516 Senior Housing Х 3501 Cherry Blossom Lane Black Х MI N/A Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part Part IV 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) (d) (f) (g) (h) (i) (e) Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percentage Section 512(b)(13) (state or foreign country) entity (C corp. S corp. or trust) income end-of-vear assets ownership controlled entity? Yes No (1) (2) (3) (4)

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.

(e)

(f)

(g)

(h)

Schedule R (Form 990) 2023

20-2559884 Page **2**

(j)

(k)

(i)

Part	Transactions With Related Organizations. Complete if the organization a	nswered "Yes" on F	orm 990, Part IV, line	e 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 on	e or more related orga	nizations listed in Parts	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s).				1b	Х	
с	Gift, grant, or capital contribution from related organization(s).				1c		Х
d	Loans or loan guarantees to or for related organization(s).				1d		Х
е	Loans or loan guarantees by related organization(s).				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s).				1g		Х
h	Purchase of assets from related organization(s).				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s).				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization	s)			11	Х	
m	Performance of services or membership or fundraising solicitations for related organization Performance of services or membership or fundraising solicitations by related organization Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
ο	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1р	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r					1r		Х
S					1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, inclu	iding covered relationsh	nips and transaction	thresh	olds.	
	(a) Name of related organization	(b) Transaction	(c)		d) in a smoo	unt instals	ام ما
	Name of related organization	Transaction type (a—s)	Amount involved	Method of determin	ing amou		lea
				direct pmt			
(1) Dr	sbyterian Villages of Michigan	b	2,019,315				
<u>()</u> FI		D	2,019,313				
(2) Pr	sbyterian Villages of Michigan	1					
<u>(</u> 2) FIG				direct payment			
(3) Pr	sbyterian Villages of Michigan	m	54,756				
			/	direct payment			
(4) Pre	sbyterian Villages of Michigan	g	844,545				
<u></u>			0-1-1,0-10	direct payment			
(5) Pre	sbyterian Village East	b	230,733	. ,			
		~	200,100	direct payment			
(6) Pre	sbyterian Village Westland	b	1,327,174				

Schedule R (Form 990) 2023

Page 4

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

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

(a)	(b)	(c)	(d)	-	e)	(f)	(g)		h)	(i)		i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	sec 501(partners ction (c)(3) zations?	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	eral or aging ner?	Percentag ownershi
			,	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
4)						· · ·	2)						
5)													
6)													
7)													
3))									
9)													
0)													
1)	C												
2)	0												
3)													
4)													
5)													
6)				L									

Schedule R (Form 990) 2023

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.
	>
	<u> </u>
	• ()

Part II

Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr enti	12(b)(13) rolled ity?
(0) Decce Dresbuterien Villege Nennrefit Lloueing Com 20, 20020						Yes	No
 (8) Peace Presbyterian Village Nonprofit Housing Corp 38-28930 17275 15 Mile Rd Clinton Twp, MI 48034 	Senior Housing	мі	501(a)(2)	10	N/A		v
(9) Bethany Presbyterian Village 38-3218138	Senior Housing		501(c)(3)	10	IN/A		X
		NAL	501(a)(2)	10			v
8737 14th Street Detroit, MI 48206 (10) Hillside Apartments Phase II 38-3276170	Senior Housing	MI	501(c)(3)	10	N/A		X
	Senior Housing	М	501(a)(2)	10	N/A		х
<u>311 W Main Street Harbor Springs, MI 49740</u> (11) Perry Farm Development Co 35-2183523	Senior Housing	IVII	501(c)(3)	10	N/A		
		М	501(0)(2)	10	N/A		v
<u>4241 Village Circle Dr Harbor Springs, MI 49740</u> (12) Harbor Area Housing 38-2088325	Senior Housing	IVII	501(c)(3)	10	N/A		Х
		N4L	501(a)(2)	10	NI/A		v
311 W Main Street Harbor Springs , MI 49740	Senior Housing	MI	501(c)(3)	10	N/A		Х
(13) First Presbyterian Church Housing Corp 38-3405663			501(0)(2)	10	NI/A		v
2950 E 12 Mile Rd Warren, MI 48092	Senior Housing	ML	501(c)(3)	10	N/A		X
(14) Harmony Village Senior Non Profit Housing Corp 30-0036447			F04(a)(2)	10	N1/A		v
15050 Birwood Street Detroit, MI 48227	Sonier Housing	ML	501(c)(3)	10	N/A		X
(15) Oakman Village Manor Senior Nonprofit Housing Corp 56-243		Ku Š	501(a)(2)	10	N/A		v
14000 Woodrow Wilson Detroit, MI 48238 (16) Hampton Farms Senior Housing Corp 20-4633178	Senior Housing	MI	501(c)(3)	10	N/A		X
	Seriior Housing	NAL	501(a)(2)	10	NI/A		v
700 N Pine Rd Bay City, MI 48708	Senior Housing	MI	501(c)(3)	10	N/A		X
(17) Mill Creek Senior Housing 20-4633288 300 Carl Ave Battle Creek, MI 49015		М	501(0)(2)	10	N/A		v
	Senior Housing	IVII	501(c)(3)	10	N/A		X
(18) St Martha's Senior Housing Corp 20-8088875		NAL.	501(a)(2)	10	NI/A		х
15875 Joy Rd Detroit, MI 48228 (19) Spring Meadows II Senior Non Profit Housing Corp 26-17953	Sonior Housing	MI	501(c)(3)	10	N/A		
		NAL.	501(a)(2)	10	N/A		v
<u>3300 County Farm Road Jackson, MI 49201</u> (20) PVM Kalamazoo Senior Non Profit Housing 26-4194584	Senior Housing	MI	501(c)(3)	10	N/A		X
	Senior Housing	NAL	501(a)(2)	10	N/A		v
214 S Sage Street Kalamazoo, MI 49006 (21) Rivertown Neighnorhood Senior Non Profit Housing Corp 45-4	Senior Housing	MI	501(c)(3)	10	N/A		X
260 McDougall Street Detroit, MI 48207		м	501(c)(3)	10	N/A		х
(22) Hartford Village 47-1404100	Senior Housing		501(0)(3)	10	IN/A		
17500 Meyers Road Detroit, MI 48235	Senior Housing	NAL	501(0)(2)	10			v
(23) Harry & Jeanette Weinberg Green Houses at Rivertown Neigh	Senior Housing	MI	501(c)(3)	10	N/A		X
260 McDougall Street Detroit, MI 48207		М	501(0)(3)	10	N/A		х
(24) Harbor Inn 84-2483072	Senior Housing		501(c)(3)	10	IN/A		
33875 Keily Drive Chesterfield Township, MI 48047		мі	501(c)(3)	10	N/A		х
			501(0)(3)	10	IN/ <i>F</i>		^
(25)	1						
	I					1	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) (g) Share of total Share of end-of- income year assets		of end-of- assets Disproportionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		partner?		(k) Percentage ownership
							Yes 1	lo	Yes	No	
(8) MLK Gibson Dev	Senior Housing									v	
25200 Telegraph Rd S	Canian Hawaina	MI	N/A					×		Х	
(9) Lake Huron Woo	Senior Housing		N1/A							v	
5221 Lakeshore Road	Conjor Housing	MI	N/A					×		Х	
(10) Redford Manor L			N1/A							v	
25200 Telegraph Rd S		MI	N/A					x		Х	
(11) Gibraltor Manor	-		N1/A							v	
25200 Telegraph Rd S (12) PVM Jeffries LL		MI	N/A					x		Х	
		мі	N1/A					x		х	
25200 Telegraph Rd S (13) PV-North II LLC		IVII	N/A					^		^	
25200 Telegraph Rd Si		МІ	N/A			*		x		х	
(14) PV West LLC 20		1111	IN/A	1				^		^	
25200 Telegraph Rd Si	Seriior Housing	МІ	N/A					x		х	
(15) Detroit Affordable	Senior Housing	1111						~		~	
805 W Middle Street C	Cernor Housing	МІ	N/A					x		х	
(16) PVM Detroit AAL	Senior Housing	1111	11/7							~	
25200 Telegraph Rd S		МІ	N/A					x		х	
(17) Hartford PVM LL			11/7							~	
25200 Telegraph Rd Si	-	МІ	N/A					x		х	
(18) PVM EJNP AAL										~	
25200 Telegraph Rd S		МІ	N/A					x		х	
(19) Alpena Pines LD										~	
202 Woods Circle Alpe		М	N/A					x		х	
(20) Alpena Village L											
202 Woods Circle Alpe		МІ	N/A					x		х	
(21) Redford Cottage											
25200 Telegraph Rd S		MI	N/A					x		х	
(22) Redford Cottage									1		
25200 Telegraph Rd S		МІ	N/A					x		х	
(23) Hillside LDHA LF		1							1		
311 W Main St Harbor	1	МІ	N/A					x		х	
(24) Hillside Develop	Senior Housing	1							1		
25200 Telegraph Rd S		MI	N/A					х		Х	

Part V

Continuation of Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(7) Weinberg Green House	b	53,761	
(8) Presbyterian VIIIage North	b	14,648	
(9) Bethany	b	20,072	
_(10) Hampton	b	3,203	
_(11) Harmony	b	1,455	direct payment
(12) Hartford	b	12,260	direct payment
(13) Hillside II	b	29,892	direct payment
(14) Holly	b	7,214	direct payment
(15) Mill Creek	b	94,386	direct payment
(16) Holly II	b	4,450	direct payment
(17) Oakman	b	2,820	direct payment
(18) Peace	b	3,769	direct payment
(19) Perry Farm	b	94,074	direct payment
(20) Thome Rivertown	b	3,671	direct payment
(21) PVM Kalamazoo	b	7,007	direct payment
(22) Spring Meadows II	b	7,027	direct payment
(23) St Martha's	b	8,526	direct payment
(24) First Presb Church Housing	b	9,650	direct payment

Presbyterian Villages of Michigan Foundation

Part V

Continuation of Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(25) Woodbridge	b	7,304	direct payment
(26)			
_(27)		()	
(28)			
_(29)			
(30)	γ		
(31)			
(32)	•		
(33)			
(34)			
(35)			
(36)			
(38)			
(39)			
(40)			
_(41)			
(42)			

Form 84	53-1	re	Tax E	xemp	ot Entit	y Decla	ration	and Signa	ture for	E-file	ОМВ	No. 1545-0047
		-						, 2023, and ending			2	2023
Department Internal Rev			For use w					OL, 4720, 8868, 52		8038-CP	-	
Name of file		1 1100		Go	to www.ir	s.gov/Form8	4531E for	the latest inform	lation.	EIN or SSN	I	
		lages of	Michigan Fo	undatio	n					20-25598	84	
Part I			Return and			ation				20-20000	54	
	-	-					and enter	the applicable a	mount if any	from the	return	Form
1a, 2a, 3 leave line then ente	a, 4a, 5 e 1b, 2l er -0- oi	5a, 6a, 7a 5, 3b, 4b n the app	a, 8a, 9a, or , 5b, 6b, 7b, plicable line b	10a bel 8b, 9b, pelow. [ow, and the or 10b, wi)o not com	e amount or hichever is a nplete more	that line o applicable, than one l		ng filed with t nter -0-). If yo	his form w ou entered	as blank -0- on tl	, then ne return,
			there	X				90, Part VIII, col				3,295,67
			neck here .					90-EZ, line 9) .				
			check her	t		-		ne 22)				
4a F	Form 9	90-PF cł	neck here .	L	Tax bas	sed on inve	stment in	come (Form 990)-PF, Part V,	line 5)	4b	
5a F	Form 8	8 68 cheo	ck here		Balance	e due (Form	8868, line	e 3c)			5b	
6a F	Form 9	90-T che	ck here .	<u> </u>	o Total ta	x (Form 990)-T, Part II	l, line 4)			6b	
7a F	Form 4	720 cheo	k here	<u> </u>	o Total ta	x (Form 472	20, Part III	line 1)			7b	
8a F	orm 52	27 chec	k here		FMV of	assets at e	nd of tax	year (Form 522)	7, Item D) .		8b	
9a F	orm 53	30 chec	k here	<u> </u>	Tax due	e (Form 533	0, Part II, I	ine 19)			9b	
10a F	orm 80	38-CP c	heck here	🗌 t	Amount	of credit payr	nent reques	ted (Form 8038-CF	P, Part III, line 2	22)	10b	
Part II	De	clarati	on of Offic	er or F	Person S	ubject to ⁻	Гах					
Jnder per espect to and that I mowledg of the elect	execute (as spec nalties c (name have ex e and b ctronic r	d the elec cifically id of perjury, of entity) kamined a elief, they eturn. I co	ctronic disclos entified in Par I declare that <u>Presbyte</u> a copy of the 2 r are true, corr onsent to allow	ure cons t I above X I rian Vill 2023 ele ect, and v my inte	sent contain e) to the sele am an office ages of Mi ctronic retur complete. I ermediate se	ed within this ected state ag er of the abov <u>chigan Four</u> n and accom further decla ervice provide	return allo gency(ies). ve named endation panying sc re that the er, transmit	ities as part of the wing disclosure by ntity or hedules and state amount in Part I a ter, or electronic r for rejection of the	y the IRS of th	is Form 990 erson subjec , (EIN) <u>2</u> to the best o nount show or (ERO) to	0/990-EZ/ of to tax w 0-25598 f my n on the send the	'990-PF /ith 84, copy return
ielay in p	rocessir	ng the ret	urn or refund,	and (c)	the date of	any refund.						
Sign							1	F	President			
Here	Sig	nature of	officer or pers	son subj	ect to tax		Date		Fitle, if applical	ble		
Part III	De	clarati	on of Elect	ronic	Return O)riginator	(ERO) ar	nd Paid Prepa	rer (see in:	structions	5)	
f I am onl The entity be filed wi nformation nave exar	ly a colle officer ith the II on for Au mined th	ector, I ar or persor RS to the uthorized ne above	n not respons subject to tax officer or pers IRS <i>e-file</i> Pro return and acc	ible for r < will hav son subj viders fo company	eviewing the ve signed th ect to tax, a r Business ving schedu	e return and o is form before nd have follo Returns. If I a les and state	only declare e I submit the wed all othe im also the ments, and	E are complete an e that this form acc ne return. I will giv er requirements in Paid Preparer, ur , to the best of my which I have any k	curately reflec re a copy of all Pub. 4163, M nder penalties r knowledge al	ts the data l forms and lodernized o of perjury l	on the re informati e-File (Me declare t	turn. on to eF) hat I
ERO's	ERO's signatu					Date		Check if also paid preparer	Check if self- employed	ERO	D's SSN or	PTIN
Use		name (or self-emplo	wed) —							EIN		
ny knowle	address nalties c edge an	s, and ZIP of perjury,	l declare that					mpanying schedu er is based on all		ments, and,		
any know Paid		Print/Type	e preparer's nam	e		Preparer's sig	nature		Date	Check if employe		PTIN
Prepare	er	Firm's na	ne							Firm's E	IN	

Preparer	Firm's name
Use Only	Firm's address
For Privacy Act	and Paperwork Reduction Act Notice, see back of form.

Firm's EIN Phone no.

Preshyteria	n Village	of Michigan	Foundation
FIESDYLEII	an villages	o i wichigan	Foundation

20-2559884

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Fc	orm family	applicabil	ity
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990
Name of signing officer or fiduciary Paul Miller				
Check ("X") if foreign officer and does not have a SSN/TIN				
OR				
Check ("X") if officer opts not to provide SSN/ITIN				
OR				
Enter SSN/EIN of signing officer or fiduciary	Y	Y	Y	Y
Total Income from Prior Year return	Y	Y	Y	
If claiming deduction for Salary & Wages on current year return, mark this box				
and enter the COUNT of original W2's reported to SSA for this tax year.	Y	Y	Y	
If claiming Compensation of Officers on current year return, mark this box				
and enter the number of officers		Y	Y	
Parent Company Name	X	V	V	
Parent Company EIN	Y	Y	Y	
Rusinaas'a Primary Physical Address				
Business's Primary Physical Address: Street				
Line 2				
CityStZip CountryProvincePostal Code	Y	Y	Y	
Country Province Postal Code	ř	Ť	Ť	
Grantor Name				
Grantor SSN				
Indicate which, if any, of the following forms this entity is required to file.				
940 941 943 944 945	Y	Y	Y	
Were estimated tax payments made for this entity towards the current tax year's liability?				
Yes No		Y	Y	
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.				
First Payment, regardless of quarter or date paid.				
Method Direct Debit/ACH Cash Check EFTPS				
Amount paid with first quarter				
Date payment was requested to be debited				
For Cash payments, date cash was deposited. For Check payments, date on check.				
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment				
EFTPS Confirmation Number				
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.				
Last Payment, regardless of quarter or date paid.				
Do NOT use if only one estimated payment was made.				
Method Direct Debit/ACH Cash Check EFTPS				
Amount of last payment				
Date payment was requested to be debited				
For Cash payments, date cash was deposited. For Check payments, date on check.				
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment				
EFTPS Confirmation Number				

Main Information Worksheet

This return is currently for: 990. If you would like to change forms, please go to Add Forms and manually choose a Signature Form to replace the 990.

Demographic	Informa	tion (99	90)				
Filing information for th	e calendar ye	ar 2023 or ot	ther tax year beg	ginning	, and ending]	
Name and Ident		Number					
Name of Organization/							Number
Presbyterian Villages o DBA Name	f Michigan Fo	undation				20-25	59884
Address							
In Care Of (if applicable	e)						
First Name		M.I.	Last Name		Suffix		
c/o Street Address					Apt, Suite or U	nit	Unit Type
25200 Telegraph Rd S	uite 400					iit.	onic type
P.O. Box (if applicable)		Private Ma	ailbox Number				
P.O. Box		PMB					
	City or town					State	
48033 Foreign Province	Southfield		Foreig	n Country		MI Foreign Zip	
Toreign Trovince			i oreigi	in Country		i oreigii zip	
Foreign Phone Numbe	r						
		X Addres	a ahanga	V Diaplay Driv	ar Address datails halou	.,	
Name change			-	X Display Price	or Address details below	v	
Initial return		Final re	eturn				
Date Business Started/ (State	Incorporated Use Only)						
Year of Formation							
State of Legal Domicile	•						
Foreign Country of Leg	al Domicile						
Prior Address							
In Care Of (if applicable First Name	e)	M.I.	Last Name		Suffix		
c/o Street Address					Apt, Suite or U	ait	Unit Type
26200 Lahser Rd Suite	300				Api, Suite of O	inc	Onit Type
P.O. Box, if applicable		Private Ma	ailbox Number				
P.O. Box		PMB					
	City					State	
48033 Foreign Province	Southfield		Foreig	n Country		MI Foreign Zip	
Principal Busin	ess Activi	ity and P	rofessiona	Activity Co	des for (990)		
Principal Business	Activity Co	ode					
Select a principal activi AND	ty category:						
Select a principal activi OR	ty:						
Please enter appropria	te business a	ctivity code h	ere				

Officer/Authorized Signer Information

Choose a Signer (ch	eck one box):						
X Check if Office	er is Authorized S	ligner.		Check to assign	a different Authorized	Signer.	
Choose a State Cont	tact (check one b	ox):					
X Check if Officer is State Contact.				Check to assign	a different State Conta	ict.	
First Name or Busine Paul Officer SSN	ess Name		M.I.	Last Name Miller		Suffix	_
Street Address 25200 Telegraph Rd	, Suite 400				Apt, Suite or Unit		Unit Type
P.O. Box, if applicab		Private Mailbo	x Numbe	er			
P.O. Box		PMB					
ZIP Code 48033	City Southfield				Sta MI	te	
Foreign Province			Fore	eign Country	For	eign Zip	
Title President			Ema	ail			
Phone number	Seconda	ary Number	Fore	eign Phone Number	Fax Numb	ber	
Signature							
Date signed							

Options Information

52-53 Week Tax Year

State Information Worksheet

Payroll Information

Enter all applicable State Account Numbers.

		State Accourt	
State		Withholding	Unemployment
AK	Alaska		
AL	Alabama		
AR	Arkansas		
AS	American Samoa		
AZ	Arizona		
CA	California		
CO	Colorado		
СТ	Connecticut		
DC	District of Columbia		
DE	Delaware		
FL	Florida		
GA	Georgia		
GU	Guam		
HI	Hawaii		
IA	lowa		
ID	Idaho		
IL	Illinois		
IN	Indiana		
KS	Kansas		
KY	Kentucky		
LA	Louisiana		
MA	Massachusetts		
MD	Maryland		
ME	Maine		
MI	Michigan		
MN	Minnesota		
MO	Missouri		
MP	Northern Mariana Islands		
MS	Mississippi		
MT	Montana		
NC	North Carolina		
ND	North Dakota		
NE	Nebraska		
NH	New Hampshire		
NJ	New Jersey		
NM	New Mexico		
NV	Nevada		
NY	New York		
OH	Ohio		
OK	Oklahoma		
OR	Oregon		
PA	Pennsylvania		
PR	Puerto Rico		
RI	Rhode Island		
SC	South Carolina		

SD	South Dakota	
TN	Tennessee	
ΤX	Texas	
UT	Utah	
VA	Virginia	
VI	Virgin Islands	
VT	Vermont	
WA	Washington	
WI	Wisconsin	
WV	West Virginia	
WY	Wyoming	

Internal	ent of the Treasury Revenue Service	For calend	lar year 2023, th Forms 990	or tax year beginning 990-EZ, 990-PF, 99	2023, and , 2023, and 0-T, 1120-POL, 4720, 88 4537E for the latest ir	ending 68, 5227, 5330, and	, 20	2	2023
Name of		Sandar and			and the second		EIN or SSN		1000
	terian Villages of						20-25598	84	
Part		Return and F			and enter the applica				
8038-0 1a, 2a, leave I then er 1a	CP and Form 533 3a, 4a, 5a, 6a, 7 ine 1b, 2b, 3b, 4b nter -0- on the ap Form 990 check	0 filers may en a, 8a, 9a, or 10 o, 5b, 6b, 7b, 8 olicable line be c here .	nter dollars 0a below, a 3b, 9b, or 1 elow. Do no X b To	and cents. For all nd the amount on 0b, whichever is a ot complete more to otal revenue, if an	other forms, enter wh that line of the return pplicable, blank (do r than one line in Part I y (Form 990, Part VII	ole dollars only. being filed with not enter -0-). If y , column (A), line	If you chec his form w ou entered () 12)	k the box as blank, -0- on th	k on line
2a 3a	Form 990-EZ ch Form 1120-POL	the second second second			y (Form 990-EZ, line				
3a 4a	Form 990-PF ct				0-POL, line 22)				
4a 5a	Form 8868 chec	a to the second second			stment income (Form				
6a	Form 990-T che	A			8868, line 3c)				
7a	Form 4720 chec				-T, Part III, line 4)				
	Form 5227 check				0, Part III, line 1)			7b	
	Form 5330 check			the second se	nd of tax year (Form), Part II, line 19).			Contraction of the	
	Form 8038-CP c				ent requested (Form 803			9b	
Part I	1.01.02.01.01.01.01.00	La chi hara		on Subject to T		o-or, Fan III, line 2	2)	10b	
respect	I also authorize th information neces If a copy of this re executed the elec (as specifically ide enalties of perjury, to (name of entity)	 Gon this return, Financial Agere Financial institution Financial inst	, and the fina nt at 1-888-3 tutions involv inquiries an ed with a sta e consent co above) to th X I am an an Villages	ancial institution to c 153-4537 no later th yed in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found	e named entity or dation	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe	e program, e program, s Form 990 rson subjec	must con date. ential I certify th /990-EZ/9 t to tax wi	at I 90-PF th
Under por respect of and that knowled of the elic to the IR delay in	I also authorize th information neces If a copy of this re executed the elec (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co	 a on this return, Financial Agere Financial institution Financial institution Financial institution Financial institution Financial institution Financial institution Consent to allow norm the IRS (a) a 	, and the fin. Int at 1-888-3 tutions involv- inquiries an ed with a state e consent cc above) to the X I am ar an Villages 23 electronic t, and compl my intermedi an acknowle	ancial institution to c 153-4537 no later th. /ed in the processin d resolve issues rel te agency(ies) regul ontained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declare ate service provider	lebit the entry to this ac an 2 business days pric g of the electronic paym ated to the payment. lating charities as part of return allowing disclosur ency(ies). e named entity or	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe tatements, and, to rt I above is the an ic return originate	payment, I settlement) seive confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr	must con date. ential I certify th /990-EZ/9 t to tax wit 0-255988 my n on the co	at I 190-PF th 4,
Under prespect i and that knowled of the elic the IR delay in Sign	I also authorize th information neces If a copy of this re executed the elec (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive fin processing the retu	A on this return, Financial Ager le financial instit sary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nsent to allow nor the IRS (a) a im or refund, an	, and the finant at 1-888-33 tutions involv- inquiries and ed with a state consent co- above) to the X I am ard an Villages 23 electronic an acknowle an acknowle and (c) the da	ancial institution to c 153-4537 no later th- ved in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declare ate service provider dgement of receipt te of any refund.	lebit the entry to this ac an 2 business days price g of the electronic payn ated to the payment. lating charities as part of return allowing disclosur- ency(ies). a named entity or dation anying schedules and s e that the amount in Pa transmitter, or electron	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe tatements, and, to rt I above is the an ic return originate	payment, I settlement) seive confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr	must con date. ential I certify th /990-EZ/9 t to tax wit 0-255988 my n on the co	at I 190-PF th 4,
Under p respect and that knowled of the ele to the IR delay in Sign Here	I also authorize th information neces If a copy of this re executed the elec (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive fir processing the return Signature of	A on this return, Financial Ager le financial instit isary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nsent to allow n om the IRS (a) a im or refund, an	, and the fin. Int at 1-888-3 tutions involv- inquiries an ed with a sta- e consent cc above) to the X I am ar- an Villages 23 electronic t, and compi- my intermedi- an acknowle an acknowle an (c) the da	ancial institution to c 153-4537 no later th- yed in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declare ate service provider dgement of receipt te of any refund.	lebit the entry to this ac an 2 business days pric g of the electronic paym ated to the payment. lating charities as part of return allowing disclosure ency(ies). e named entity or dation anying schedules and s e that the amount in Pai t, transmitter, or electron or reason for rejection of C-2-29 Date	count. To revoke a r to the payment (nent of taxes to red of the IRS Fed/Stat te by the IRS of thi I am the pe I am the pe statements, and, to rt I above is the an nic return originato of the transmission <u>President</u> Title, if applicat	payment, I settlement) settlement) e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr r (ERO) to s , (b) the rea	must con date. ential I certify th /990-EZ/9 t to tax wi 0-255988 my o on the co son for ar	at I 190-PF th 4,
Under prespect i and that knowled of the elk to the IR delay in Sign Here Part III declare f I am or The entit be filed v nformati nave exa	I also authorize th information necess If a copy of this re executed the elec (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive fir processing the return Signature of Declaration that I have reviewed by a collector, I am y officer or person with the IRS to the of on for Authorized II mined the above re	is on this return. Financial Ager le financial instit is ary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nor refund, and officer or person on of Electro end the above refine subject to tax w officer or person RS <i>e-file</i> Provide	, and the fin. In at 1-888-3 tutions involv- inquiries an ed with a sta- e consent co- above) to the X I am an an Villages 23 electronic t, and comp my intermedian acknowle an acknowle an acknowle on subject to t Dric Retu turn and that e for reviewin ill have sign n subject to t ers for Busir	ancial institution to c 153-4537 no later th- yed in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declared ate service provider dgement of receipt te of any refund. ax rn Originator (E the entries on Forr- ng the return and one dt his form before ax, and have followed hess Returns. If I am headules and statem	lebit the entry to this ac an 2 business days pric g of the electronic paym ated to the payment. lating charities as part of return allowing disclosure ency(ies). e named entity or dation anying schedules and s e that the amount in Par than the amount	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe I am the pe tatements, and, to rt I above is the an nic return originato of the transmission <u>President</u> Title, if applicat eparer (see ins a and correct to the accurately reflect give a copy of all s in Pub. 4163, Me , under penalties of my knowledge ac	e program, settlement) eeve confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of hount showr r (ERO) to s (b) the rea	must con date. ential I certify th /990-EZ/9 t to tax wi)-255988 my o on the ci son for ar son for ar knowledg n the retu nformation -File (MeF	at I 90-PF th 4
Under prespect and that knowled of the electron that knowled of the electron the IR delay in Sign Here Part III declare f I am on the entitive filed with the entitive filed with the entities correct, a correct, a ERO's	I also authorize the information necess of a copy of this reserved the electronic return. I construct the electronic return is and to receive from the return of the electronic return. I construct the electronic return is the return of the electronic return. I construct the electronic return is the return of the electronic return is the electronic return of the electronic return is the electronic return of the elect	is on this return. Financial Ager le financial instit is ary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nor refund, and officer or person on of Electro end the above refine subject to tax w officer or person RS <i>e-file</i> Provide	, and the fin. In at 1-888-3 tutions involv- inquiries an ed with a sta- e consent co- above) to the X I am an an Villages 23 electronic t, and comp my intermedian acknowle an acknowle an acknowle on subject to t Dric Retu turn and that e for reviewin ill have sign n subject to t ers for Busir	ancial institution to c 153-4537 no later th- yed in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declared ate service provider dgement of receipt te of any refund. ax rn Originator (E the entries on Forr- ng the return and one dt his form before ax, and have followed hess Returns. If I am headules and statem	lebit the entry to this ac an 2 business days price g of the electronic paym ated to the payment. lating charities as part of return allowing disclosure ency(ies). e named entity or dation anying schedules and s e that the amount in Part transmitter, or electron or reason for rejection of <u>6-2-2-9</u> Date ERO) and Paid Prea in 8453-TE are complete by declare that this form I submit the return. I will ed all other requirement in also the Paid Preae and to the best of	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe I am the pe tatements, and, to rt I above is the an nic return originato of the transmission <u>President</u> Title, if applicat eparer (see ins a and correct to the accurately reflect give a copy of all s in Pub. 4163, Me , under penalties of my knowledge ac	payment, I settlement) settlement) serve confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr r (ERO) to s (b) the real the dest of my s the data o forms and ii odemized e- of perjury I o d belief, the	must con date. ential I certify th /990-EZ/9 t to tax wi)-255988 my o on the ci son for ar son for ar knowledg n the retu nformation -File (MeF	at I 190-PF th 4, oppy eturn hy ge. rn. h to c) at I
Under prespect a and that the electronic of the entitive filed version of the entitive effect of the entitive effect of the electronic of	I also authorize th information necess If a copy of this re- executed the elect (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive for processing the retu- Signature of the Declaration that I have reviewed by a collector, I am y officer or person with the IRS to the of on for Authorized II unined the above re and complete. This ERO's signature Firm's name (or yours if self-employ	 a on this return. Financial Agere Financial institusion Financial institusion Financial institusion Financial institusion futurn is being file tronic disclosure the institution of the second se	, and the fin. In at 1-888-3 tutions involv- inquiries an ed with a sta- e consent co- above) to the X I am an an Villages 23 electronic t, and comp my intermedian acknowle an acknowle an acknowle on subject to t Dric Retu turn and that e for reviewin ill have sign n subject to t ers for Busir	ancial institution to c is3-4537 no later th. ved in the processin d resolve issues rel te agency(ies) regul intained within this r e selected state age officer of the above of Michigan Found return and accomp lete. I further declara- ate service provider dgement of receipt te of any refund. ax rn Originator (E the entries on Form of the return and or ed this form before ax, and have follows based on all inform	lebit the entry to this ac an 2 business days price g of the electronic paym ated to the payment. lating charities as part of return allowing disclosur- ency(ies). a named entity or dation anying schedules and s that the amount in Pai transmitter, or electron or reason for rejection of 6-2-29 Date ERO) and Paid Pre n 8453-TE are complete by declare that this form I submit the return. I will ed all other requirement in also the Paid Prepare ents, and, to the best of nation of which I have a	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat by the IRS of thi l am the pe tatements, and, to t I above is the an nic return originato of the transmission <u>President</u> Title, if applicat e and correct to the accurately reflect give a copy of all s in Pub. 4163, Mo , under penalties of my knowledge. Check if self-	e program, settlement) eeive confide e program, s Form 990 rson subjec , (EIN) <u>2C</u> the best of nount showr r (ERO) to s (b) the read tructions) e best of my s the data o forms and ii odemized eo for perjury I o d belief, the EIN	must con date. ential I certify th /990-EZ/9 t to tax wit)-255988 my o on the ci- end the ri- son for ar son for ar knowledg n the retu nformation File (MeF leclare that y are true s SSN or P	at I 190-PF th 4, oppy eturn hy ge. rn. h to c) at I
Under prespect a and that knowled of the elector the IR delay in Sign Here Part III declare f I am on The entitive filed with the second s	I also authorize th information necess If a copy of this re executed the elect (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive fir processing the return Signature of of Declaration that I have reviewed in Declaration that I have reviewed on for Authorized II mined the above re and complete. This ERO's signature Firm's name (or yours if self-employ address, and ZIP co malties of perjury, I ledge and belief, th	a on this return. Financial Ager is financial instit is any to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nsent to allow m om the IRS (a) a im or refund, and officer or person on GElectro ed the above refunded the above refunded not responsible subject to tax w officer or person RS <i>e-file</i> Provided turn and accomp Paid Preparer of ed). declare that I h	, and the fin. Int at 1-888-3 tutions involving inquiries an ed with a state e consent cordinatory of the above) to the X I am arian Villages 23 electronic at, and compile my intermedian acknowle an ack	ancial institution to c 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 154-552 no later th. 155-552 no lat	lebit the entry to this ac an 2 business days price g of the electronic paym ated to the payment. lating charities as part of return allowing disclosur- ency(ies). a named entity or dation anying schedules and s that the amount in Pai transmitter, or electron or reason for rejection of 6-2-29 Date ERO) and Paid Pre n 8453-TE are complete by declare that this form I submit the return. I will ed all other requirement in also the Paid Prepare ents, and, to the best of nation of which I have a	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe I am the pe I am the pe I above is the an ic return originato of the transmission President Title, if applicat parer (see ins a and correct to the a accurately reflect give a copy of all s in Pub. 4163, Mu r, under penalties of imy knowledge. Check if self- employed	e program, settlement) beive confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr r (ERO) to s (b) the read best of my s the data o forms and in demized e- of perjury I o d belief, the EIN Phone	must con date. ential I certify th /990-EZ/9 t to tax wit 0-255988 my o on the ci- end the ri- son for ar knowledgen the retur- formation File (MeF- feclare that y are true s SSN or P	at I 190-PF th 4, oppy eturn hy ge. rn. h to) at I 5, TIN
Under prespect and that knowled of the elector the IR delay in Sign Here Part III declare if I am oor The entitive filed with the entitive filed with ave exactorrect, a ERO's Jse Dnly Jnder peny know any know Paid	I also authorize th information necess If a copy of this re- executed the elect (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive for processing the retu- Signature of or Declaration that I have reviewed by a collector, I am y officer or person with the IRS to the of on for Authorized II mined the above re and complete. This ERO's signature Firm's name (or yours if self-employ address, and ZIP co- malties of perjury, I ledge and belief, the vector of the termine of print/Type (A on this return. Financial Ager is financial instit is financial instit is ary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nom the IRS (a) a im or refund, and officer or person on of Electron ed the above refined the above refined subject to tax wo officer or person RS <i>e-file</i> Provide turn and accomp Paid Preparer of ed), ode declare that I h ley are true, correction preparer's name	, and the fin. Int at 1-888-3 tutions involving inquiries an ed with a state e consent cordinatory of the above) to the X I am arian Villages 23 electronic at, and compile my intermedian acknowle an ack	ancial institution to c 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 153-4537 no later th. 154-552 no later th. 155-552 no lat	lebit the entry to this ac an 2 business days price g of the electronic paym ated to the payment. lating charities as part of return allowing disclosur- ency(ies). a named entity or dation anying schedules and se that the amount in Part transmitter, or electron or reason for rejection of the the amount in Part transmitter, or electron or reason for rejection of the the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron transmitter, or electron transmitter	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi I am the pe I am the pe I am the pe I above is the an ic return originato of the transmission President Title, if applicat parer (see ins a and correct to the a accurately reflect give a copy of all s in Pub. 4163, Mu r, under penalties of imy knowledge. Check if self- employed	e program, settlement) beive confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of nount showr r (ERO) to s (b) the read best of my s the data o forms and in demized e- of perjury I o d belief, the EIN Phone	must con date. ential I certify th /990-EZ/9 t to tax wi 0-255988 my o on the construction son for ar son for ar knowledgen the return formation File (MeF leclare that y are true s SSN or P enc. o the best reparer ha	at I 190-PF th 4, oppy eturn hy ge. rn. h to) at I 5, TIN
Under prespect a and that knowled of the elector the IR delay in Sign Here Part III declare of I am on The entitive filed with the filed with the filed with the sector rect, a ERO's Jse Dnly Jnder per sector part present the sector part of the entities filed with the sector rect.	I also authorize th information necess If a copy of this re- executed the elect (as specifically ide enalties of perjury, to (name of entity) I have examined a ge and belief, they ectronic return. I co S and to receive for processing the retu- Signature of of Declaration that I have reviewed by a collector, I am y officer or person with the IRS to the of on for Authorized II mined the above re and complete. This ERO's signature Firm's name (or yours if self-employ address, and ZIP co- malties of perjury, I ledge and belief, the dege. Print/Type person Firm's name (or yours if self-employ address, and ZIP co- malties of perjury, I	A on this return, Financial Ager e financial instit isary to answer turn is being file tronic disclosure entified in Part I I declare that [<u>Presbyteria</u> copy of the 202 are true, correc nsent to allow no om the IRS (a) a im or refund, and officer or person of Electro ed the above ref not responsible subject to tax wo pficer or person RS <i>e-file</i> Provide eturn and accomp Paid Preparer of ed). declare that I h ey are true, correct preparer's name e	, and the fin. Int at 1-888-3 tutions involving inquiries an ed with a state e consent cordinatory of the above) to the X I am arian Villages 23 electronic at, and compile my intermedian acknowle an ack	ancial institution to c 153-4537 no later th. 153-4537 no later th. 154-553 no later th. 155-553 no later th. 155-553 no la	lebit the entry to this ac an 2 business days price g of the electronic paym ated to the payment. lating charities as part of return allowing disclosur- ency(ies). a named entity or dation anying schedules and se that the amount in Part transmitter, or electron or reason for rejection of the the amount in Part transmitter, or electron or reason for rejection of the the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron or reason for rejection of the amount in Part transmitter, or electron transmitter, or electron transmitter	count. To revoke a r to the payment (nent of taxes to red f the IRS Fed/Stat re by the IRS of thi l am the pe tatements, and, to t l above is the an nic return originato of the transmission <u>President</u> <u>Title, if applicat</u> equiparer (see inse a accurately reflect give a copy of all s in Pub. 4163, Mu r, under penalties of my knowledge. Check if self- employed [edules and statem all information of	payment, I settlement) settlement) setve confide e program, s Form 990 rson subjec , (EIN) <u>20</u> the best of hount shown r (ERO) to s (b) the real le structions) a best of my s the data o forms and in demized e- of perjury I o d belief, the ERO EIN Phone eents, and, t which the pu	must con date. ential I certify th /990-EZ/9 t to tax wit)-255988 my o on the ca end the r son for ar where the son for ar knowledg n the retun formation File (MeF leclare that y are true s SSN or P eno. o the best reparer hat elfP	at I 190-PF th 4 , opy eturn hy ge. rn. h to c) at I s. TIN

Form 990 Schedule I-Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Schedule R-Related Organizations and Unrelated Partnerships Presbyterian Villages of Michigan Foundation 2023

Schedule I, Part II-Grants and Other Assistance to Domestic Organizations and Domestic Governments Schedule R, Part V, Line 1 Transactions with Related Organizations

Schedule R, Part V, Line 1 Transactions with Relat	ted Organizations			ion in one of the other						
Name and Address of Organization	EIN	IRC Section	Amo	unt of Cash Grant	Operations	Tech Improvements	Purpose of grant of Cap Improvements	assistance Wellness	Benevolence	Resident Activities
The Village of Redford 25330 W Six Mile Rd Redford, MI 48240	38-3098398	501C3	s	10,307	x			x		x
The Village of East Harbor 33875 Kiely Drive Chesterfield, MI 48047	38-3098399	501C3	\$	230,733	x	x	x	x	x	x
The Village of Westland 32001 Cherry Hill Road Westland, MI 48186	38-2302090	501C3	\$	1,327,174	x		x		x	x
Presbyterian Villages of Michigan 26200 Lahser Rd, Suite 300 Southfield, MI 48033	38-1387145	501C3	\$	2,019,315	x		x	x		
Presbyterian Village North 420 SOUTH OPDYKE PONTIAC, MI 48341	38-2204058	501C3	s	14,648	x				x	x
The Village of Our Saviour's Manor 29495 ANNAPOLIS ROAD WESTLAND, MI 48186	38-3593702	501C3	\$	32,089	x			x		x
The Village of Holly Woodlands 3323 Grange Hall Road Holly, MI 48442	38-2588668	501C3	\$	7,214	x					x
The Village of Holly Woodlands II 3325 Grange Hall Road Holly, MI 48442	38-3277536	501C3	s	4,450				x		
The Village of Peace Manor 17275 15 Mile Road Clinton Twp. MI 48035	38-2893099	501C3	s	3.769	x					x
The Village of Bethany Manor 8737 14th Street Detroit, MI 48206	38-3218138	501C3	s	20,072	x	x		x		x
Perry Farm Development Company 4241 Village Circle Dr HARBOR SPRINGS, MI 49740	35-2183523	501C3	s	94.074	x	x	x		x	x
The Village of Warren Glenn 2950 East 12 Mile Road Warren, MI 48092	38-3405663	501C3	s	9,650	x		x			x
The Village of Brush Park Manor Paradise Valley 2900 BRUSH STREET DETROIT, MI 48201	38-3402656	501C3	s	7,272	x					x
The Village of Harmony Manor 15050 Birwood St Detroit, MI 48227	30-0036447	501C3	s	1,455						x
The Village of Oakman Manor 14000 Woodrow Wilson Detroit, MI 48238	56-2438797	501C3	s	2,820	x					x
The Village of Woodbridge 1300 Martin Luther King Detroit, MI 48201	32-0099465	501C3	s	7,304	x					x
The Village of Hampton Meadows 700 N Pine Rd Bay City, MI 48708	20-4633178	501C3	S	3,203	x					x
The Village of Mill Creek 300 Carl Ave. Battle Creek, MI 49015	20-4633288	501C3	S	94,386	x		x			x
The Thome Rivertown Senior Apartments 260 McDougall St Detroit MI 48207	45-4963459	501C3	\$	3,671	x					x
The Village of Spring Meadows II 3300 County Farm Rd Jackson, MI 49201	26-1795340	501C3	S	7.027	x	x				x
Weinberg Green House 250 McDougall St Box 3000 Detroit MI 48207	37-1748152	501C3	\$	53,761	x				x	x
Hillside Apartments Phase II 311 West Main Street Harbor Springs, MI 49740	47-1957866	501C3	s	29,892	x		x			x
The Village of Rosebush Manor 4210 East Rosebush Rd Rosebush, MI 48878	38-3544655	501C3	\$	13,697			x		x	
Hartford Village 17500 Mevers Rd Detroit MI 48235	47-1404100	501C3	s	12,260	x					x
The Village of Sage Grove 214 S Sage Street Kalamazoo, MI 49008	26-4194584	501C3	\$	7,007	x					x
The Village of St. Martha's 15875 Joy Road Detroit, MI 48228	20-8088875	501C3	S	8,526	x					x
Delta Manor 2150 E Vernor Highway Detroit, MI 48207	38-2829901	501C3	\$	474						x
			\$	4,026,251 (0)						
PACE Southeast Michigan 24463 West Ten Mile Road Southfield, MI 48033	90-0659735	501C3	\$	6,294					x	

\$ 4,032,545