		<u>.</u>			GE OF AC						
	Ω	00	Retur	n of Org	janizatio	n Exem	pt I	From I	ncome	Tax	OMB No. 1545-0047
For					, 4947(a)(1) of th						) <b>2019</b>
		uary 2020)	► Do	not enter soci	ial security nur	mbers on this	form	as it may b	e made pub	ic.	Open to Public
Depa Interr	rtment o nal Reve	of the Treasury nue Service		Go to www.irs.	.gov/Form990						Inspection
AF	or th	e 2019 calendar y	year, or tax ye	ar beginning	JAN 1,	2020	and	ل ending	<u>UN 30,</u>	2020	
Β	heck if	C Name of or	ganization						D Employ	er identifica	ation number
	Addre chang Name	e UMRC E	FOUNDATI	ON, INC	•						
	_chang	e Doing busir	ness as						38-	344308	9
	return		· ·		ot delivered to str	reet address)	l	Room/suite	E Telepho		
	Final return	,	MIDDLE							-433-1	
					2,198,427.						
	_return	CHELSE		48118		_				a group ret	
	tion pendi	F Name and			IM HOPPI	E				oordinates?	
		empt status: X			) / (insert		7/->/4>				
		empt status: ⊥ <u>∧</u> te: ► WWW • UN		501(c) (	)◀ (insert	10.) [] 4947	7(a)(1)	or 527	<b>H(c)</b> Group		st. (see instructions)
		f organization: X		Trust	Association	Other ►		I Voor			State of legal domicile: MI
	art I	Summary	Joorpolation								
	1	Briefly describe t	he organization	n's mission or n	nost significant	activities: S	EE	SCHEDU	LE O		
ŝ	'	blicity describe ti	ne organization		lost significant			0011220			
Activities & Governance	2	Check this box	▶ ☐ if the	organization d	iscontinued its	operations or	dispor	sed of more	than 25% of	its net asse	ts.
ver	3	Number of voting		-			-				14
ဗီ	4	Number of indep									11
ې مې	5	Total number of i									0
/itie	6	Total number of v									11
cti	7 a	Total unrelated b									0.
_ <	b	Net unrelated bus	siness taxable	income from Fo	orm 990-T, line	39				7b	0.
									Prior Ye	ar	Current Year
¢	8	Contributions and	d grants (Part '	VIII, line 1h)					1,757	<u>,390.</u>	2,001,258.
nué	9	Program service	revenue (Part '	VIII, line 2g)						0.	0.
Revenue	10	Investment incon	ne (Part VIII, co	olumn (A), lines	3, 4, and 7d)				1,466	<u>,193.</u>	109,669.
œ	11	Other revenue (P	art VIII, columr	n (A), lines 5, 6d	l, 8c, 9c, 10c, a	and 11e)				,615.	87,500.
	12	Total revenue - ad	dd lines 8 throu	ugh 11 (must eo	<u>qual Part VIII, c</u>	olumn (A), line	; 12)		3,349		2,198,427.
	13	Grants and simila	ar amounts pai	d (Part IX, colur	mn (A), lines 1-3	3)			1,258		1,429,665.
	14	Benefits paid to c								0.	0.
es	15	Salaries, other co								0.	0.
Expenses	16a	Professional func					<u> </u>			0.	0.
ă	b	Total fundraising				53	8,4	60.	1 240		727 010
ш	''	Other expenses (							1,346		737,210.
		Total expenses. A				(A), line 25)			2,605		2,166,875.
	19	Revenue less exp	penses. Subtra	ict line 18 from	line 12	<u></u>	<u></u>			<u>,980.</u>	31,552.
Net Assets or Fund Balances		Tatal assats (Davi							ginning of Cur		End of Year 34,238,507.
Rala	20	Total assets (Parl							38,746	,020.	736,982.
let ∕	21 22	Total liabilities (Pa Net assets or fun			irom line 20				37,888		33,501,525.
$ \mathbf{P}_{i} $	art II	Signature B	Block	ubtract line 211		<u></u>			57,000	, 550 •	55,501,525.
		-		examined this re	turn, including ar	ccompanying se	hedule	s and statem	ents, and to the	best of my k	nowledge and belief, it is
		ct, and complete. De								-	
Sig	n	Signature of	officer						Dat	e	
Her		KIM HO	<u>)PPE, TF</u>	REASURER	/ CFO						

	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	LISA FORT	LISA FORT	02/09/2	1 self-employed P00223532
Preparer	Firm's name 🕒 PLANTE & MORAN,	PLLC	Fir	m's EIN 🕨 38-1357951
Use Only	Firm's address 2601 CAMBRIDGE C	T., STE. 500		
	AUBURN HILLS, MI	48326	Ph	one no. (248) 375-7100
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2019)

51-20-20			in neut		s separate mou		
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	N
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	N
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,540,988. including grants of \$1,429,665. ) (Revenue \$	
	IN ADDITION TO BENEVOLENT CARE, ENSURING THAT ELIGIBLE RESIDENTS WHO	
	OUTLIVE THEIR FINANCIAL RESOURCES ALWAYS HAVE A LOVING HOME AT UMRC,	
	THE UMRC FOUNDATION ALSO SUPPORTS THE FOLLOWING AREAS: EMPLOYEE SUPPORT	Т
	SERVICES; LIFE ENRICHMENT PROGRAMS WHICH IMPROVE THE LIVES OF THOSE WE	
	SERVE; CAPITAL INITIATIVES; AND GRANTS THAT SUPPORT THE NEEDS OF OLDER	
	ADULTS IN THE COMMUNITIES UMRC SERVES. EMPLOYEE SUPPORT SERVICES	
	INCLUDES STAFF SCHOLARSHIPS AND EMERGENCY AID TO SUPPORT OUR	
	OUTSTANDING UMRC TEAM MEMBERS IN REACHING THEIR CAREER AND EDUCATIONAL	
	GOALS, OR TO LEND A HELPING HAND TO THOSE WHO EXPERIENCE AN EMERGENCY	
	·	
	CAUSING FINANCIAL HARDSHIP. PRIORITY FOR SCHOLARSHIPS IS GIVEN TO OUR	
	DIRECT CARE TEAM MEMBERS AND THOSE WITH GREATEST FINANCIAL NEED.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Bevenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ ) (Expenses \$) (Revenue \$ _	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ ) (Expenses \$ including grants of \$) (Revenue \$	
	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,540,988.	
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,540,988.	(201
4d 4e	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,540,988.	(201

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 Form 990 (2019)
 UMRC FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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			
Ū	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116	х	
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	- 23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
32003	3 01-20-20	Form	990	(2019)

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3 2019.05050 UMRC FOUNDATION, INC. 28022-43

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- orm	990 (2019) UMRC FOUNDATION, INC. 38-3442	3089	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اہ	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\frac{1}{2}$	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V		Vac	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)	Yes	
10		5		
		-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2019) UMRC FOUNDATION, INC. 38-3443	089	P	<sub>age</sub> 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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		X
	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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		0000	(0010)
		-	C AC 37 3	(0010)

Form **990** (2019)

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 UMRC FOUNDATION, INC.
 38-3443089
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

					Yes	\$
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		-	8a	x	
b	Each committee with authority to act on behalf of the governing body?				X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re				<u> </u>	
					Yes	;
l0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		_
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "					
	in Schedule O how this was done	,		120	Х	
13	Did the organization have a written whistleblower policy?			13	Х	_
4	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	'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 $\blacktriangleright$ MI					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 501(c)	3)s only	) availa	a
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records 🕨 🔄			
	KIM HOPPE - (734) 433-1000					
	805 W MIDDLE ST, CHELSEA, MI 48118					_
					ղ <b>990</b>	

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Form	n 990	(2019) UMRC FOUNDATION, INC.			38-3443	089 Page 9
Pa	rt VI	Statement of Revenue				
		Check if Schedule O contains a response or note to any li	(		(	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b					
, G G	c	Fundraising events 1c				
ar A	c					
s, G	e	Government grants (contributions) 1e 57,655.				
Sij	f	All other contributions, gifts, grants, and				
ber		similar amounts not included above 1f1,943,603.				
li tri	g	Noncash contributions included in lines 1a-1f				
Cor	h		2,001,258.			
		Business Code				
Ð	2 a					
vic	b					
Ser	c					
n n						
Program Service Revenue	e					
Pro	f	All other program service revenue				
	c	<b>-</b> · · · · · · · · · · · · · · · · · · ·				
	3	Investment income (including dividends, interest, and	1			
	_	other similar amounts)	109,476.			109,476.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	-	(i) Real (ii) Personal				
	6 a		-			
	h	Less: rental expenses	-			
	c		-			
	c					
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a 193</b> .	-			
е		Less: cost or other basis	-			
		and sales expenses				
evenue		Gain or (loss)	-			
leve		Net gain or (loss)	193.			193.
Other Re		Gross income from fundraising events (not				
Othe	00	including \$ of				
0		contributions reported on line 1c). See				
		Part IV, line 18 8a				
	h	Less: direct expenses	-			
		Net income or (loss) from fundraising events				
	9.9	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	r	Less: direct expenses 9b				
		· · · · · · · · · · · · · · · ·				
		Gross sales of inventory, less returns				
		and allowances 10a				
	r	Less: cost of goods sold				
		Net income or (loss) from sales of inventory				
		Business Code				
sno	11 a		87,500.			87,500.
nec	b					
Miscellaneous Revenue			1			
Be		All other revenue				
Σ		Total. Add lines 11a-11d	87,500.			
	12	Total revenue. See instructions	2,198,427.	0.	0.	197,169.
02000			_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form <b>990</b> (2019)
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Form 990 (2019)
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UMRC FOUNDATION, INC. Part IX Statement of Functional Expenses

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

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

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Check here

if following SOP 98-2 (ASC 958-720)

10 2019.05050 UMRC FOUNDATION, INC.

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Form 990 (2019)

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33

Total liabilities and net assets/fund balances

38,746,618.

33

34,238,507. Form **990** (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to an	y line in this Part X				
					(A) Beginning of y	/ear		<b>(B)</b> End of year
	1	Cash - non-interest-bearing					1	
	2	Savings and temporary cash investments				843.	2	1,780,826.
	3	Pledges and grants receivable, net			2,529,	457.	3	2,490,655.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current or	forme	r officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons					5	
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)			6	
ts	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	866,045.				
	b	Less: accumulated depreciation	10b	79,056.	802,		10c	786,989.
	11				15,907,		11	13,767,272.
	12	Investments - other securities. See Part IV, line 1	1		16,692,	549.	12	14,995,751.
	13	Investments - program-related. See Part IV, line 1	11				13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11	417,	014.	15	417,014.		
	16	Total assets. Add lines 1 through 15 (must equa			38,746,		16	34,238,507.
	17	Accounts payable and accrued expenses	798,	093.	17	682,203.		
	18	Grants payable	<b></b>	0.017	18			
	19	Deferred revenue			59,	927.	19	54,779.
	20			·····			20	
	21	Escrow or custodial account liability. Complete F					21	
es	22	Loans and other payables to any current or form						
iliti		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes	-	F			22	
_	23	Secured mortgages and notes payable to unrela		Γ			23	
	24	Unsecured notes and loans payable to unrelated		Γ			24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24	. Complete Part X			05	
		of Schedule D			858,	020	25	736,982.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee		• • <b>Y</b>	0.00,	020.	26	730,902.
ŝ			ck ner					
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			20,231,	922	27	18,732,467.
ala	27 28				17,656,		21	14,769,058.
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 95		ak hara	17,050,	0701	20	14,705,050.
'n		and complete lines 29 through 33.	50, CH					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds					29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq					<u>29</u> 30	
<b>Ass</b>	30	Retained earnings, endowment, accumulated inc					31	
et /	32			····· F	37,888,	598.	32	33,501,525.
Ź	32	Total net assets or fund balances	38 746	<u>618</u>	32 33	34 238 507.		

Form 990 (2019)

UMRC FOUNDATION, INC.

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       2,198,427.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,166,875.         3       Revenue less expenses. Subtract line 2 from line 1       3       31,552.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37,888,598.         5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       6       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       33,501,525.       10       33,501,525.         Part XII       Financial Statements and Peporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       X		1990 (2019) UMRC FOUNDATION, INC.	38-	-3443089	Pag	<sub>je</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 198, 427.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2, 166, 875.         3       Revenue less expenses. Subtract line 2 from line 1       3       31, 552.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37, 888, 598.         5       -3, 937, 006.       6       -       -       -       -       -       -       -       -       -       -       -       -       -       -       3       31, 552.       4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37, 888, 598.       5       -       3, 937, 006.       6         7       Investment expenses       7       8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481, 619.       10       33, 501, 525.         Part XII       Financial Statements and Reporting       X       X       X       10       33, 501, 525.       10       33, 501, 525.       2       X       1       Accounting method used to prepare the Form 990.       Cash       X       Accrual       Other       10       X       X       10	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       2,166,875.         3       Revenue less expenses. Subtract line 2 from line 1       3       31,552.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37,888,598.         5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       33,501,525.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         Is exparate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate bas		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       2,166,875.         3       Revenue less expenses. Subtract line 2 from line 1       3       31,552.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37,888,598.         5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       33,501,525.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         Is exparate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate bas						
3       Revenue less expenses. Subtract line 2 from line 1       3       31,552.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37,888,598.         5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       0       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       33,501,525.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       37,888,598.         5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       0nated services and use of facilities       6         7       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       33,501,525.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -3,937,006.         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9       -481,619.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -481,619.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       33,501,525.         Part XIII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 33, 501, 525.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   X Yes   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   1 Accounting from a prior year or checked "Other," explain in Schedule O.   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   b Were the organization's financial statements audited by an independent accountant?   b Were the organization's financial statements audited by an independent accountant?	5	Net unrealized gains (losses) on investments	5	-3,937	7,00	06.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 33, 501, 525.</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual</li> <li>Other</li> <li>Yes No</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual</li> <li>Other</li> <li>Yes No</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>2b X</li> </ul>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 33,501,525.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Cash   X Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   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   b Were the organization's financial statements audited by an independent accountant?   2b X	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       33,501,525.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	8	Prior period adjustments	8			
10 33,501,525.     Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes     No   1   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Vere the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   2b   X	9	Other changes in net assets or fund balances (explain on Schedule O)	9	-481	.,61	19.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       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:       Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X		column (B))	10	33,501	.,52	25.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
<ul> <li>Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         If the organization's financial statements compiled or reviewed by an independent accountant?       2a         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:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b					Yes	No
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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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         X		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both:       Image: Separate basis       Image: Separate basis       Image: Separate basis       Image: Separate basis         b       Were the organization's financial statements audited by an independent accountant?       Image: Separate basis       Image: Separate basis       Image: Separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant?		separate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:						
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С					
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	lit		
Act and OMB Circular A-133? 3a X						<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)
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## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name	e ot t								Identification number $Q = 3/1/3 \cap Q \cap Q$	ər		
Par	t I			FOUNDATION, INC. narity Status (All organizations must complete this part.) See instruction					8-3443089			
Г	rgan	zation is not a private found			-	-	•\/ • \/:\					
1 [ 0 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3 [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
<b>-</b> [		city, and state:							. al :			
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
<b>a</b> [		section 170(b)(1)(A)(iv). (Complete Part II.)										
6 L	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7 [				ntial part of its support fr	om a gove	ernmentai	unit or from th	e general p	Dublic described in			
<b>o</b> [		section 170(b)(1)(A)(vi). (C										
8 L		A community trust describe			-							
9 [		An agricultural research org										
		or university or a non-land-g	rant college of agric	uiture (see instructions).	Enter the	name, city	, and state of	the college	or			
<b>10</b>		university:		there 00 1/00/ of its own								
10 [		An organization that norma										
		activities related to its exem								•		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	anization a	πer June 30, 1975.			
<b>.</b> . [		See section 509(a)(2). (Con	-	volute test for public est	Total Cas	oootion E(	O(a)(4)					
11 [ 12 [	x	An organization organized a	-	•	•			n out the	nurnasas of ana ar			
		An organization organized a more publicly supported or	-	•	-			•				
			-									
•	X	lines 12a through 12d that <b>Type I.</b> A supporting orga				-		-	nivina			
а	23	the supported organization		-	• • • •	-						
		organization. You must c			majonty c				ipporting			
b		<b>Type II.</b> A supporting org			ion with it	e sunnorte	ad organization	n(e) by bay	ina			
D		control or management o	-				-		-			
		organization(s). You mus			anie perso	113 11121 001	ntiol of manag	je ine supp	Jonted			
с		Type III functionally inte			in connect	tion with	and functional	v integrate	d with			
U		its supported organization						y integrate	a with,			
d		Type III non-functionally		-				ted organiz	ration(s)			
u	L	that is not functionally int						-				
		requirement (see instructi		• •	•		-	anatoniv				
е		Check this box if the orga	/	• •				I Type III				
Ū							, i jpe i,	i, i ypo iii				
functionally integrated, or Type III non-functionally integrated supporting organization. <b>f</b> Enter the number of supported organizations								1				
		ide the following information	•									
(i) Name of supported (ii) EIN (iii) Type of organization ((V) is the organization listed (v) Amount of monetary							(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instruction	s)		
UNI	TE	D METHODIST										
RET	IR	EMENT COMMUNIT	38-1366908	10	X		398	,030.	0	).		
								0.0.0	-			
Total								,030.		).		
	For P	aperwork Reduction Act N	otice, see the Instru	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sched	dule A (For	m 990 or 990-EZ) 20	19		

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#### Schedule A (Form 990 or 990-EZ) 2019 UMRC FOUNDATION, INC. Part II

38-3443089 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(b) 2010	(0) 2017	(0) 2018	(e) 2019	
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	•
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop				-		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	${\color{black} \text{stop}}$ here. The organization qualifies		÷				
k	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and <b>stop here.</b> The organization qual		•				
17a	10% -facts-and-circumstances test	- 2019. If the orç	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check th	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	-	-	• • • • •			
k	10% -facts-and-circumstances test						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	J or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 UMRC FOUNDATION, INC.

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

38-3443089 Page 3

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

Sec	ction A. Public Support			-	1		-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi:	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2019. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-	-				▶∟
b	<b>33 1/3% support tests - 2018.</b> If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶∟
93202	23 09-25-19		15	5	Sch	edule A (Form 99	90 or 990-EZ) 2019

2019.05050 UMRC FOUNDATION, INC.

Yes

Х

1

No

### Part IV | Supporting Organizations

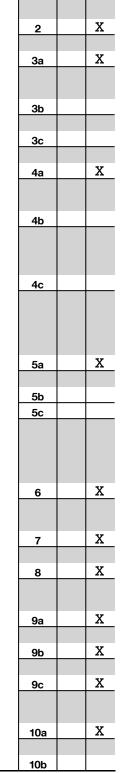
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

2019.05050 UMRC FOUNDATION, INC.

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions	s).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932028	5 09-25-19 Schedule A (Form	990 or 99	90-EZ)	2019

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2019.05050 UMRC FOUNDATION, INC. 28022-43

	(Form 990 or 990-EZ) 2019				
Part V	Type III Non-Function	nally In	tegrated 509(a)(3)	Supporting	<b>Organizations</b>

1

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

### Schedule A (Form 990 or 990 EZ) 2019 UMRC FOUNDATION, INC.

	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019	UMRC	FOUNDATION,	INC.	38-3443089 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. 2, 3b, 3c	Provide the explanation , 4b, 4c, 5a, 6, 9a, 9b, 9c	s required by Part II, line 10; Part II, line 17 c, 11a, 11b, and 11c; Part IV, Section B, lin	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	ines 2 and 8; and Par	d 3; Part IV, Section E, lir rt V, Section E, lines 2, 5	hes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa , and 6. Also complete this part for any add	art V, Section B, line 1e; Part V, litional information.
	(				
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### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Name of the organization

Organization type (check one):

# Schedule of Contributors

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

OMB No. 1545-0047

# 2019

Employer identification number

38-3443089

U	MRC F	OUNDATION	Ν,

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

INC.

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

### **General Rule**

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

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

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

UMRC FOUNDATION, INC.

Name of organization

Employer identification number

38 - 3443089

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 EDWARD N. & DELLA L. THOME MEMORIAL FOUNDATION US TRUST, BANK OF AMERICA PRIVATE WEALTH MANAGEMENT 135 SOUTH LASALLE ST CHICAGO, IL 60603	Total contributions           \$1,000,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS B. MCMULLEN 1120 OAK VALLEY DRIVE ANN ARBOR, MI 48108	\$ <u>250,000.</u>	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
3	HERRICK FOUNDATION 2290 FIRST NATIONAL BUILDING 660 WOODWARD AVENUE DETROIT, MI 48226-3506	\$ <u>125,000.</u>	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
<u>4</u>	DUFFY FOUNDATION       C/O     ERIK SERR 101 N MAIN STREET       ANN ARBOR, MI 48104-5507	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4         COMMUNITY FOUNDATION FOR SOUTHEAST         MICHIGAN         333 W FORT STREET STE 2010         DETROIT, MI 48226-3134	\$78,198.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CAPITOL COMMONS CENTER LANSING, MI 48933	\$57,655.	Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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28022-43

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

UMRC FOUNDATION, INC.

Name of organization

Employer identification number

38-3443089

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	MICHIGAN HEALTH ENDOWMENT FUND 330 MARSHALL STREET LANSING, MI 48912	\$ <u>33,333.</u>	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
8	LAWRENCE WETING PO BOX 81875 ROCHESTER, MI 48308	\$ <u>25,000.</u>	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
9	ST. JOSEPH MERCY - CHELSEA 775 S MAIN STREET CHELSEA, MI 48118-1399	\$20,000.	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
<u>   10</u>	UNITED WAY FOR SOUTHEASTERN MICHIGAN 3011 W GRAND BLVD SUITE 500 DETROIT, MI 48202	\$20,000.	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
	CHELSEA COMMUNITY FOUNDATION PO BOX 83 CHELSEA, MI 48118	\$ <u>15,000.</u>	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
12	UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06		Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

38-3443089

### UMRC FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STEVEN SARNS 7301 WEBSTER STATION DEXTER, MI 48130	\$ <u> </u>	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
14	MICHAEL J. SHORE 809 CHELSEA CT JACKSON, MI 49203	\$8,000.	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
	AZ SHMINA 11711 GRAND RIVER BRIGHTON, MI 48116	\$ <u> </u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CHRISTINE M. HOLMES PO BOX 3781 ANN ARBOR, MI 48106	\$5,000.	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
	MERYL PLACE 918 GADWALL WAY CHELSEA, MI 48118	\$5,000.	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
<u>18</u> 923452 11-00	ROBERT SMITH <u>3270 LEPRECHAUN LANE</u> PALM HARBOR, FL 34683-2324	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

38 - 3443089

UMRC FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Image: Description of noncash property given         (b)         Description of noncash property given	(b)     (c)       PRV (or estimate)       (See instructions.)       (b)       (c)       (See instructions.)       (See instructions.)

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me of organization				Employer identification number		
ARC FOUNDATION,	INC.			38-3443089		
art III Exclusively religious, from any one contrib completing Part III, enter th	charitable, etc., contributi	ions to organizations described in set ) through (e) and the following line ent charitable, etc., contributions of \$1,000 or space is needed.	ry For organizations	hat total more than \$1,000 for the ye		
a) No. from (b) Purp	ose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
<u>Part I</u>						
		(e) Transfer of gift				
Transfe	ree's name, address, ar			nsferor to transferee		
a) No. from (b) Purpo	ose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
<u>Part I</u>						
		(e) Transfer of gift				
Transfer	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
i) No. rom (b) Purpo Part I	ose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
Transfer	ree's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee		
i) No. rom (b) Purpo	ose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
art I						
	(e) Transfer of gift					
Transfer	Transferee's name, address, and ZIP + 4			insferor to transferee		

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2019.05050 UMRC FOUNDATION, INC. 28022-43

	SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047			
Determine of the transmit         Data to unwarks.gov/F. Might for prim 90.         Data to form 1000000000000000000000000000000000000			Complete if the org	anization answered "Yes" on Form 990,		2019			
Mere of the organization analyses of the organization (here a constructions and the latest information in the form of a conservation number at and of year intervention of a maximum of the organization analyses of Year's of Form 980, Part V, line 6.  Pert Organization analyses of Year's of Form 980, Part V, line 6.  Organization analyses of Year's of Form 980, Part V, line 6.  Organization analyses of Year's of Form 980, Part V, line 6.  Organization analyses of Year's of Form 980, Part V, line 6.  Organization analyses of Year's of Form 980, Part V, line 6.  Organization analyses of Year's of Form 980, Part V, line 6.  Organization inform all donors and donor advises in writing that grant turds can be used only for charitable puppees and not for the organization inform all donors, and donor advises in writing that grant turds can be used only for charitable puppees and not for the organization inform all donors and donor advises in writing that grant turds can be used only for charitable puppees and not for the organization inform all donors and donor advises in writing that grant turds can be used only for charitable puppees and not for the charitable for advised in the form 10 and for public use for example, restructure in the restructure in the form of a historically important land area improved to organization charitable puppees and not for the charitable for example, restructure included in the form of a conservation easements in class of the conservation easements in closs of the conservation eas	Depart	ment of the Treasurv		Attach to Form 990.					
turk C FOUNDATION, INC.         102.         123-3443089         2443089         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         24308         2430         24308         24308         24308         24308         24308         24308         2430         243         2430         243         2430         243         2430         243         2430         2430         243         2430         24         24         24									
Partill       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered 'Yes' on Form 980, Part IV, Ine 8.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of agrins from (dung year)       (a) aggregate value at end of year       (b) Funds and other accounts         3       Aggregate value of agrins from (dung year)       (b) Funds and other accounts       (c) Funds and other accounts         4       Aggregate value of agrins from (dung year)       (c) Total analysis wate at end of year       (c) Total advised funds         5       Did the organization's property subject to the organization acclusive legal control?       (ves       Ne         6       Did the organization fund at grantees, chones, and donor advises in writing that grant funds can be used only for charatable pundse and to the benefit?       (ves       Ne         1       Proposel(a) of conservation Easements. Add by the organization answered 'Yes' on Form 960, Part IV, line 7.       (versorvation faile instance)       (vessorvation faile instance)       (vessorvation faile instance)         2       Complete if the organization account of the second instance on Form 960, Part IV, line 7.       (versorvation faile faile advised in the faile advised in the organization account of the second instance instance)       (vessorvation faile faile advised in the faile advised in the organization advise of the account (vessorvation assements)	Nam	e of the organizati		NC	Emp	-			
organization answered 'Yes' on Form 990, Part IV, line 6.     (a) Donor advised funds     (b) Funds and other accounts     (c) Funds and funds     (c) Funds     (c) Funds and funds     (c) F	Pa	t I Organiza			ccour				
(a) Donor advised tunds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)	I UI		-		ooour				
1 Total number at end of year 2 Aggregate value of ornitotions to (during year) 3 Aggregate value of controlutions to (during year) 4 Aggregate value of antibutions to (during year) 4 Aggregate value of antibutions to (during year) 5 Dot the organization is property, subject to the organization's exclusive legal control? Ves No 6 Dot the organization is property, subject to the organization is writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part IV. Conservation Easements: held by the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(g) orconservation easements held by the organization (refs value) Preservation of land for public use (for example, recreation or education) Preservation of a historicia structure Preservation of a conservation easements 2 Complete lithes 2a through 2d if the organization held a qualified conservation conservation easements include at a qualified conservation conservation easements include at the first of the Tax Year 2 Total number of conservation easements included in (a) caquind after 7/2506, and not on a historic structure 2 ad Number of conservation easements included in (a) caquind after 7/2506, and not on a historic structure 2 ad Number of conservation easements included in (b) caquind after 7/2506, and not on a historic structure 3 Number of subsets modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of subsets the ording inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volume house deviced to monotroing, inspecting, handling of violations, and enforcing conservation easements during the year 5 A complete if the organization reports occenservation easements in located		organizatio			(b) Fun	ids and other accounts			
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and the molecular set of the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only tor charitable purposes and to for the benefit of the donor of advisor, or for any other purpose conferring impermisable purposes and to for the benefit of the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purposef() of conservation assements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purposef() of conservation assements held by the organization (cleck all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a of ports pape. 2 Complete lines 2 altwords) of the organization included in (cleck all that apply). Preservation of a of ports pape. 2 Complete lines 2 altwords) of the organization held a qualified conservation contribution in the form of a conservation easements included in (cl) acquired after 7/25/06, and not on a historic structure. 2 Number of conservation easements included in (cl) acquired after 7/25/06, and not on a historic structure. 3 Number of conservation easements included in (cl) acquired after 7/25/06, and not on a historic structure. 4 Aurount of expenses inclured in monitoring, inspecting, handling of violations, and enforcing conservation easements during the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is a devisition accounting to the conservation easements. 5 So besite organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is a devise of accounting horeanervation	1	Total number at er	nd of vear		. ,				
Aggregate value of grants from (during year)     Aggregate value at end Vyear     Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that the same used only     for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible pirate benefit?     Perservation of and for public use (for example, recreation or education)     Preservation of a lastron that at the organization inform and (nock all that appl).     Preservation of an advisor papece 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements     a total number of conservation easements     nucled in (a) expanding the periodic monitoring, inspection, handling of     violations, and entorcement of the conservation easement is located      the conservation easement is modified, transferred, released, extinguished, or terminated by the organization dive year     a mount of expenses incurred in montoring, inspecting, handling of violations, and entorcing conservation easements and ung the year     b      s addition accounting the organization infered explored, thandi									
Aggregate value at end of year     Ded the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and to for the benefit of the donor or on any other purpose conferring     impermissible protesta barefit?     Yes No     Ded the organization inform all grantees, donors, and donor advisor, for any other purpose conferring     impermissible protesta barefit?     Yes No     Part II. Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line 7.     Preservation of land for public use (for example, recreation or education)     Preservation of a constructure     Preservation of a conservation easements in both at a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements as a certified historic structure     Held at the End of the Tax Year     Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     itset in the National Register     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     itset or onservation easements included in (c) acquired after 7/25/06, and not on a historic structure     itset organization have a written policy regarding the periodic monitoring, inspection, handling of     violations, and enforcing conservation easements is located      Staff and volumeer house devide to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     S and the organization have a written policy regarding the periodic monitoring inspection, narding of structure in dubaters the describes the     organization states written pol									
6 Did the organization inform all donor advisors in writing that the assets held in donor advised funds are the organization's sproperty, subject to the organization's accusive legal control? 9 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for a conservation of a donor advisor in the donor advisors in writing that grant funds can be used only for a conservation assements in cludes in (c) acquired atter 725/06, and not on a historic structure lead at the tax year. 8 Dotal arcservation easements in cluded in (c) acquired after 725/06, and not on a historic structure lead at the structure in the data grant funds and preservation deasements in cluded in (c) acquired after 725/06, and not on a historic structure in write puppic regarding the periodic monitoring, inspection, handling of wolations, and enforcing conservation easements during the year write puppic regarding the periodic monitoring, inspection, handling of wolations, and enforcing conservation easements during the year set of the footneement of the conservation easements in hotks? 9 Does the organization have a writem policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the	4								
bit the organization inform all grantees, donora, and donor advices in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inpermissible private buenefit?     PartUl Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.     Purposed jof conservation easements held by the organization (cleck all that apply).     Preservation of land for public use for example, recreation or education)      Preservation of a netural habitat     Preservation of an atural habitat     Preservation of an atural habitat     Preservation of a certified historic structure     Preservation conservation easements held a qualified conservation contribution in the form of a conservation easement on the last     day of the axy sear.     Total number of conservation easements     tak a threak point easements included in (c) acquired after 72:506, and not on a historic structure     day     do have habitation easements included in (c) acquired after 72:506, and not on a historic structure     day     a Total number of conservation easements included in (c) acquired after 72:506, and not on a historic structure     day     a Number of conservation easements included in (c) acquired after 72:506, and not on a historic structure     day     heating and encoments on a certified historic structure included in (c)     acquired after 72:506, and not on a historic structure     day     humber of conservation easements holds?     Number of conservation easements included in (c) acquired after 72:506, and not on a historic structure     day     humber of conservation easements holds?     Number of conservation easements holds?     Number of conservation easements holds?     Number of conservation easements holds?     Summary and encomentation easements holds?     Summary and encomentation easements holds?     Sumary and encomentation easements holds?     Sumary and encomentation easements holds?     S	5				nds				
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring       Yes       No         Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7.       Improved to the public use for example, recreation or education)       Preservation of a hold for public use for example, recreation or education)       Preservation of a hold for public use for example, recreation or education)       Preservation of a conservation easement on the last         day of the tax year.       2       Complete lines 2 a through 20 if the organization held a qualified conservation contribution in the form of a conservation easement on the last       day of the tax year.         a Total number of conservation easements       2a       day       day         b Total acreage restricted by conservation easements       2a       day       day         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       day         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       doe         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year       > Satt and volunteer hours eavoice easements modified, transferred, released, extinguished, or terminated by the organization during the year         b Oses the organization have a written policy regarding the periodic monitoring, inspection, handling		are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 📃 No			
Impermissible private benefit?       Yes       No.         Part II       Conservation easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.       Preservation of a historically important land area         Processor of a listorically important land area       Preservation of a historically important land area         Preservation of open space       Preservation of a contextual habitat         Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       2a         a Total number of conservation easements       2a         c Number of conservation easements included in (a) aquired after 7/25/00, and not on a historic structure       2a         d Number of conservation easements included in (a) aquired after 7/25/00, and not on a historic structure       2a         d Number of conservation easements included in (a) aquired after 7/25/00, and not on a historic structure       2a         d Number of conservation easements included in (b) aquired after 7/25/00, and not on a historic structure       2a         d Number of states where property subject to conservation easement is located >	6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only				
Part III       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. <ul> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of a historically important land area</li> <li>Protection of natural habitat</li> <li>Preservation of a certified historic structure</li> <li>Intel another of conservation easements</li> <li>Total another of conservation easements and a certified historic structure included in (a)</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is a certified historic structure is located imposed in a search or oblicy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds?</li> </ul> <li>Number of conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>A staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>A for an include, if applicable, the text of the footnote to the organization in the organization reports conservation easements and balance sheet and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other simi</li>		for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	ring				
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a lostified historic structure         Preservation of conservation easements       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         3       Total arcmager restricted by conservation easements       2a         2       2b       2a         3       Number of conservation easements included in (c) acquired after 7250/66, and not on a historic structure       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2a         4       Number of states where property subject to conservation easement is located >		impermissible priv	ate benefit?			Yes No			
Preservation of land for public use (for example, recreation or education) Preservation of a netral habitat   Preservation of on antural habitat Preservation of on a certified historic structure   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last.   3 Total another of conservation easements 2a   4 Number of conservation easements 2a   2 Number of conservation easements an certified historic structure included in (a) 2c   3 Number of conservation easements an certified historic structure included in (a) 2a   3 Number of conservation easements an certified historic structure included in (a) 2a   3 Number of conservation easements and the conservation easement is located >	Pa	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.				
Protection of natural habitat   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last   day of the tax year.   a Total number of conservation easements   b Total accessore structure download a sements   c Number of conservation easements on a certified historic structure included in (a)   2b   2c   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year >	1		, ,						
□       Preservation of open space         2       Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Idel at the End of the Tax Year.         a Total acreage restricted by conservation easements       2a         b Total acreage restricted by conservation easements       2a         d Number of conservation easements an certified historic structure included in (a)       2a         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         4       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         > \$       Does cach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes       No         9       In Part XIII, describe how the organization reports conservation easements.       Total accesheet, and include, if applicable, the text of the foothote to the organization's financ		Preservation	of land for public use (for example, recrea	, <u> </u>	-				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   4 Total acreage restricted by conservation easements   6 Number of conservation easements on a certified historic structure included in (a)   7 And the of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b   9 Interpret of states where property subject to conservation easement is located b   4 Number of states where property subject to conservation easement is located b   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   ▶    7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   ▶ \$   0 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the Part XIII the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the Part XIIII the text of the		Protection o	f natural habitat	Preservation of a cer	tified his	storic structure			
day of the tax year.       Image: the tax year.       Image: the tax year.       Image: the tax year.         a Total number of conservation easements       Image: the tax year.       Image: tax year.       Image: tax year.         b Total accesser estricted by conservation easements on a certified historic structure included in (a)       Image: tax year.       Image: tax year.       Image: tax year.         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       Image: tax year.       Image: tax year.       Image: tax year.         c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       Image: tax year.       Image: tax year.       Image: tax year.         c Number of states where property subject to conservation easement is located to volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       Image: tax year.         c Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       Image: tax year.       Image: tax year.         s Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)       Image: tax year.       Image: tax year.       Image: tax year.         s Image: tax year.         7			• •						
a Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2b   c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d   4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year	2	·	• •	ied conservation contribution in the form of a c	onserva				
b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   ▶						Held at the End of the Tax Year			
c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶	a								
d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >		•							
listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					2c				
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d								
<ul> <li>year ▶</li></ul>	•					al a face de la desa			
<ul> <li>Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>s</li> <li>a Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i))</li> <li>and section 170(h)(4)(B)(iii)?</li> <li>yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, o</li></ul>	3		vation easements modified, transferred, rei	eased, extinguished, or terminated by the organ	lization	during the tax			
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items:</li> <li>i) Revenue included in Form 990, Part X</li> <li>\$</li> <li>2 If the organization received or held works of art, historical treasures</li></ul>	л		where property subject to conservation eas	sement is located					
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	-								
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li>\$</li></ul>	Ŭ	6				Yes No			
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6	,							
<ul> <li>\$</li></ul>	-	•	5, T 5,	5		5 ,			
<ul> <li>\$</li></ul>	7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	asement	ts during the year			
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>b Assets included in Form 990, Part X<th></th><th>× .</th><th></th><th></th><th></th><th></th></li></ul>		× .							
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>	8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	B)(i)				
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>		and section 170(h)	(4)(B)(ii)?			Yes No			
organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part</li></ul>	9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stater	ment an	d			
<ul> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>		balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	nat desc	cribes the			
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> <li>S</li> <l< th=""><th></th><th></th><th></th><th></th><th><u></u></th><th><b>.</b> .</th></l<></ul>					<u></u>	<b>.</b> .			
<ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part XIII, line 1</li> <li>\$</li> <li>\$</li> </ul> </li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>	Pa	_	-		Simila	r Assets.			
<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> </ul> </li> </ul>									
<ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>	<b>1</b> a	-		-					
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>					ince of p	public			
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<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>				exhibition, education, or research in furtherance	e of put	DIIC SERVICE,			
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>		-				¢			
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>									
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X }	0								
a Revenue included on Form 990, Part VIII, line 1         b Assets included in Form 990, Part X	2				PLOVIDE	5			
b Assets included in Form 990, Part X	~	-		-		¢			

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	imilar As	sets <sub>(conti</sub>	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	ake signi	ficant use of	fits			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exempt	purpose in	Part XIII.			
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other s	imilar as	sets				
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Ye	es" on Fo	rm 990, Par	t IV, line 9, o			
19	Is the organization an agent, trustee, custodia		any for contribution	s or other assets	s not incl	uded				
Ia							Yes		No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a									
			owing table.				Amour	nt		
с	Beginning balance					1c	,			
	Additions during the year					1d				
	Distributions during the year					1e				
f						1f				
	Did the organization include an amount on Fo					· · · · ·	Yes		No	
	If "Yes," explain the arrangement in Part XIII.								Ī	
Par										
		(a) Current year	(b) Prior year	(c) Two years b		Three years I	back (e) Fou	r years	back	
1a	Beginning of year balance	34,032,392.	30,062,317.	35,127,0	93.	31,882,9	79. 26	,438,	,168.	
	b Contributions 863,407. 842,210. 1,058,324. 1,426,701. 5,756,981.									
	c Net investment earnings, gains, and losses -1,523,671. 5,268,7343,049,552. 4,567,081. 2,012,126.									
d	Grants or scholarships	4,226,279.	2,140,869.	3,073,5	548.	2,749,6	68. 2	,324,	,296.	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	29,145,849.	34,032,392.	30,062,3	317.	35,127,0	93. 31	,882,	979.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	61.75	_%							
b	Permanent endowment  38.25	%								
с	Term endowment ► .00 g	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered	for the o	organization				
	by:							Yes	No	
	(i) Unrelated organizations						3a(i)	Х		
	(ii) Related organizations								X	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or of	• •	or other	• •	umulated	(d) Boo	ok valu	e	
		basis (investm	nent) basis	(other)	depre	ciation				
1a	Land									
	Buildings		76	1,704.	3	8,085.	72	3,6	<u>19.</u>	
С	Leasehold improvements							<u> </u>		
d	Equipment		10	4,341.	4	0,971.	6	3,3	70.	
	Other							<u> </u>	<u> </u>	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part λ	K. column (B), line 1	0c <u>.</u> )				6,9		
						Sche	edule D (Fori	n 990)	) 2019	

Schedule D (Form 990) 2019 UMRC FOUNDA	TION, INC.	38	-3443089 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	14,995,751.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,995,751.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15,	
	Description		(b) Book value
(1)	· ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)	►	

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

Schedule D (Form 990) 2019

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Sche	edule D (Form 990) 2019 UMRC FOUNDATION, INC.		38-3443089 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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		
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
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 (Describe in Part XIII.)	<b>2</b> d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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 <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

MANAGEMENT OF UMRC CAN REQUEST DISBURSEMENTS FROM THE FOUNDATION AS

REIMBURSMENT FOR 100% OF RESIDENT BENEVOLENT CARE EXPENSES, 100% OF

DEVELOPMENT AND FUNDRAISING EXPENSES AND TO SUPPORT OTHER CAPITAL AND

OPERATIONAL PROJECTS OF UMRC.

PERMANENT ENDOWMENT - EARNINGS ARE DISTRIBUTED TO UMRC TO FUND THE COST OF

BENEVOLENT CARE FOR RESIDENTS.

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Schedule D (Form 990) 2019

Example 1 the organization answered "yes" on Form 980, Part IV, line 14b, 15, or 16     Section 1     Section	SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites	OMB No. 1545-0047
Implementation of a mean product mean product a mean product a mean product a mean produ	(Form 990)						2010
Initial Honorabotic         Image of the organization         Image of the organization         Image of the organization           UMRC POUNDATION, INC.         38–33443089         38–3443089           Part I deneral Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 900 Part I, line 3 table can be deplicated in additional space is needed)         Yes   No           2         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         (e) If activity isted in (d) is a program excit, may be oblighted in the region of the organization. The topology is distributed if additional space is needed)         (f) Total agents, and the region of the organization amount of its grants and other assistance outside the United States.           3         Activities por Region. (The totowing Part I, line 3 table can be duplicated if additional space is needed)         (f) Total agents, and in the region of the region o	Department of the Treasury	•	Ū				Open to Public
UNIC FOUNDATION, INC.         38-3443089           Part General Information on Activities Outside the United States. Complete if the organization answared Yes' on Form 900, Part N, line 14b.         For grantmakers. Deste the organization maintain records to substantiate the amount of its grants and other assistance. In the grantes: eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.         Image: Complete the grants or assistance outside the united States.           2         For grantmakers. Deste the organization amount of its grants and other assistance outside the united States.         Image: Complete the organization amount of its grants and other assistance outside the united States.           3         Activities per Region (The following Part Line 3 table can be duplicated if additional space is needed): Image: Complete the organization amount of its grants and other assistance outside the united States.         Image: Complete the organization amount of its grants and other assistance outside the united States.           3         Activities per Region (The following Part Line 3 table can be duplicated if additional space is needed): Image: Complete the organization amount of its grants and other assistance outside in the region or the region in the region or the region	Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	information.		
Part I         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 900, Part IV, line 1db.           For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance (	Name of the organization					Employer	identification number
Earm 300, Part V, line 14b.           1         For grantmakers. Does to expandition maintain records to substantiate the anound of its grants and other assistance. If Yes in No           2         For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         (a) Region         (b) Number of its approximation in the region of	UMRC FOUNDATION	, INC.				38-344	13089
• Por grantmakers. Describe in regarization maintain records to substantiate the anount of its grants and other assistance.         Image: mail to assistance assistance and the selection criteria used to award the grants or assistance?         Image: mail to assistance assistance assistance.         Image: mail to assistance assistance assistance.         Image: mail to assistance assistance.         Image: mail to assistance assistance.         Image: mail to assistan			ctivities Out	side the United States. Comple	te if the organ	ization answe	ered "Yes" on
the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance;       Ves       No         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance cutside the united States.       (a) Region       (b) Number of the oflowing Part I, line 3 table can be duplicated if additional space is needed.       (c) Region       (b) Number of the oflowing Part I, line 3 table can be duplicated if additional space is needed.       (c) Additive space is needed.       (c) Total second						· .	
United States.           3 Activities per Region. (The following Part L line 3 table can be duplicated if additional space is needed.)           (a) Region         (b) Number of offices agents, and agents, and offices agents, and offices agents, and offices agents, and agents, and offices agents, and offices agents, and agents, and agents, and agents, and offices agents, and agents, and agents, and agents, and offices agents, and agents, agents, and agents, and agents, and agents, and agents, and agents,	•	•		•		-	Yes No
(a) Region       (b) Number of offices in the region       (c) Number of employees agents, and comparations in the region       (d) Activity listed in (d) is a program service, gents, investments, grants to recipients located in the region       (e) I drativity listed in (d) escribe specific type of service(s) in the region       (f) Total escribe specific type of service(s) in the region         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         CENTRAL AMERICA AND       0       0       INVESTMENTS       6, 333, 854.         Intervisional Statistica       0       0       Intervisional Statistica       6, 333, 854.         Intervisional Statistica       0       0       0       Inter		cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
Contractors in the region         employees against an incontractors in the region         (by type) (such as, fundialing, pro- against and recipients located in the region)         is a program service, describe specific type of service(s) in the region         expenditures for and investments recipients located in the region)           CENTRAL AMERICA AND THE CARIBBEAN         0         0         TWVESTMENTS         5, 333, 854.           CENTRAL AMERICA AND THE CARIBBEAN         0         0         TWVESTMENTS         6, 333, 854.           CENTRAL AMERICA AND THE CARIBBEAN         0         0         TWVESTMENTS         6, 333, 854.           CENTRAL AMERICA AND THE CARIBBEAN         0         0         TWVESTMENTS         6, 333, 854.           CENTRAL AMERICA AND THE CARIBBEAN         0         0         TWVESTMENTS         6, 333, 854.           CENTRAL AMERICA AND THE CARIBBEAN         0         0         CONTRACT         0         0           CENTRAL AMERICA AND THE CARIBBEAN         0         0         CONTRACT         0         0         0         0         0	3 Activities per Region. (T	he following Part			eeded.)		r
THE CARIBBEAN       0       0       INVESTMENTS       6,333,854.         Image: Constraint of the state of	(a) Region	offices	agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service specific type	e expenditures for and investments
THE CARIBBEAN       0       0       INVESTMENTS       6,333,854.         Image: Constraint of the state of							
3 a Subtotal         0         0         6,333,854.           b Total from continuation sheets to Part I         0         0         0.	CENTRAL AMERICA AND						
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sheets to Part I         0         0         0.         0.           c Totals (add lines 3a             0.			, ř				
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and 3b) 0 0 0 6,333,854.		0	0				6,333,854.

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

Schedule F (Form 990) 2019

932071 10-12-19

UMRC FOUNDATION, INC.

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
by the IRS, or for whic	<ul> <li>2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt</li> <li>by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li> <li>3 Enter total number of other organizations or entities</li> </ul>										

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method o valuation (book, FMV appraisal, oth

33

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

### Part V Supplemental Information

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

932075 10-12-19	Schedule F (Form 990) 201
	35

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-		Attach to For				Open to Public
		Go to www.ii	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization UMRC FC	DUNDATION, I	NC.					Employer identification number 38-3443089
Part I General Information on Gra							
<ol> <li>Does the organization maintain recorrection of the grants or criteria used to award the grants or</li> <li>Describer a Det N/Hermanization</li> </ol>	assistance?				-		
2 Describe in Part IV the organization Part II Grants and Other Assistance					onization answered "		IV line O1 for only
Part II Grants and Other Assistanc recipient that received more t	-				anization answered f	es on Form 990, Pan	TV, III e 21, IOF any
<b>1 (a)</b> Name and address of organizati or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED METHODIST RETIREMENT COMMUNITY - 805 W MIDDLE ST - CHELSEA, MI 48118	38-1366908	501(C)(3)	398,030.	0.	CASH		BENEVOLENT CARE & OTHER
<ul> <li>2 Enter total number of section 501(c)</li> <li>3 Enter total number of other organization</li> </ul>	ations listed in the line	1 table					<u>1.</u> 0.

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

Schedule I (Form 990) (2019)

UMRC FOUNDATION, INC.

38-3443089

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY AID	7	5,365.	0	CASH AMOUNT	
		5,303.			
MPLOYEE SCHOLARSHIPS	13	1,270.	0.	CASH AMOUNT	
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
HE UMRC FOUNDATION BOARD OF DIR					
OF OLDER ADULTS IN THE COMMUNITI	ES UMRC SER	VES. GRAN	IT RECIPIEN	TS ARE	
ELECTED BY THE UMRC FOUNDATION	BOARD AND A	RE VERIFIE	D TO BE A	NON-PROFIT	
RGANIZATION IN GOOD STANDING.	THE GRANT R	ECIPIENT I	S INVITED	TO PRESENT	

TO THE BOARD AND REPORT IN WRITING ON THE OUTCOMES OF THE GRANT AND HOW THE

FUNDS WERE USED.

SCHEDULE O

(Form 990 or 990-EZ)

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



Employer identification number 38 - 3443089

PART I LINE 1

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

INC.

UMRC FOUNDATION,

CARING FOR OLDER ADULTS SINCE ITS FAITHFUL FOUNDING IN 1906. WITH A

TRADITION OF EXCEPTIONAL QUALITY AND COMMITMENT TO CUTTING-EDGE CARE,

TODAY UMRC OFFERS MICHIGAN'S MOST DIVERSE CONTINUUM OF HOUSING OPTIONS

AND SERVICES ACROSS 12 COUNTIES TO OLDER ADULTS OF ALL INCOME LEVELS.

UMRC FOUNDATION WAS CREATED IN 1998 AS THE FUNDRAISING ARM SUPPORTING BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR SAVINGS, AS WELL

AS GROWTH OPPORTUNITIES FOR THE ORGANIZATION. UMRC FOUNDATION'S

MISSION IS TO PROMOTE THE WELLNESS, DIGNITY, AND INDEPENDENCE OF

SENIORS BY SUPPORTING THE RESIDENTS, STAFF, AND COMMUNITIES UMRC

SERVES.

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

PAGE 2, PART III, LINE 1

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Name of the organization	Employer identification number
UMRC FOUNDATION, INC.	38-3443089
CARING FOR OLDER ADULTS SINCE ITS FAITHFUL FOUNDING IN 190	6. WITH A
TRADITION OF EXCEPTIONAL QUALITY AND COMMITMENT TO CUTTING	-EDGE CARE,
TODAY UMRC OFFERS MICHIGAN'S MOST DIVERSE CONTINUUM OF HOU	SING OPTIONS
AND SERVICES ACROSS 12 COUNTIES TO OLDER ADULTS OF ALL INC	OME LEVELS.
UMRC FOUNDATION WAS CREATED IN 1998 AS THE FUNDRAISING ARM	SUPPORTING
BENEVOLENT CARE FOR RESIDENTS WHO HAVE OUTLIVED THEIR SAVI	NGS, AS WELL
AS GROWTH OPPORTUNITIES FOR THE ORGANIZATION. UMRC FOUNDA	TION'S

MISSION IS TO PROMOTE THE WELLNESS, DIGNITY, AND INDEPENDENCE OF

SENIORS BY SUPPORTING THE RESIDENTS, STAFF, AND COMMUNITIES UMRC

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CAPITAL IMPROVEMENTS, TRANSFORMING EXISTING BUILDINGS AND CONSTRUCTING NEW ONES THAT PROVIDE THE UTMOST IN PERSONAL COMFORT AND AMENITIES FOR MICHIGAN'S GROWING POPULATION OF OLDER ADULTS.

LIFE ENRICHMENT	FOR OLDER	ADULTS,	HELPING	THE	OLDER	ADULTS	WE	SERVE	AT	_
932212 09-06-19						Schedu	ule O	(Form 990 c	or 990-EZ) (2019)	_
			39							
13370209 147228 280	22-4		2019.05	050	UMRC 1	FOUNDATI	ON,	INC.	28022	-43

Schedule	Schedule O (Form 990 or 990-EZ) (2019)									F	<sup>-</sup> age <b>2</b>		
Name of the organization									Emp	Employer identification number			
		U	MRC FOUND	ATION, 🗄	INC.					38-3443089			
UMRC	FIND	THEIR	PURPOSE,	FOLLOW	THEIR	PASSIONS,	AND	LIVE	LIFE	TO THE			

FULLEST.

WITH A FOCUS ON THE HEALTH, WELL-BEING, AND SECURITY OF OLDER ADULTS,

AS WELL AS THE EDUCATION AND RETENTION OF OUR OUTSTANDING TEAM MEMBERS,

THE UMRC FOUNDATION'S FOUR PRIORITY INITIATIVES INCLUDE:

O BENEVOLENT CARE, ENSURING THAT ELIGIBLE RESIDENTS WHO OUTLIVE

THEIR FINANCIAL RESOURCES ALWAYS HAVE A LOVING HOME AT UMRC.

O CAPITAL IMPROVEMENTS, TRANSFORMING EXISTING BUILDINGS AND

CONSTRUCTING NEW ONES THAT PROVIDE THE UTMOST IN PERSONAL COMFORT AND

AMENITIES FOR MICHIGAN'S GROWING POPULATION OF OLDER ADULTS.

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

O EMPLOYEE SUPPORT SERVICES, INCLUDING COMPETITIVE STAFF

SCHOLARSHIPS AND EMERGENCY AID FOR OUR DEDICATED TEAM MEMBERS.

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

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

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

THE PRESIDENT AND CEO OF UNITED METHODIST RETIREMENT COMMUNITIES (UMRC),

THE PRESIDENT OF THE UMRC FOUNDATION AND THE CHIEF FINANCIAL OFFICER OF

UMRC SHALL EACH SERVE ON THE UMRC FOUNDATION BOARD OF DIRECTORS,

EX-OFFICIO, WITH VOTE. THE REMAINING DIRECTORS SHALL BE ELECTED BY THE UMRC

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FOUNDATION BOARD OF DIRECTORS AND APPOINTED BY THE BOARD OF TRUSTEES OF 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (20

2019.05050 UMRC FOUNDATION, INC. 28022-43

UMRC

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

DRAFT OF 990 IS REVIEWED BY THE UMRC FOUNDATION PRESIDENT, TREASURER, AND

BOARD CHAIR. A REDACTED COPY OF THE RETURN IS SENT TO THE UMRC FOUNDATION

BOARD OF DIRECTORS AND UMRC BOARD OF TRUSTEES FOR COMMENT PRIOR TO

SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

UMRC FOUNDATION EXPECTS ITS BOARD MEMBERS AND STAFF TO CONDUCT THE BUSINESS OF THE UMRC FOUNDATION IN A LEGAL AND ETHICAL MANNER, OBSERVING THE HIGHEST STANDARDS OF INTEGRITY AND BUSINESS ETHICS WHEN ACTING ON BEHALF OF THE UMRC FOUNDATION, THESE INDIVIDUALS SHOULD ACT SOLELY FOR THE BENEFIT OF THE UMRC FOUNDATION. EACH BOARD AND/OR STAFF MEMBER SHOULD AVOID ANY FINANCIAL RELATIONSHIP OR OTHER SITUATION WHICH REPRESENTS A CONFLICT BETWEEN UMRC INTERESTS AND OTHER PERSONAL INTERESTS OF THE INDIVIDUAL. THE UMRC POLICY ON CONFLICT OF INTEREST IS DISTRIBUTED ANNUALLY TO MEMBERS OF THE UMRC BOARD OF TRUSTEES, UMRC PRESIDENT AND CEO, AND UMRC ADMINISTRATIVE STAFF, INCLUDING DEPARTMENT HEADS AND CENTRAL SUPPLY STAFF. AT THE TIME OF THE DISTRIBUTION OF THE POLICY, EACH PERSON WILL BE GIVEN THE OPPORTUNITY TO DISCLOSE REAL OR PONTENTIAL CONFLICTS OF INTEREST, WHICH WILL BE KEPT CONFIDENTIAL. DISCLOSURES OF ANY POTENTIAL CONFLICTS OF INTEREST BY TRUSTEES AND/OR STAFF ARE FORWARDED TO THE GOVERNANCE COMMITTEE FOR REVIEW. ANY TRANSACTION BETWEEN UMRC AND AN ENTITY AFFECTED BY A CONFLICT OF INTEREST OF ANY UMRC EMPLOYEE OR TRUSTEE SHALL NOT BE VOID BUT SHALL BE VALID IF 1) THE TRANSACTION IS FAIR AND REASONABLE, 2) THE MATERIAL FACTS OF THE CONFLICT ARE DISCLOSED TO THE BOARD OF TRUSTEES OR GOVERNANCE COMMITTEE, 3) THE TRANSACTION IS DISCUSSED AND VOTED UPON BY THE BOARD OR Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 41

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization UMRC FOUNDATION, INC.	Employer identification number 38-3443089
COMMITTEE OUTSIDE THE PRESENCE OF THE AFFECTED INDIVIDUAL,	4) THE
TRANSACTION IS APPROVED, AND 5) THE MINUTES OF THE BOARD O	R COMMITTEE
REFLECT COMPLIANCE WITH THE POLICY. INDIVIDUALS WITH A CON	FLICT ARE NOT
PERMITTED TO BE PRESENT DURING DISCUSSIONS OR ANY VOTE REG	ARDING THE
CONFLICT OF INTEREST. ANY TRUSTEE OF THE UMRC BOARD WHO BE	COMES AWARE OF A
RELATIONSHIP THAT DOES, OR MIGHT, CONSTITUTE A CONFLICT OF	INTEREST AFTER
COMPLETING AND SIGNING THIS FORM MUST FILE AN UPDATED FORM	•
FORM 990, PART VI, SECTION B, LINE 15:	
LINE 15A:	
THE UMRC FOUNDATION PRESIDENT IS PAID BY UMRC. EVERY THREE	YEARS, UMRC
HIRES AN INDEPENDENT CONSULTANT TO PERFORM A COMPENSATION	STUDY, MOST
RECENTLY COMPLETED IN 2018. IN INTERIM YEARS, UMRC USES IN	DUSTRY STANDARD
COMPENSATION STUDIES FROM MULTIPLE SOURCES. ALL FINDINGS A	RE DOCUMENTED AND
PRESENTED TO UMRC'S BOARD OF TRUSTEES AND COMPENSATION COM	MITTEE. UTILIZING
THESE RESULTS, SALARY INCREASES ARE SET BY THE UMRC PRESID	ENT AND CEO AND
CHIEF HUMAN RESOURCES OFFICER.	
LINE 15B:	
ALL EMPLOYEES OF THE UMRC FOUNDATION ARE PAID BY UMRC. EV	ERY THREE YEARS,
UMRC HIRES AN INDEPENDENT CONSULTANT TO PERFORM A COMPENSA	TION STUDY, MOST

RECENTLY COMPLETED IN 2018. IN INTERIM YEARS, UMRC USES INDUSTRY STANDARD

COMPENSATION STUDIES FROM MULTIPLE SOURCES. ALL FINDINGS ARE DOCUMENTED AND

PRESENTED TO UMRC'S BOARD OF TRUSTEES AND COMPENSATION COMMITTEE. UTILIZING

42

THESE RESULTS, SALARY INCREASES ARE SET BY THE UMRC PRESIDENT AND CEO AND

CHIEF HUMAN RESOURCES OFFICER.

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

932212 09-06-19

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

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization UMRC FOUNDATION, INC.	Employer identification number 38-3443089
UMRC FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON TH	E UMRC FOUNDATION
WEBSITE (WWW.UMRC.COM), AND SUCH NONPROFIT DATABASE SITES	AS GUIDESTAR AND
FOUNDATION CENTER. UMRC FOUNDATION'S GOVERNING DOCUMENTS A	ND CONFLICT OF
INTEREST POLICY, IN ADDITION TO ITS FINANCIAL STATEMENTS,	ARE AVAILABLE
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS TO UMRC	-475,001.
UNCOLLECTIBLE PLEDGES	-6,618.
TOTAL TO FORM 990, PART XI, LINE 9	-481,619.
PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
932212 09-06-19 Sched 43	dule O (Form 990 or 990-EZ) (2019)

## **Related Organizations and Unrelated Partnerships**

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

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

Department of the Treasury Internal Revenue Service

### Name of the organization

SCHEDULE R (Form 990)

UMRC FOUNDATION, INC.

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
THE CASCADE PACE INC - 46-5362872					UNITED METHODIST		
805 W MIDDLE ST					RETIREMENT		
CHELSEA, MI 48118	NSG CARE	MICHIGAN	501(C)(3)	LINE 10	COMMUNITIES	X	
THE WASHTENAW PACE INC - 27-5067787					UNITED METHODIST		
805 W MIDDLE ST					RETIREMENT		
CHELSEA, MI 48118	NSG CARE	MICHIGAN	501(C)(3)	LINE 10	COMMUNITIES	X	
UNITED METHODIST RETIREMENT COMMUNITIES -							
38-1366908, 805 W MIDDLE ST, CHELSEA, MI	7						
48118	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 12A, I	N/A		Х
PORTER HILLS PRESBYTERIAN VILLAGE -					UNITED METHODIST		
38-6141735, 4450 CASCADE ROAD, GRAND RAPIDS,	NSG CARE AND ASSISTED				RETIREMENT		
MI 49564	LIVING	MICHIGAN	501(C)(3)	LINE 10	COMMUNITIES	x	

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

Schedule R (Form 990) 2019

Employer identification number 38-3443089

2019 Open to Public Inspection Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	cont organi	<b>g)</b> 512(b)(13) trolled ization?
PORTER HILLS FOUNDATION - 38-3243846					PORTER HILLS	Yes	No
4450 CASCADE ROAD	SUPPORTING ORGANIZATION				PRESBYTERIAN		
GRAND RAPIDS, MI 49546	WITH PUBLIC CHARITY STATUS	MTCHTGAN	501(C)(3)	LINE 7	VILLAGE	x	
MEADOWLARK RETIREMENT HOME - 38-3373281					PORTER HILLS		<u> </u>
4450 CASCADE ROAD	-				PRESBYTERIAN		
GRAND RAPIDS MI 49546	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 10	VILLAGE	x	
WALKER MEADOW RETIREMENT COMMUNITY, INC					PORTER HILLS		
38-3283760, 1101 WILSON AVE, WALKER, MI	-				PRESBYTERIAN		
49534	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
SENORA WOODS RETIREMENT COMMUNITY INC					PORTER HILLS		
38-3382610, 3781 GIDDINGS AVE, GRAND RAPIDS,	-				PRESBYTERIAN		
MI 49508	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
					PORTER HILLS		
SPARTA RETIREMENT COMMUNITY, INC	-				PRESBYTERIAN		
38-3445251, 100 IDA ROAD, SPARTA, MI 49345	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
RIVER GROVE RETIREMENT COMMUNITY INC					PORTER HILLS		
38-3519530, 5761 JUPITER AVE, BELMONT, MI	-				PRESBYTERIAN		
49306	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
BAILEYS GROVE RETIREMENT COMMUNITY INC					PORTER HILLS		
38-3643825, 5252 BAILEYS CENTER DRIVE SE,	-				PRESBYTERIAN		
KENTWOOD, MI 49512	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
STATION CREEK RETIREMENT COMMUNITY -					PORTER HILLS		
20-0771871, 10010 CROSSROAD COURT SE,	-				PRESBYTERIAN		
CALEDONIA, MI 49316	RETIREMENT COMMUNITY	MICHIGAN	501(C)(3)	LINE 7	VILLAGE	x	
LIFE CIRCLES - 26-0170498					PORTER HILLS		
560 SEMINOLE ROAD	-				PRESBYTERIAN		
MUSKEGON, MI 49444	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 10	VILLAGE	x	
UMRCPH, INC 38-3358620					UNITED METHODIST		
805 W MIDDLE ST	7				RETIREMENT		
CHELSEA, MI 48118	PRIVATE DUTY COMPANY	MICHIGAN	501(C)(3)	LINE 10	COMMUNITIES	x	
PORTER HILLS AT HOME - 45-3469541					PORTER HILLS		
4450 CASCADE ROAD	7				PRESBYTERIAN		
GRAND RAPIDS, MI 49546	HOME CARE	MICHIGAN	501(C)(3)	LINE 10	VILLAGE	x	
PORTER HILLS HOME HEALTH WEST - 38-3384372					PORTER HILLS		
4450 CASCADE ROAD SE STE 200					PRESBYTERIAN		
GRAND RAPIDS, MI 49546	CERTIFIED HOME HEALTH	MICHIGAN	501(C)(3)	LINE 10	VILLAGE	x	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	amount in box 20 of Schedule	manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	lo
DETROIT AFFORDABLE ASSISTED LIVING - 27-4332152, 805 W MIDDLE ST, CHELSEA, MI 48118	SENTOR HOUSING	MI	UMRC		0.	0.		x	N/A		.00%
MIDDLE SI, CHELSEA, MI 40110	SENIOR HOUSING	MT	OHRC		٥.	0.		<u>^</u>	N/A	╞╴┦	00%
	-										
	-										
	-										
	-										
										+	
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	-										
	1										

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
101			Yes	No				
· ·	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			x				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a						
	Gift, grant, or capital contribution to related organization(s)	1b	X	<u> </u>				
	Gift, grant, or capital contribution from related organization(s)	1c	X	<u> </u>				
	Loans or loan guarantees to or for related organization(s)	1d	X	L				
е	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		X				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
-								
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X					
	Sharing of paid employees with related organization(s)	10		X				
р	Reimbursement paid to related organization(s) for expenses	1p	X					
q	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(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, including covered relationships and transaction thresholds.							

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

### Schedule R (Form 990) 2019 UMRC FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

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

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

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

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

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

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

Type or	Name of exempt organization or other filer, see instruct		Taxpayer identification number (TIN)						
print	UMRC FOUNDATION, INC.	38-3443089							
File by the due date for filing your									
return. See instructions	City, town or post office, state, and ZIP code. For a for CHELSEA, MI 48118	reign add	ress, see instructions.						
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Application			Application		Return				
Is For		Code	Is For		Code				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07			
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09			
Form 990-PF		04	Form 5227			10			
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	D-T (trust other than above)	06	Form 8870			12			
	KIM HOPPE								
	ooks are in the care of $\blacktriangleright$ 805 W MIDDLE ST	' - CH	IELSEA, MI 48118						
	hone No. ▶ (734) 433-1000		Fax No. 🕨						
	organization does not have an office or place of business								
<ul> <li>If this</li> </ul>	is for a Group Return, enter the organization's four digit G	Group Exe	mption Number (GEN) I	f this is fo	r the whole group, cł	neck this			
box 🕨 🔄 . If it is for part of the group, check this box 🕨 🔄 and attach a list with the names and TINs of all members the extension is for.									
the ► ► 2 If t	e organization named above. The extension is for the orga	nization's	return for:	the exem	npt organization retur · n	n for			
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less						
an	y nonrefundable credits. See instructions.	3a	\$	0.					
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069,								
es	timated tax payments made. Include any prior year overpa	3b	\$	0.					
c Ba	lance due. Subtract line 3b from line 3a. Include your pay	yment witl	n this form, if required, by						
us	ing EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.					
	: If you are going to make an electronic funds withdrawal (			53-EO an	d Form 8879-EO for	payment			
LHA I	For Privacy Act and Paperwork Reduction Act Notice, s MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	' OF I EVENU	HE TREASURY E SERVICE CENTER		Form <b>8868</b> (Re	v. 1-2020)			

923841 12-30-19