990

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization D Employer identification number **B** Check if applicable: CHILDREN'S HOSPITAL OF MICHIGAN **FOUNDATION** 32-0087353 Name change Initial return Doing business as THE CHILDREN'S FOUNDATION Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3011 W GRAND BLVD 218 Application pending (313) 964-6994 City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI $\,$ 48202 $\,$ **G** Gross receipts \$ 66,290,680 Name and address of principal officer: H(a) Is this a group return for ANDREW STEIN Yes 🔽 No subordinates? 3011 W GRAND BLVD 218 **H(b)** Are all subordinates DETROIT, MI 48202 included? Tax-exempt status: $\boxed{\checkmark}$ 501(c)(3) $\boxed{\boxed{}}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{\boxed{}}$ 4947(a)(1) or $\boxed{\boxed{}}$ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: WWW.YOURCHILDRENSEOUNDATION.ORG L Year of formation: 2003 M State of legal domicile: MI K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: TO SUPPORT PEDIATRIC RESEARCH, EDUCATION, COMMUNITY BENEFIT PROGRAMS, AND OTHER (SEE SCH O) INITIATIVES TO IMPROVE THE HEALTH OF CHILDREN IN MICHIGAN. Activities & Governance 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 1 4 1 Number of independent voting members of the governing body (Part VI, line 1b) . 3 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) \cdot Total number of volunteers (estimate if necessary) 290 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 • 0 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 7,263,382 6,116,995 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8,950,536 5,678,492 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,582,966 -249,284 18,796,884 11,546,203 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 8,790,232 8,528,752 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,823,691 3,601,142 15 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 4,225 Total fundraising expenses (Part IX, column (D), line 25) ▶1,967,134 b 4,410,606 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 3,831,677 15,445,600 16,544,725 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 3,351,284 -4,998,522 Assets or d Balances **Beginning of Current End of Year** Total assets (Part X, line 16) 153,035,262 120,534,198 Total liabilities (Part X, line 26) 2,314,630 2,118,663 150,720,632 Net assets or fund balances. Subtract line 21 from line 20 . 118,415,535 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2023-10-26 Signature of officer Date Sian ANDREW STEIN PRESIDENT & CEO Here Type or print name and title Preparer's signature Print/Type preparer's name Check if 2023-10-26 P00904574 **Paid** self-employed Firm's EIN 🕨 38-1357951 Firm's name PLANTE & MORAN PLLC **Preparer** Firm's address > 2601 CAMBRIDGE CT STE 300 **Use Only** Phone no. (248) 375-7100 AUBURN HILLS, MI 48326 Yes No May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y

FOLLOWING: FUNDING TO TEACH CHILDREN'S HOSPITAL OF MICHIGAN ("CHM") PATIENTS AND FAMILIES ABOUT SAFETY TO REDUCE THE NUMBER OF UNINTENTIONAL INJURIES TO CHILDREN FUNDING TO ASSIST FAMILIES WHO ARE EXPERIENCING FINANCIAL HARDSHIP RELATED TO MEDICAL CARE AND SPECIAL NEEDS OF THEIR CHILDREN FUNDING FOR PSYCHOSOCIAL AND SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES FACING CHRONIC AND ACUTE LIFE-THREATENING ILLNESSES FUNDING TO SUPPORT MENTAL AND BEHAVIORAL HEALTH PROGRAMS FOR CHILDREN AND TEENS, INCLUDING THOSE PROVIDING SUICIDE PREVENTION, GRIEF SUPPORT, AND TRAUMA THERAPY, AMONG OTHERS FUNDING TO SUPPORT HEALTHY LIVING PROGRAMS AIMED AT YOUTH AND THEIR FAMILIES, INCLUDING OBESITY INTERVENTION AND NUTRITIONAL EDUCATION, AS WELL AS THOSE ADDRESSING FOOD INSECURITY FOR AT-RISK CHILDREN AND FAMILIES FUNDING FOR PROGRAMS AIMED AT THE PREVENTION OF PHYSICAL AND SEXUAL ABUSE OF CHILDREN AND TEENS, AS WELL AS TREATMENT SERVICES AT CHILD ADVOCACY CENTERS AND MENTORSHIP PROGRAMS FOR YOUTH IN FOSTER CARE FUNDING TO PROVIDE EYE SCREENINGS AND GLASSES TO STUDENTS IN NEED FUNDING TO SUPPORT VARIOUS ORGANIZATIONS PROVIDING ABA AND OTHER THERAPEUTIC SERVICES TO YOUTH WITH DEVELOPMENTAL DISABILITIES

) (Revenue \$

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including grants of \$

11,169,992

-	4d

(Expenses \$

Other program services (Describe in Schedule O.)

Total program service expenses

Form	990 (2022)			Page :
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6	Yes	
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of			l

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

15

16

17

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Nο

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Yes

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Yes

Form 9

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

Yes

Yes

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Nο

No

23

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

32

33

34

35a

35b

36

37

23

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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t IV	Checklist of Required Schedules (continued)		
		Yes	No

550	(2022)		rage
art IV	Checklist of Required Schedules (continued)		
		Yes	No

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

 $\overline{ extsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🥦 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			_
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		Νο
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country:			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Washibe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	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	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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	7h		
	Form 1098-C?	<i>7</i> n		
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		N o
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section Sol(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
	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.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		Νο
16	IS thesotomations in the investment income?	16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Section C. Disclosure

18

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

Form

Par

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t VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respons	e to lines	s
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		.
ctio	n A. Governing Body and Management		
		Yes	No

	Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	ee instructions.				. 🔽
Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		4 1			
	Y^{e} filter are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		•	,	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,			3		No
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 990 v	was	4		Νo
5	60° d the organization become aware during the year of a significant diversion of the 60°	organi	zation's assets?		5		Νo
6	Did the organization have members or stockholders?				6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow	er to	elect or appoint	one or			

	or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		, ,	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since	e the p	rior Form 990 was	4		Νo
5	600 d 100	organi	zation's assets? .	5		No
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	, ,	, ,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written acti year by the following:	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		Νο
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	even	ue Cod	e.)

3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 he organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	

6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	leven	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The control of the force of the Birch of the control of the force of t			

-	or persons other than the governing body?	,,,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νο
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

b	Each committee with authority to act on behalf of the governing body?	8b	Yes								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο							
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Reve										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	Yes								
15	Did the process for determining compensation of the following persons include a review and approval by										

apply. Own website Another's website Vpon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

Section 6104 requires an organization to make its Form 1023 (1024 or $\overline{1024}$ -A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

CA, FL, MD, MI, NJ, NY, NC, OH, RI, VA, WA, WI

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

See the instructions for the order in which to list the persons above.										
Check this box if neither the organization r	nor any related	organ	nization compensated an	у си	ırrer	nt offi	cer,	, director, or tru	stee.	<u> </u>
(A) Name and title	uı	(C) ition (do not check more inless person is both an director/truste	office)	cer a	and a	compensation cor from the from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	any hours for related organizations below dotted line)	0 =	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) LUANNE EWALD CHAIRPERSON	1.00	X		х				0	0	0
(2) CYNTHIA FORD	1.00	· x		х		[0	0	0
VICE CHAIR	0.00)		<u> </u>	\bigsqcup		\square			
(3) FRED MINTURN	ļ	· x		х				0	0	0
VICE CHAIR (4) RITA MARGHERIO	1.00 1.00	_	 	<u> </u>	\vdash	\vdash	$\vdash \vdash$			 I
(4) RITA MARGHERIO SECRETARY	ļ	· x		Х				0	0	0
(5) ANDY ZALESKI	0.00 1.00	+	+	<u> </u>	$\vdash\vdash$	\vdash	$\vdash \vdash$			
TREASURER	0.00	· X		Х				0	0	0
(6) MARY LU ANGELILLI	1.00)					П			
TRUSTEE	0.00	X				_		<u></u>	0	0
(7) LIZABETH ARDISANA	1.00) · X						0	0	0
TRUSTEE	0.00)	ļ	<u></u>						<u> </u>
(8) JACK BAKER TRUSTEE		· x						0	0	o
(9) JOHN BARKER	0.00 1.00)	-	<u> </u>	\vdash	\vdash	$\vdash \vdash$			 I
TRUSTEE	0.00							0	0	0
(10) KARL BELL	1.00)	†				П			
TRUSTEE	0.00							<u> </u>	0	0
(11) MIKE BEN	1.00) · X					$\lceil \ \ ceil$	0	0	0
TRUSTEE	1.00)		<u> </u>	<u> </u>	<u> </u>		-	-	-
(12) STEVE BLAHUNKA	1.00	· X						0	0	0
TRUSTEE	0.00 1.00	+		<u> </u>	igspace	<u> </u>	Ш			
(13) GREG BOCKART		×						0	0	0
TRUSTEE (14) JOAN BUDDEN	0.00 1.00	+	 	<u> </u>	\vdash	\vdash	\vdash			Ī
TRUSTEE		· x	!					0	0	0
(15) CHUCK BULLOCK TRUSTEE	1.00) · X						0	0	0
(16) BRIAN CALKA TRUSTEE	0.00	X						0	0	0
(17) JIM CARR TRUSTEE	0.00	· x						0	0	0
	•		-						Form 990 (2)	0221

(18) AJAY CHAWLA

(19) TOM CONSTAND

(20) DAN CORNWELL

(21) ROBERT DAVIES

(22) ZENNA ELHASAN

(23) MATT FRIEDMAN

(24) PETER GINOPOLIS

(25) STACY GOLDBERG

(27) JOCELYN HAGERMAN

TRUSTEE - PART YEAR

(28) STEVE HYLANT

(29) LORRON JAMES

(30) STEVE JBARA

(31) MABLE JONES

(32) LAURA KOWALCHIK

(33) DAVID KWON

(34) EDWARD LEVY

(35) MIKE MADISON

(36) SARAH MCDADE

(38) ANITA PENTA

(39) RYAN RUZZICONI

(40) SAMUEL SHAHEEN

(41) DONNELL WHITE

(42) KURTIS T WILDER

TRUSTEE - PART YEAR

(44) LAWRENCE BURNS

PRESIDENT AND CEO

(45) DAVID LOCHNER

(46) JODI L WONG

(47) TRACY MILLER

ASSISTANT SECRETARY (48) DOUG FERRICK

CHIEF FINANCIAL OFFICER

VICE PRESIDENT OF OPERATIONS

CHIEF DEVELOPMENT OFFICER

ASSISTANT VICE PRESIDENT DEVELOPMENT

DIRECTOR, CORPORATE & FOUNDATION RELATIONS

DIRECTOR OF MARKETING AND COMMUNICATIONS

CHIEF OFFICER, STRAT PARTNRSHIPS AND COMM

1b Sub-Total

Section B. Independent Contractors

\$100,000 of compensation from the organization \blacktriangleright 5

c Total from continuation sheets to Part VII, Section $\boldsymbol{\mathsf{A}}$.

\$100,000 of reportable compensation from the organization \blacktriangleright 10

on line 1a? If "Yes," complete Schedule J for such individual .

EXECUTIVE DIRECTOR OF JAMIE DANIELS

d Total (add lines 1b and 1c) .

(50) THERESE QUATTRICIOCCHI-LONGE

(49) JENNIFER RICHARD

(51) JILL NELSON

(52) TODD KRIEGER

FOUNDATION

3

5

CLARK HILL

DETROIT, MI 48226

500 WOODWARD AVENUE SUITE 3500

DOUGLAS MARKETING GROUP LLC

10900 HARPER ROAD SUITE 100 DETROIT, MI 48213 RDM ASSOCIATES

7457 M E CAD SUITE 200 CLARKSTON, MI 48348 AUDACY OPERATIONS

CLEVAND, OH 44194 CRAIN COMMUNICATIONS INC

1725 MERRIMAN RD 300 AKRON, OH 44313

(53) CHIRSTOPHER PERRY

(43) LYLE WOLBERG

TRUSTEE

TRUSTEE

TRUSTEE

......

(37) ERIK MORGANROTH

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(26) RICH HADDAD

TRUSTEE

TRUSTEE

TRUSTEE

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iplo yee

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(C)	(D)	(E)	(F)					
Name and title	Average	Position (do not check more than one box,	Reportable	Reportable	Estimated					
	hours per	unless person is both an officer and a	compensation	compensation	amount of					
	week (list	director/trustee)	from the	from related	other					
	any hours for	의 코 Institutional Trustee: 및 조 막표 코	organization	organizations	compensation					
	related	- 0 - 30 9	(W-2/1099-	(W-2/1099-	from the					
	organizations	6 9 9	MISC/1099-	MISC/1099-	organization					
	below dotted	0 6 3 7 7	NEC)	NEC)	and related					
	line)	to to			organizations					

trustee

1.00

0.00

1.00

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Total number of individuals (including but not limited to those listed above) who received more than

.

(A)

Name and business address

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

2 Total number of independent contractors (including but not limited to those listed above) who received more than

..X.

..X.

..X.

..X.

..X.

	Pag
ensated Employees (continued)	

0

0

0

0

0

0

0

0

360,866

190,262

156,800

215,876

145,200

120,506

129,129

122,863

116,58

0

3

4

5

(B)

Description of services

LEGAL

MARKETING

ACCOUNTING

ADVERTISING

MARKETING

Yes

Yes

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1,643,617

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46,912

21,296

11,904

8,512

12,900

24,214

19,707

10,410

17,784

18,627

192,266

No

Νo

Νo

428,592

241.993

240,905

227,455

214,200

Form 990 (2022)

(C)

Compensation

	Pag
Employees (continued)	

	Page
nued)	

Part		ent of Revenue Schedule O contains a res	enonco or no	to to ar	ov line in this Bar	+ \/!!!				Г
	CHECK II	chedule o contains a res	ponse or no		(A) Total revenue	(B) Related exemp	or ot on	(C) Unrelated business revenue	exc tax u	(D) Revenue luded from nder sections 12 - 514
Contr	butions, Gifts, Gr	ants, and OtherAmt Simi	lar Amounts	b Me c Full d Re e Gov f All and abd g Nor	mbership dues . Indraising events Iated organization vernment grants (con other contributions, g I similar amounts not	ns	1a 1b 1c 1d 1e 1f 1g	1,512,189 307,404 4,297,402 164,029		
			Business (6,116,	995
Program Service Revenue	b c d e f All other prog	gram service revenue.								
		nes 2a-2f 								
Other Revenue		b Less: rental expenses c Rental income or d (Ness) ental income 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	ment of tax-6 (i) R 56 56 or (loss). (i) Secu 76 56 77 56 draising events 1,512,189 of on line 1c). ses s) from fundr	exempt eal urities 5,604,669 4,248,482 f 8a 8b	bond proceeds (ii) Personal (ii) Other 2 235,65 486,27	7 0 0	356,183			2,356,183
		activities. See Part IV, line 19 b Less: direct expen	_	9a	11,05					
		b Less: direct expen c Net income or (loss 10a Gross sales of invereturns and allowar b Less: cost of goods c Net income or (loss	ntory, less nces s sold	10a 10b			1,329			1,329
					Business Code					
Othe	rRevenueMiscAn	b c d All other revenue								
		e Total. Add lines 11	la-11d .							
		12 Total revenue. See	instructions		•	11,	546,203	0	0	5,429,208

form 990 (2022)				Page 1
Part IX Statement of Functional Expenses	t complete all calus	ana All athan angar	inations must somple	ata saluma (A)
Section 501(c)(3) and 501(c)(4) organizations must	<u>.</u>	-	•	ete column (A).
Check if Schedule O contains a response or note to	any line in this Part			· · · L
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,360,616	8,360,616		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	168,136	168,136		
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	1,110,857	262,672	504,805	343,380
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	1,828,727	777,091	359,421	692,215
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,498	30,033	32,050	32,415
• • • • • • • • • • • • • • • • • • •	353,476	109,298	135,413	108,765
9 Other employee benefits	213,584	75,056	65,805	72,723
10 Payroll taxes	213,364	73,030	03,603	72,723
11 Fees for services (non-employees):				
a Management	427,134		427,134	
b Legal	265,415		265,415	
c Accounting	203,413		203,413	
d Lobbying	4,225			4,225
e Professional fundraising services. See Part IV, line 17			396,113	4,223
f Investment management fees	396,113	96 120	•	92.066
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	547,222	86,120	377,136	83,966
12 Advertising and promotion	70,266	4,122	60,144	6,000
13 Office expenses	779,982	44,575	240,632	494,775
14 Information technology				
15 Royalties				
16 Occupancy	164,832	4,354	160,478	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	52,090	35,168	10,729	6,193
20 Interest	20,273		20,273	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,045		23,045	
23 Insurance	51,542	1,598	46,824	3,120
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY OUTREACH	1,198,080	970,483	165,026	62,571
b OTHER NON OPERATING EXP	332,497	189,412	101,518	41,567
c DUES & MEMBERSHIP	59,237	39,993	12,201	7,043
d DONOR RELATIONS	16,686	11,265	3,437	1,984
e All other expenses	6,192			6,192
Total functional expenses. Add lines 1 through 24e	16,544,725	11,169,992	3,407,599	1,967,134
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

		(2022)					Page 11
P	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note to	any line in this Part IX .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments	3,262,425	2	5,126,034		
	3	Pledges and grants receivable, net			1,034,010	3	960,139
	4	Accounts receivable, net			143,355	4	156,711
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu		5			
		under section 4958(f)(1)), and persons described in the section 4958(f)(1).	ibeu i	11 Section 4938(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 .	 I		94,575	9	138,163
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	413,926			
	b	Less: accumulated depreciation	10b	259,121	92,629	10 c	154,805
	11	Investments—publicly traded securities .			91,557,442	11	67,465,079
	12	Investments—other securities. See Part IV, Ii		56,208,869	12	44,859,161	
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	641,957	15	1,674,106		
	16	Total assets: Add lines 1 through 15 (must e	qual li	ne 33)	153,035,262	16	120,534,198
	17	Accounts payable and accrued expenses .		630,221	17	858,043	
	18	Grants payable			1,669,409	18	127,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	e Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	ibutor, or 35%		22		
- 2	22	, , ,			22		
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		· —	15,000	24	1,133,620
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			15,000	25	1,133,020
	26	Total liabilities. Add lines 17 through 25 .			2,314,630	26	2,118,663
es		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔽 and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			35,163,051	27	21,133,683
d Ba	28	Net assets with donor restrictions		115,557,581	28	97,281,852	
Fund		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
or		complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fun		_		29	
Assets or	30	Paid-in or capital surplus, or land, building or		<u> </u>		30	
A	31	Retained earnings, endowment, accumulated i	ncome	e, or other funds	150,720,632	31 32	118,415,535
Net	32	Total net assets or fund balances					
1777	33	Total liabilities and het assets/fund balances			153,035,262	33	120,534,198 Form 990 (2022

Accounting method used to prepare the Form 990:

a separate basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Part XII

Schedule O.

Schedule O.

Separate basis

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column Financial Statements and Reporting

If the organization changed its method of accounting from a prior year or checked "Other," explain on

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Cash Accrual Other

Both consolidated and separate basis

9 10

2a

2b

За

3b

Yes

231,671 118,415,535 Yes No

Νo

Νo

Form 990 (2022)

basis, consolidated basis, or both: Consolidated basis Separate 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, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2022)		
Additional Data		Return to Form
	C. C	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

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.

Open to Public

OMB No. 1545-0047

Inspection

Schedule A (Form 990) 2022

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its a Type II, Type III functionally integrated, or Type III non			ne organization HOSPITAL OF MICHIGAN					Employer identifica	tion number		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A chospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization than normally receives: (1) more than 330.v8 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33.v8 of its support from contributions membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33.v8 of its support more problemated and operated exclusively to test for public safety. See section 509(a)(1). See section 509(a)(3). Check the box on lines 12 at hrough 12d that describes the type of supporting organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization(s), by pound organization organization operated exclusively for the benefit of, to perform the func			l					32-0087353			
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vii). (Complete Part III.) An agricultural research organization described in 170(b)(1)(A)(ix) perated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or an on-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or an on-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or an on-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or an on-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university or an organization that normally receives: (1) more than 33.9% of its support from contributions, membership fees, and gross receipts from activities related to its sexempt functions—subject to certain exceptions, and (2) no more than 33 19% of its support form gross investment income and unrelated business taxable income (less s									ns.		
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organization Organization Iisted in your governing monetary support other support (see instructions) instructions) instructions)	g		Provide the following in	nformation abo	ut the supported orga	nization(s).		·			
instructions))			(ii) EIN	organization (described on lines	listed in you	r governing	monetary support	(vi) Amount of other support (se instructions)			
					,	Yes	No				

2	organization's benefit and either paid to or expended on its behalf						
3	 The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,818,315	6,260,480	5,085,956	9,846,508	6,116,996	34,128,25
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						4,851,95
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						

	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tot
7	7 Amounts from line 4	6,818,315	6,260,480	5,085,956	9,846,508	6,116,996	
8	Gross income from interest,						

Calendar year (or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f
7	Amounts from line 4	6,818,315	6,260,480	5,085,956	9,846,508	6,116,996	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,502,920	2,306,686	1,785,399	2,295,280	3,322,309	
9	Net income from unrelated						

7.135

297,943

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2020 Schedule A, Part II, line 14

Section C. Computation of Public Support Percentage

business activities, whether or not

the business is regularly carried Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

.

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,851,9
6	Public support. Subtract line 5 from line 4.						29,276,2
:	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6,818,315	6,260,480	5,085,956	9,846,508	6,116,996	34,128,2
Ω	Gross income from interest						

34,056

898,452

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

11.959

1,041,223

12,967

260,038

246,711

12

14

15

12,212,594

66,117

2,744,367

49,151,333

59.560 %

60.240 %

Schedule A (Form 990) 2022

Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total
Section B. Total Support	_	•	•		_	_
line 4.						29,270,29
Public support. Subtract line 5 from						29,276,29
(f)						
amount shown on line 11, column						
on line 1 that exceeds 2% of the						
supported organization) included						4,851,95

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not

che	edule A (Form 990) 2022						Page 3
P	art IIII Support Schedule f						
	(Complete only if you						
S	II. If the organization ection A. Public Support	rails to quality	dinder the te	sts listed below	r, piease compie	ete Part II	l.)
	endar year						
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified 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. Add lines 7a and 7b						
	Public support. (Subtract line 7c						
	from line 6.)						
S	ection B. Total Support						
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in)			1 7			
.0a	Amounts from line 6 Gross income from interest,						
Ua	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	 Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on						
	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 5 years. If the Form 990 is for the	-			•		` ' ' ' '
	check this box and stop here						
S	ection C. Computation of Publ						
15	Public support percentage for 2022 (15	
16	Public support percentage from 202					16	
S	ection D. Computation of Inve						
17	Investment income percentage for 2					· 17	
18	Investment income percentage from					18	
19a							
	more than 33 1/3%, check this box a						
b	33 1/3% support tests—2021. If the	-			•		_
	is not more than 33 1/3%, check this	, box and stop he	ere. The organiza	ation qualifies as	a publicly support	ted organiz	ation 🖊

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

hackad box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

checked box	12d, of	Part I, com
CHECKEU	DOX 12D, OI	rait 1, con

checked box	12d, of Part I, complete Sections A and	D, and complete P	art V.)	
Section A.	All Supporting Organizations			

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

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,

1

Yes

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

3b and 3c below.

made the determination.

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.*

Supporting Organizations (continued)

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11a		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
	Part VI.			
<u>S</u>	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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		
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		
S	ection C. Type II Supporting Organizations			
	section of Type 12 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	1		
	ectfon D.O.A.fi) 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?			
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 line 2 above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's income or	_		
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
	ection 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 inst	ructio	ns):	
,	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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		
ا	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			

2b

За

3b

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

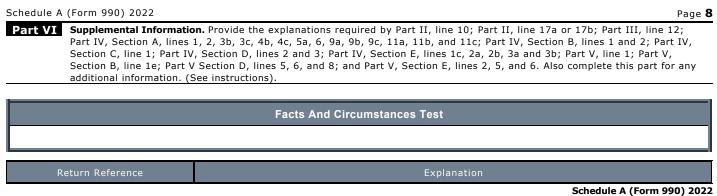
Page **6**

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

(continued)

Page **7**

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (continued)					
Section D ^{Orชลรน์สัติปี่ถิชิกิร}		1		Current Year		
1 Amounts paid to supported organizations to accompli	sh exempt purposes	1				
2 Amounts paid to perform activity that directly further organizations, in	s exempt purposes of suppo	rted 2	1			
excess of income from activity						
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organ	nizations 3				
4 Amounts paid to acquire exempt-use assets		4				
5 Qualified set-aside amounts (<i>prior IRS approval require</i>	ed - provide details in Part V	'I) 5				
6 Other distributions (describe in Part VI). See instruct	tions	6				
7 Total annual distributions. Add lines 1 through 6.		7				
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re	sponsive 8				
9 Distributable amount for 2022 from Section C, line 6		9				
10 Line 8 amount divided by Line 9 amount		1	0			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistrik Pre-20:		(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI).						
See instructions.						
3 Excess distributions carryover, if any, to 2022:						
a From 2017						
b From 2018						
d From 2020						
e From 2021						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2022 distributable amount						
i Carryover from 2017 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$						
a Applied to underdistributions of prior years						
b Applied to 2022 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.						
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI						
See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.						
7 Excess distributions carryover to 2023. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2018						
b Excess from 2019						
c Excess from 2020						
d Excess from 2021						
e Excess from 2022				chedule A (Form 990) (2022)		
			S	cnedule A (FORM 990)(ノロノノ))		



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 32-0087353 Organization type (check one): Filers of: Section: Form 990 or 990-F7 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/3% 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 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

Name of organization

Employer identification number 32-0087353

CHILDREN'S	HOSPITAL	OF	MICHIGA

FOUNDATION			
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash
			contributions.) Schedule B (Form 990) (2022

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

(a)

No. from

Part I

(d)

Date received

Schedule B (Form 990) (2022)

Page 3

Description of noncash property given

Description of noncash property given

Description of noncash property given

(b) Description of noncash property given

Part I

(a) No. from Part I

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

FMV (or estimate) (See instructions)

Employer identification number

32-0087353

(c)

FMV (or estimate)

(See instructions)

(c)

(c)

FMV (or estimate)

(See instructions)

(d) Date received

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

	ame of the organization ILDREN'S HOSPITAL OF MICHIGAN		Employer identification number			
	UNDATION		32-0087353			
Pa	art I Organizations Maintaining Donor A	Advised Funds or Other Similar Fu	nds or Accounts.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Bollot advised failus	(b) I dilds and other accounts			
<u>-</u> 2	Aggregate value of contributions to (during year)					
2 3	Aggregate value of grants from (during year)	184,384				
3 4	Aggregate value at end of year	142,178				
		1,091,699	and the decision of			
5	Did the organization inform all donors and donor added the organization's property, subject to the organization	cion's exclusive legal control?	· · · · · Ves No			
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor, or for any other purpos	se conferring			
Pa	Conservation Easements. Complete if the organization answered					
1	Purpose(s) of conservation easements held by the o					
	Preservation of land for public use (e.g., recreat		historically important land area			
	Protection of natural habitat	Preservation of a co	ertified historic structure			
	Preservation of open space	~				
2	Complete lines 2a through 2d if the organization he	d a qualified conservation contribution in th				
а	easement on the last day of the tax year. Total number of conservation easements		Held at the End of the Year 2a			
a b	Total acreage restricted by conservation easements	-	2b			
_						
C		` ′	2c			
d	historic structure listed in the National Register . $% \left(1\right) =\left(1\right) \left(1\right) $		2d			
3	Number of conservation easements modified, transfetax year	erred, released, extinguished, or terminated	by the organization during the			
4	Number of states where property subject to conserv	vation easement is located 🕨				
5	Does the organization have a written policy regarding violations, and enforcement of the conservation easily.		ing of Yes No			
6	Staff and volunteer hours devoted to monitoring, inspection year	specting, handling of violations, and enforcir	ng conservation easements during the			
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing co	nservation easements during the year			
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?					
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.					
Pa	rt III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures, o	r Other Similar Assets.			
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h	eld for public exhibition, education, or resea	arch in furtherance of public			
b	 service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 					
	(i) Revenue included on Form 990, Part VIII, line 1 .		> \$			
	ii) Assets included in Form 990, Part X · · · · · · ·					
2	If the organization received or held works of art, his following amounts required to be reported under FA	torical treasures, or other similar assets for				
а		-	. \$			
ь	Assets included in Form 990, Part X					
	Paperwork Reduction Act Notice, see the Instructions					

52283D

Public exhibition

collection items (check all that apply):

Page 2

b	Scholarly research		e \square Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIII and complete the following table: Amount										
c	Beginning balance			1c							
d	Additions during the year			1d							
e	Distributions during the year			. 1e							
f	Ending balance			. 1f							
2a	Did the organization include an amount on I	Form 990. Part X.	line 21, for escrow	or custodial accou	nt liability? Yes	☐ No					
	• • •										
b	If "Yes," explain the arrangement in Part XI	II. Check here if t	he explanation has	been provided in I	Part XIII						
Pa	rt V Endowment Funds.	word "Voc" on	Form 000 Dart I	V line 10							
	Complete if the organization ans	(a) Current year	(b) Prior year		(d) Three years back	(e) Four ve	ars back				
1a	Beginning of year balance	102,262,785	92,515,307	85,209,820	72,128,021	76	,066,908				
b	Contributions	322,988	1,205,516	357,945	2,176,219		636,954				
c	Net investment earnings, gains, and losses	-14,800,031	11,410,010	9,574,834	13,120,228	-3,	,294,503				
		·	,		1						
d	Grants or scholarships	3,251,526	1,986,507	1,779,613	1,417,207		773,884				
е	Other expenditures for facilities and programs										
f	Administrative expenses	1,325,424	881,541	847,679	797,441		507,454				
g	End of year balance	83,208,792	102,262,785	92,515,307	85,209,820	72	,128,021				
2	Provide the estimated percentage of the cur	rent year end bala	nce (line 1g, colum	n (a)) held as:							
а	Board designated or quasi-endowment	0.580 %									
b	Permanent endowment ► 62.790 %										
C	Term endowment ► 36.630 %										
2-	The percentages on lines 2a, 2b, and 2c sh	•	ination that are half	d and administrated	l fan tha						
3a	Are there endowment funds not in the posse organization by:	ession of the organ	ization that are new	u anu aummistereu	i for the	Yes	No				
	(i) Unrelated organizations				38	a(i)	No				
	(ii) Related organizations				3a	a(ii)	No				
b	If "Yes" on 3a(ii), are the related organizati	ons listed as requi	red on Schedule R?	•	_ :	3b	<u> </u>				
4	Describe in Part XIII the intended uses of the	ne organization's e	endowment funds.								
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value										
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment		413,926		259,121		154,805				
	Other										
	al. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, column (B), line	10(c).) •	•		154,805				
					Schedule	D (Form 9	90) 2021				

d Loan or exchange programs

	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part	: IV, line 11b.Se	e Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of v or end-of-year	valuation:
(1) Financia	al derivatives		2030	or end or year	market value
(2) Closely (3) Other _	held equity interests				
	STED INVESTMENTS	44,859,1	61	F	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	44,859,1	61		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' or	n Form 990. Part	· IV. line 11c. Se	ee Form 990.	Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation:
(1)				Cost or end	-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on	Form 990, Part	IV, line 11d. Se	e Form 990, Pa	rt X, line 15.
(1)	(a) Description	n			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities. Complete if the organization answered 'Yes' on See Form 990, Part X, line 25.	Form 990, Part	IV, line 11e or 1	11f.	
1.	(a) Description of I	iability			(b) Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)		- H · · · · · · · · ·	la financial abab	1,133,620
∠. LIADIIITY f	or uncertain tax positions. In Part XIII, provide the tex	at or the roothote t	o the organization	s illialicial stat	ements that reports the

.

Other (Describe in Part XIII.)

Add lines 2a through 2d . .

Subtract line **2e** from line **1** .

Other (Describe in Part XIII.)

3

-16,471,637

10,632,894

15,852,819

1,144,980

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

-27,538,246

Donated services and use of facilities . . 2b h Recoveries of prior year grants 2c 2d Other (Describe in Part XIII.)

307,568

126,147

2e

3

4c

-27,104,531

Add lines 2a through 2d . . Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Net unrealized gains (losses) on investments . . .

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

4a

4b

2a

2b 2c

2d

4a

4b

TO SUPPORT CHILDREN'S PROGRAMS PER THE STIPULATIONS OF THE DONOR.

396,113 517,196 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

913,309 11,546,203

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments . . . Other losses

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

126,147 326,927 2e 3

453,074 15,399,745

Add lines **4a** and **4b** . . . Part XIII

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

LEGACY CHM REVENUE REPORTED ON LEGACY CHM 990 307,568.

LEGACY CHM EXPENSES REPORTED ON LEGACY CHM 990 326,927.

Explanation

CONTRIBUTION FROM LEGACY CHM ELIMINATED ON CONSOLIDATED FINANCIALS 307,404.

REFUNDED GRANT PAYMENTS 228,049. CONTRIBUTION FROM LEGACY CHM ELIMINATED ON

CONSOLIDATED FINANCIALS 307,404. RECLASSIFICATION OF SPECIAL EVENT EXPENSE

CHANGE IN CASH VALUE OF LIFE INSURANCE -3,622. RECLASSIFICATION OF SPECIAL EVENT

748,867 4c 5

16,544,725

Schedule D (Form 990) 2021

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

EXPENSE 213,414.

213,414.

396,113

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

PART V, LINE 4:

ADJUSTMENTS:

ADJUSTMENTS:

ADJUSTMENTS:

ADJUSTMENTS:

Return Reference

SCHEDULE F Sta		tomont of	Activities	Outside the Uni	tod St	atos	OMB No. 1545-0047		
(Form 990)		ete if the organiz	2022						
Department of the Treasury Internal Revenue Service	•	Go to www.irs.g	Open to Public Inspection						
Name of the organization						Employer iden	tification number		
CHILDREN'S HOSPITAL FOUNDATION	OF MICHI	GAN				32-0087353			
Part I General I	nformation orm 990, P	on on Activit art IV, line 14	i es Outside 1 b.	the United States. (Complete	e if the organi	zation answered		
1 For grantmakers	. Does the	organization i	maintain recor	ds to substantiate the	amount	of its grants	•		
·	_		-	or assistance, and the	selectio	n criteria used	✓ Yes 🗌 No		
	ntmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other ce outside the United States.								
3 Activites per Region	n. (The follo	wing Part I, line	3 table can be	duplicated if additional sp	pace is ne	eeded.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services investments, grants to recipients located in the region)	program , spe	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region		
(1) CENTRAL AMERICA CARIBBEAN - ANTI BARBUDA, ARUBA, BAHAMAS,		0	0	INVESTMENTS			6,118,569		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(
(
(
14)									
15)									
16)									
17)									
3a Sub-total b Total from continuat	ion sheets	0	0				6,118,569		
to Part I	and 25)	0	0				6 119 560		
c Totals (add lines 3a For Paperwork Reduction A		e the Instruction	s for Form 990.		<u> </u> . No. 500	82W Sched	6,118,569 Jule F (Form 990) 2022		

chedule i (i dilli 33								rage Z
Part II Grants Part IV,	and Other As line 15, for any	sistance to Orga y recipient who rec	nizations or Entit eived more than \$5	ies Outside the Ui ,000. Part II can be	nited States. Com duplicated if additi	plete if the organiza onal space is needed	tion answered "Yes d.	" on Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

3 Enter total number of other organizations or entities . . _

Schedule F (Form 990) 2022

(3) (4) (5) (6) (7) (8) (9)

> 10) 11) 12) 13) 14) 15) 16) (17)

> 18)

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed (h) Method of ription cash valuation

Tare III can be dupricated it daditional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Descrip of nonca assistan			

(book, FMV, nce appraisal, other)

(1)

(2)

Schedule F (Form 990) 2022	Page 5
method; amounts of inves (accounting method); and	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting stments vs. expenditures per region); Part II, line 1 (accounting method); Part III I Part III, column (c) (estimated number of recipients), as applicable. Also complete dditional information. See instructions.
ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
-	
	Schedule F (Form 990) 2022

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publ Inspection

CHILDREN'S HOSPITAL OF MICHIGAN OUNDATION				32-008735	i3
Part I Fundraising Activities. Comple Form 990-EZ filers are not requir	_		on Form	990, Part I\	V, line 17.
 Indicate whether the organization raised fundations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or oral a or key employees listed in Form 990, Part V 	ds through any	of the following activities. (e	on-governm overnment of ing events ficers, direc	ent grants grants tors, trus <u>te</u> es	es ™ No
b If Yes, list the 10 highest paid individuals to be compensated at least \$5,000 by the o	or entities (fund rganization.	raisers) pursuant to agree	ments unde	r which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser hav custody or control of contributions	,	(or reta	unt paid to ained by) er listed in I. (i)	(vi) Amount paid to (or retained by) organization
1	Yes No				
2					
3					
4					
5					
6					
7					
8					
9					
0					
otal					
3 List all states in which the organization is regi registration or licensing.	stered or licens	ed to solicit contributions c	or has been	notified it is	exempt from

Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)** Event #2 (c)Other events (d) Total events (add col. (a) through **PAUL W. SMITH** JDF CELEBRITY col. (c)) **GOLF CLASSIC** ROAST (total number) (event type) (event type) 1 Gross receipts. 887,114 393,433 467,299 1,747,846 2 Less: Contributions. 382,209 813,164 316,816 1,512,189 3 Gross income (line 1 minus 73,950 85,090 line 2) 76,617 235,657 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 144,307 70,487 118,428 333,222 Food and beverages 8 Entertainment 18,181 9,150 27,331 9 Other direct expenses 36,888 88,079 750 125,717 10 Direct expense summary. Add lines 4 through 9 in column (d) 486,270 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive col.(a) through col.(c)) bingo 1 Gross revenue 11,054 11,054 Direct Expenses 2 Cash prizes 9,625 9,625 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 100 100 Yes % Yes % Yes % No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 9,725 Net gaming income summary. Subtract line 7 from line 1, column (d). 1,329 Enter the state(s) in which the organization conducts gaming activities:MI Is the organization licensed to conduct gaming activities in each of these states? . . . If "No," explain: _ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . Tyes Vo If "Yes," explain: ____

Sche	dule G (Form 990) 2022				Page 3
11	Does the organization conduct g	aming activities with nonme	embers?		Yes V No
12	-	•	t or a member of a partnership or other entity		☐Yes ✓ No
13	Indicate the percentage of gami	ng activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	100.000 %
14	Enter the name and address of t	he person who prepares the	e organization's gaming/special events books	and reco	rds:
	Name THE CHILDREN'S	FOUNDATION			
	Address 3011 W GRAND	3LVD NO 218 DETROIT, I	MI48202		
15a	_	• •	m whom the organization receives gaming		Yes V No
b	If "Yes," enter the amount of gar amount of gaming revenue retain		e organization 🕨 \$ and	d the	
c	If "Yes," enter name and address		<u> </u>		
	Name •				
	Address				
16	Gaming manager information: Name ► LAWRENCE BURN	5			
	Gaming manager compensation	\$	1,246		
	Description of services provided		ES WHO KEEP RECORDS, COUNT MONEY, VENTS, AND REPARE STATE MANDATED F		
	✓ Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а			able distributions from the gaming proceeds to		
	retain the state gaming license?				Yes VNo
b		•	listributed to other exempt organizations or sp	ent	
Par	in the organization's own exemp		planations required by Part I, line 2b, co	olumne	(iii) and (v): and
I- all			7b, as applicable. Also provide any addit		
	Return Reference		Explanation		
FORM	1 990, SCHEDULE G, PART II	FOLLOWS: SCH. G, P, LINE 10 - LESS DIRE SPECIAL EVENTS \$1, DUE TO THE REQUIR	PROFIT EARNED FROM SPECIAL EVENTS: ART II, LINE 1 TOTAL GROSS RECEIPTS: \$ ECT EXPENSES (\$486,270) NET ECONOMIC 261,576 SCH. G, PART II LINE 11 RESULT EMENT TO SEPARATELY STATE THE AMOUNTED BY THE IRS TO BE ACKNOWLEDGED TO	1,747,8 C PROFI S IN A JNT OF	46 SCH. G, PART II, T EARNED FROM LOWER NET INCOME CONTRIBUTIONS,
	distance I Day		Sched	ule G (Fo	rm 990) 2022
Ad	ditional Data				Return to Form

Note: To capture the full Schedule I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization CHILDREN'S HOSPITAL OF MI FOUNDATION	CHIGAN	Grants and (Governments Complete if the organiz ► Go to ww	Other Assistan and Individual ation answered "Yes," Attach to Forn w.irs.gov/Form990 fo	ce to Organizates in the United	tions, States ne 21 or 22.	OMB No. 1545-0047 2022 Open to Public Inspection Employer identification number 32-0087353
Does the organization main the selection criteria used Describe in Part IV the org Part II Grants and Other As that received more to organization or government (1) UNIVERSITY PEDIATRICIANS 3663 WOODWARD	ntain records to so to award the gran anization's proced sistance to Domes	nts or assistance? Iures for monitoring the stic Organizations and	of the grants or assist	the United States. Complete if the organiceded. (e) Amount of non-	zation answered "Yes" on Form Method of valuation (g)	Pescription of esh assistance TO SUPPORT PEDIATRIC MEDICAL EDUCATION AND
AVENUE SUITE 100 DETROIT,MI 48201 (2) VHS CHILDREN'S HOSPITAL OF MICHIGAN INC 3901 BEAUBIEN DETROIT,MI 48201 (3) WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE 541 EAST CANFIELD STREET 1241 SCOTT HALL DETROIT,MI 482011928	27-2845064 38-6028429	501C3	1,290,238 363,258	0		RESEARCH TO SUPPORT PEDIATRIC MEDICAL EDUCATION, RESEARCH, AND OTHER COMMUNITY BENEFIT PROGRAMS TO SUPPORT THE RESEARCH ACTIVITIES OF THE CHM PEDIATRIC SURGICAL SERVICES DIVISION
(4) HAMTRAMCK PUBLIC SCHOOLS 3201 ROOSEVELT HAMTRAMCK,MI 48212 (5) CENTRAL MICHIGAN UNIVERSITY 524 EAST BELLOWS STREET MOUNT PLEASANT,MI 48859 (6) THE CHILDREN'S CENTER OF WAYNE COUNTY INC 79 W ALEXANDRINE DETROIT,MI 48201 (7) REGENTS OF THE UNIVERSITY OF	38-6004194 38-6004447 38-1359505	501C3 501C3 501C3	298,260 267,544 130,102	0 0		PROVIDE HEALTH CARE SERVICES TO THE UNDERSERVED CHILDREN OF HAMTRAMCK. HPV VACCINATION STUDY & MICROBIOME STUDY TO PROVIDE BEDS, CAR SEATS AND OTHER BASIC NEEDS TO CHILDREN AND FAMILIES IN NEED. TO EXPAND MUSIC THERAPY SERVICES
(8) OAKLAND UNIVERSITY 507 GOLF VIEW LANE ROCHESTER, MI 483094479	38-1714400	501C3	91,362	0		TO PEDIATRIC PATIENTS AND THEIR FAMILIES RECEIVING PEDIATRIC PALLIATIVE CARE AT C.S. MOTT CHILDREN'S HOSPITAL & TO ADD A RECOVERY SUPPORT SPECIALIST TO THE CONTINUUM OF ALCOHOL AND OTHER DRUG SERVICES AT THE UNIVERSITY OF MICHIGAN THIS PROJECT WILL USE ADVANCED TECHNOLOGY TO INCREASE ACCESS TO MENTAL HEALTH AND SOCIAL SUPPORTS
						FOR PEOPLE WITH AUTISM AND THEIR FAMILIES & PROVIDE AN INCLUSIVE AND THRIVING ON-CAMPUS RECOVERY PROGRAM FOR STUDENTS TO FURTHER THEIR EDUCATION, WHILE MAINTAINING THEIR RECOVERY WITH VITAL RESOURCES AND PEER SUPPORT. & GRIZZ RECOVERY - OAKLAND UNIVERSITY'S COLLEGIATE RECOVERY PROGRAM
(9) TEN SIXTEEN RECOVERY NETWORK 524 E MOSHER STREET SUITE 300 MOUNT PLEASANT, MI 48858 (10) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD ROOM 2 EAST LANSING, MI 48824	38-2278390	501C3	88,800 81,113	0		TO SUPPORT AN SUD COUNSELOR IN A RECOVERY PROGRAM FOR UNIVERSITY STUDENTS TO HELP SUPPORT A COLLEGIATE STUDENT RECOVERY PROGRAM AT MSU. TO PROVIDE MUSIC THERAPY SERVICES TO PATIENTS AT CHM. TO SUPPORT SALARY FOR MUSIC THERAPISTS AT
(11) MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH ROAD SUITE 404 BINGHAM FARMS, MI 48025	38-3580432	501C3	80,000	0		TO SUSTAIN THE MAKING GRADUATION POSSIBLE PROGRAM THROUGH OUR 2021- 2022 PROGRAM YEAR AND SUPPORT THE NEW TRAUMA AND WELLNESS TRAINING THAT WE WILL BE AUGMENTING OUR CORE PROGRAMMING WITH TO ADDRESS RESOCIALIZATION AND LEARNING LOSS. & SUPPORTS
(12) KIDS' HEALTH CONNECTIONS 3031 WEST GRAND BOULEVARD SUITE 650 DETROIT, MI 48202	45-4949783 38-1621700	501C3 501C3	72,157	0		MIDNIGHT GOLF'S DIGITAL TRAINING AND MENTORING PROGRAM THE FUNDS REQUESTED FROM THE FOUNDATION WILL BE USED TO SUPPORT FOUR FITKIDS 360 SESSIONS DURING THE SCHOOL YEAR AND ONE FITKIDS 360 ON THE MOVE 10- WEEK PROGRAM IN THE SUMMER. PROVIDE
(13) THE GUIDANCE CENTER 13101 ALLEN ROAD SUITE 100 SOUTHGATE, MI 481952216 (14) BUILDUP STEAM 129 ABBEY BIRMINGHAM, MI 48009 (15) LIFELAB KIDS FOUNDATION 3178 HILTON FERNDALE, MI 48220	83-4381302 81-1334117	501C3 501C3	65,000	0		PROVIDE COMPREHENSIVE MEDICAL EVALUATIONS TO VICTIMS/SURVIVORS OF CHILD SEXUAL ABUSE. TO PROVIDE BEDSIDE STEAM ROBOTICS PROGRAMS TO THE PATIENTS AND FAMILIES OF CHM TO HELP SUPPORT STAFF AND PROGRAMMING IN THE GREENHOUSE AT
(16) DETROIT EDUCATION & RESEARCH 3663 WOODWARD AVE DETROIT, MI 48201	45-5124360	501C3	60,130	0		LIFELAB KIDS & DUE TO THE INCREASED DEMAND FOR SERVICES IN MACOMB COUNTY, LLK HAS OPENED A 2ND LOCATION TO MEET THE NEEDS OF THE COMMUNITY. THIS GRANT IS BEING REQUESTED TO COVER THE ANTICIPATED EXPENSES FOR FOUR PGY-2 RESIDENTS IN THE CHILDREN'S HOSPITAL OF
						MICHIGAN PEDIATRIC DENTISTRY PROGRAM TO ATTEND THE ANNUAL SESSION OF THEIR PROFESSIONAL SOCIETY, THE AMERICAN ACADEMY OF PEDIATRIC DENTI & TO PROVIDE PPORTUNITIES FELLOWS TO ATTEND NATIONAL CONFERENCES AND COURSES TO ENHANCE THEIR
(17) SAGINAW SPIRIT FOUNDATION 6321 STATE STREET SAGINAW,MI 48603	32-0012413	501C3 501C3	60,060	0		ACADEMIC TRAINING AND CLINICAL SKILLS AND PREPARE THEM WELL FOR BOARD EXAMS. TO CREATE STUDENT AMBASSADORS OF CHANGE AND ERASE THE STIGMA ASSOCIATED WITH MENTAL HEALTH, OPIOID ADDICTION AND CHILD ABUSE AND NEGLECT. SUPPORST SALARY AND BENEFITS TO ADD
CENTER MICHIGAN ADVOCACY PROGRAM 350 E MICHIGAN AVENUE SUITE 315PO BOX 51029 KALAMAZOO, MI 49005 (19) TEAM RECOVERY OHIO INC 4352 W SYLVANIA AVE TOLEDO, OH 43623 (20) SAMARITAS ATTN KELLI DOBNER 8131 E JEFFERSON AVENUE	81-4213508 38-3201490	501C3 501C3	55,000 53,738	0		A PARALEGAL TO THE PRO BONO PROGRAM FOR AFGHAN ASYLUM SEEKERS SUPPORTS FAMILY ENGAGEMENT IN SUBSTANCE USE DISORDER TREATMENT FOR YOUTH THE HEALTH NAVIGATOR WILL ASSIST REFUGEE FAMILIES IN
(21) BOYS & GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH 235 STRAIGHT AVENUE NW GRAND RAPIDS,MI 49504	38-0591958	501C3	50,000	0		ASSESSING THEIR CHILDREN'S NEEDS, ALIGNMENT WITH COMMUNITY RESOURCES, AND HELP FAMILIES BRIDGE CULTURAL AND LOGISTICAL BARRIERS TO MENTAL AND PHYSICAL WELLBEING. THE PURPOSE OF OUR PROJECT IS TO CONTINUE OFFERING A COMPREHENSIVE, EVIDENCE-BASED MENTAL HEALTH PROGRAM FOR
(22) BRILLIANT DETROIT 5675 LARKINS DETROIT, MI 48210	47-3446334	501C3	50,000	0		PROGRAM FOR CHILDREN AND YOUTH AT BOYS & GIRLS CLUBS CALLED BE YOU WELLNESS BY REQUESTING FUNDS TO HELP SUPPORT THE SALARY OF OUR FULL- TIME LICENSED CLINICAL WITH THE FOUNDATION'S SUPPORT, WE CAN SUSTAIN AND EXPAND OUR SOCIAL- EMOTIONAL
(23) EARLY LEARNING NEIGHBORHOOD COLLABORATIVE PO BOX 2956 GRAND RAPIDS,MI 49501	27-3763547	501C3	50,000	0		PROGRAMMING FOR ONE YEAR ACROSS SIX DIFFERENT NEIGHBORHOODS IN DETROIT. TO SUPPORT THE SALARY AND BENEFITS OF THE HEALTH SERVICES COORDINATOR (HSC) AND MATERIALS NEEDED TO HELP FAMILIES ADDRESS ALL HEALTH ISSUES THAT MAY PREVENT
(24) EVANS SCHOLARS FOUNDATION 2501 PATRIOT BOULEVARD GLENVIEW,IL 60026 (25) OAKLAND FAMILY SERVICES 114 ORCHARD LAKE ROAD PONTIAC,MI 483412244	36-2518129 38-1358388	501C3 501C3	50,000	0		CHILDREN FROM REACHING THEIR FULLEST DEVELOPMENT POTENTIAL SUPPORTS IMPLEMENTATION OF THE CADDIE PIPELINE PROGRAM IN DETROIT THE EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROJECT SUPPORTS THE SOCIAL AND
(26) UNITED WAY OF SOUTH CENTRAL MICHIGAN 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007 (27) KIDS KICKING CANCER 27600 NORTHWESTERN HIGHWAY SUITE	38-1359193 38-3500855	501C3	48,000	0		
HIGHWAY SUITE 220 SOUTHFIELD, MI 48034 (28) BOYS & GIRLS CLUBS OF GREATER FLINT 3701 N AVERILL AVENUE FLINT, MI 48506 (29) COMMUNITIES FIRST INC 415 W COURT STREET FLINT, MI 48503	38-3381808 27-3600343	501C3 501C3	42,500	0		ISOLATION ON CRITICALLY ILL CHILDREN SUPPORTS THE FLINT YOUTH HEALTH COLLABORATIVE THE PURPOSE OF THIS PROJECT IS TO SUPPORT PHYSICAL IMPROVEMENTS TO THE COMMUNITY ENRICHMENT CENTER AUDITORIUM AND
(30) JALEN ROSE LEADERSHIP ACADEMY 15000 TROJAN STREET DETROIT, MI 48235 (31) MADE INSTITUTE 503 GARLAND	45-1794419 47-3281597	501C3 501C3	40,000	0		POSITIVELY ADVANCE QUALITY OF LIFE FOR NORTH FLINT YOUTH AND THEIR FAMILEIS. DUE TO THE IMPACTS OF THE PANDEMIC, WE ARE HUMBLY REQUESTING A GRANT TO FURTHER SUPPORT BEHAVIORAL HEALTH AND SEL INTERVENTION FOR OUR HIGH SCHOOL SCHOLARS. PROVIDE ACTIVITIES FOR AT-RISK YOUTH IN
FLINT,MI 48503 (32) THE SATURDAY SCHOLAR 30600 OLD STREAM SOUTHFIELD,MI 48076	84-2760679	501C3	40,000	0		FLINT THE SATURDAY SCHOLAR PROGRAM MEETS THE NEEDS OF MANY YOUNG PEOPLE IN METRO DETROIT WHO SEEK ADDITIONAL LEARNING IN ORDER TO GAIN ACCEPTANCE INTO COLLEGES OF THEIR CHOICE AND TO QUALIFY FOR SCHOLARSHIPS AND GRANTS.
(33) DOWNTOWN BOXING GYM 6445 EAST VERNOR HIGHWAY DETROIT,MI 48207 (34) DETROIT FITNESS FOUNDATION 601 MACK AVENUE DETROIT,MI 48201	27-5106242 81-2871799	501C3	36,000	0		THROUGH EDUCATION, ATHLETICS, MENTORSHIP AND INTERVENTION, THE DOWNTOWN BOXING GYM EMPOWERS DETROIT STUDENTS TO BE POSITIVE AND PRODUCTIVE MEMBERS OF SOCIETY. TO TEACH YOUNGSTERS HOW TO RIDE A BICYCLE AND EXPERIENCE OF THE BENEFITS AND JOYS OF CYCLING.
(35) BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE 900 W WESTERN AVE MUSKEGON, MI 49441 (36) GLEANERS COMMUNITY FOOD BANK OF SE MICH 2131 BEAUFAIT DETROIT, MI 48207 (37) DETROIT WAYNE COUNTY HEALTH AUTHORITY 3031 W GRAND BLVD STE	61-1736056 38-2156255 81-0665571	501C3 501C3 501C3	35,000 35,000 34,300	0		SUPPORTS THE YOUTH DEVELOPMENT CENTER TO PROVIDE FRESH PRODUCE AND MILK TO CHILDREN AND FAMILIES THROUGH GLEANERS MOBILE PANTRY PROGRAMS. THE PURPOSE OF THIS PROJECT IS TO IMPLEMENT A TRAUMA-INFORMED
(38) NEW DAY FOUNDATION 245 BARCLAY CIRCLE SUITE 300 ROCHESTER HILLS, MI 48307	26-0609040	501C3	31,500	0		MINDFUL PERFORMANCE THERAPY PROGRAM, TO IMPROVE THE OVERALL PHYSICAL AND MENTAL HEALTH OF AT-RISK CHILDREN AND ADOLESCENTS AT HOPE ACADEMY. TO SUPPORT PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES WITH NEW DAY'S EMOTIONAL SUPPORT PROGRAM (ESP) FOR ONE YEAR.
(39) VOICES FOR CHILDREN 515 EAST STREET FLINT,MI 48503 (40) DETROIT HORSE POWER PO BOX 38115	47-3212490	501C3 501C3	31,500	0		PROVIDE EQUITY- FOCUSED EDUCATION FOR CHILDREN, PARENTS AND THE COMMUNITY TO HELP KEEP CHILDREN SAFE FROM HARM WITH A PARTICULAR FOCUS ON KEEPING CHILDREN SAFE FROM PHYSICAL AND SEXUAL ABUSE AND HUMAN TRAFFICKING. DETROIT HORSE POWER WILL PARTNER WITH THE CHILDREN'S
(41) DETROIT POLICE ATHLETIC LEAGUE 1680 MICHIGAN AVE DETROIT,MI 48216 (42) FRIENDS OF THE CHILDREN	38-3314318 82-1577991	501C3 501C3	30,000	0		FOUNDATION TO ADD 10 NEW STUDENTS TO ITS YEAR-ROUND AFTER-SCHOOL PROGRAM THAT USES THE SOCIAL- EMOTIONAL SKILLS WE LEARN FROM HORSES TO SUCCEED IN SCHOOL AND IN LIFE. SUPPORTS PURCHASE OF BASIC TECHNOLOGY TO SUPPORT VULNERABLE YOUTH
(43) RONALD MCDONALD HOUSE OF NORTHWEST OHIO 3883 MONROE STREET TOLEDO, OH 43606	34-1349742	501C3	30,000	0		AND THEIR CAREGIVERS IN BREAKING THE CYCLE OF GENERATIONAL POVERTY BY EMPOWERING THEM WITH THE SKILLS AND SUPPORT TO MOVE BEYOND CRISIS AND THRIVE. INCREASE THE NUMBER OF FAMILIES SERVED BY EXPANDING OUR PROGRAMMING THROUGH THE CARE
(44) VISTA MARIA 20651 W WARREN AVENUE DEARBORN HEIGHTS, MI 48127	38-1359262	501C3	30,000	0		MOBILE, HOSPITALITY SUITE, HAPPY WHEELS CART, AND FAMILY ROOMS, OUTSIDE OF THE DAY GUEST AND OVERNIGHT PROGRAMS CURRENTLY OFFERED. THE RESIDENTIAL MENTORSHIP PROGRAM CONNECTS YOUTH IN VISTA MARIA'S RESIDENTIAL MENTAL HEALTH TREATMENT PROGRAMS WITH
(45) WINNING FUTURES 27500 COSGROVE DRIVE WARREN, MI 48092	20-2263860	501C3	30,000	0		POSITIVE ADULT ROLES MODELS IN THE COMMUNITY, WHO SHARE INDIVIDUAL ATTENTION, INSIGHTS, AND COMPASSION AS THE YOUTH HEALS AND EMBRACES THE THE PURPOSE OF WINNING FUTURES' PROJECT IS TO IMPROVE THE LIVES OF LOCAL YOUTH BY TRANSFORMING TEENS INTO CONFIDENT,
(46) LIVING & LEARNING ENRICHMENT CENTER 801 GRISWOLD STREET NORTHVILLE, MI 48167	82-2324359	501C3	28,960	0		SELF-RELIANT, PRODUCTIVE ADULTS THROUGH OUR MOTIVATIONAL LIFE SKILLS MENTORING PROGRAM OFFERED TO 240 10TH GRADE STUDENTS ATTENDING SIX ME SUPER SATURDAY ZONE IS AN UPPER ELEMENTARY THROUGH HIGH SCHOOL (AGES 10-18) PROGRAM THAT HELPS CREATE FRIENDSHIPS
(47) CARE HOUSE OF OAKLAND COUNTY 44765 WOODWARD AVENUE PONTIAC,MI 48341 (48) MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS,MI 48025	38-2305297 38-1358206	501C3	28,500 27,500	0		TO REDUCE THE NUMBER OF IN-HOME DOG BITES TO DETROIT'S CHILDREN BY PROVIDING ACCESS TO VETERINARY CARE AND HUMANE
(49) FIGURE SKATING IN DETROIT 19120 GRAND RIVER AVENUE DETROIT, MI 48223 (50) FREE BIKES 4 KIDZ DETROIT 2228 FERNCLIFF AVE	13-3945168 82-4599631	501C3	25,000	0		EDUCATION TO DETROIT FAMILIES. TO IMPROVE OPPORTUNITIES TO HELP BROWN AND BLACK GIRLS AND YOUNG WOMEN TO ENGAGE IN GENDER- APPROPRIATE EDUCATIONAL AND ACTIVITIES IN DETROIT. WE COLLECT GENTLY USED BIKES FROM THE PUBLIC AND
(51) FRIENDSHIP CIRCLE 6892 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944 02-0631312	501C3	25,000	0		REFURBISH THEM USING VOLUNTEERS FROM THE COMMUNITY AND GIVE TO UNDERSERVED KIDS TO PROVIDE SUPPORT AND INCREASED ACCESS TO FRIENDSHIP CIRCLE'S 2022 SUMMER CAMP PROGRAM FOR CHILDREN AND TEENS WITH SPECIAL NEEDS. SUPPORTS YOUTH IN NEED OF SUBSTANCE
700 SOUTH DIXIE HIGHWAY SUITE 103 WEST PALM BEACH,FL 33401 (53) MATH CORPS 261 E MAPLE ROAD BIRMINGHAM,MI 48009 (54) RONALD MCDONALD HOUSE CHARITIES DETROIT 4707 SAINT ANTOINE ST	82-4958844 38-2182406	501C3	25,000	0		TO PROVIDE COVID RELIEF TO HUNDREDS OF KIDS SUFFERING FROM THE EDUCATIONAL AND SOCIAL-EMOTIONAL GAP LEFT IN ITS WAKE. SUPPORTS THE FAMILY VAN SERVICE
STE 200 DETROIT, MI 48201 (55) KNOWRESOLVE 13295 W STAR DRIVE SHELBY TOWNSHIP, MI 48315 (56) YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD YPSILANTI, MI 48197	26-0275443 38-2462745	501C3 501C3	24,000	0		CONNECTING TEENS TO BRAIN HEALTH THROUGH THE ARTS TO PURCHASE APPLIANCES FOR THE KITCHENETTE AT THE NEW SUPERIOR TOWNSHIP LIBRARY WHICH WILL ALLOW YDL TO OFFER FREE SUMMER LUNCHES AND PROGRAMMING TO VULNERABLE CHILDREN IN THE TOWNSHIP AND NFARBY WILLOW RUN
(57) CHILDREN'S ADVOCACY CENTER OF KENT COUNTY 2855 MICHIGAN STREET NE GRAND RAPIDS, MI 49506 (58) DETROIT CRISTO REY HIGH SCHOOL 5679 W VERNOR HIGHWAY DETROIT, MI 48209 (59) KIDS ON THE GO 128 SUNNINGDALE GROSSE POINTE WOODS, MI 48236	38-3042396 26-3176934 45-5450033	501C3 501C3	21,935	0		TOWNSHIP AND NEARBY WILLOW RUN FOR THE FIRST TIME. SUPPORTS SPECIAL NEEDS PROGRAMMING FOR KIDS HAVE RIGHTS SUPPORTS PURCHASE OF VISION SCREENING DEVICE, COST OF EYE EXAMS, AND GLASSES FOR STUDENTS TO PROVIDE PROGRAMS TO SPECIAL NEEDS YOUTH, AGES 10-17, THAT FOCUS ON
(60) AMERICAN FOUNDATION FOR SUICIDE PREVENTION 33717 WOODWARD AVE 238 BIRMINGHAM,MI 48009	13-3393329	501C3	20,000	0		IMPROVING SOCIAL SKILLS, PHYSICAL ACTIVITY, AND LEARNING SKILLS TO HELP SECURE EMPLOYMENT. TO TRAIN EDUCATORS, HEALTH CARE PROFESSIONALS, AND COMMUNITY MEMBERS ACROSS MICHIGAN TO RECOGNIZE THE WARNING SIGNS FOR SUICIDE AND INTERVENE SAFELY AND EFFECTIVELY.
(61) CITY YEAR DETROIT 2937 EAST GRAND BOULEVARD 4TH FLOOR DETROIT, MI 48202	22-2882549	501C3	20,000	0		AND EFFECTIVELY. CITY YEAR DETROIT AIMS TO EXPAND MENTAL HEALTH- FOCUSED TRAINING FOR OUR AMERICORPS MEMBERS, INCORPORATE MORE MENTAL HEALTH AND WELLNESS SUPPORT INTO OUR EXISTING SOCIAL-EMOTIONAL DEVELOPMENT WORK, AND BUILD PARTNERSHIPS WITH MENTAL HEALTH ORGANIZATIONS.
(62) INCLUSIVELY FIT FOUNDATION 39209 WEST SIX MILE ROAD SUITE 155 LIVONIA, MI 48152 (63) LIGHTHOUSE IMMIGRANT ADVOCATES 735 PAW PAW DRIVE HOLLAND, MI 49423 (64) SOUTHWEST DETROIT IMMIGRANT AND	81-1288974 37-1790725 47-3832575	501C3 501C3	20,000	0		ORGANIZATIONS. CONTINUING STAFF TRAINING TO FURTHER DEVELOP AND ENHANCE SPECIFIC PERSONALIZED FITNESS PROGRAMS FOR CLIENTS AT HOME SUPPORTS ASYLUM CLINICS FOR AFGHAN ARRIVALS AND FOR INTERPRETATION & TRANSLATION SERVICES SUPPORTS ASYLUM CLINICS FOR AFGHAN
DETROIT IMMIGRANT AND REFUGEE CENTER 17375 HARPER AVENUE SUITE 24124 DETROIT,MI 48224 (65) THE RAINBOW CONNECTION 621 W UNIVERSITY ROCHESTER,MI 48307	38-2608775	501C3	20,000	0		ARRIVALS AND FOR INTERPRETATION AND TRANSLATION SERVICES THE RAINBOW CONNECTION SPECIAL RESPONSE PROGRAM (SRP) WILL PROVIDE IMMEDIATE ASSISTANCE TO WISH FAMILIES WHO HAVE UNEXPECTED FINANCIAL BURDENS IN THE FORM OF UTILITY BILLS, RENT, GAS, FOOD, OTHER
(66) WASHTENAW COMMUNITY COLLEGE FOUNDATION 4800 E HURON RIVER DRIVE ANN ARBOR, MI 48104	38-2575395	501C3 501C3	15,600	0		GAS, FOOD, OTHER EMERGENT NEEDS AND IN ADDITION WILL PROVIDE SUPPORT AND RES WCC SEEKS TO CONTINUE COLLEGIATE RECOVERY OF WCC STUDENTS THROUGH MEETINGS, TRAININGS, EVENTS AND SERVICE OPPORTUNITIES AND RECRUITMENT. THIS PROJECT WILL
SERVICES OF NW MICHIGAN 3785 VETERANS DRIVE TRAVERSE CITY,MI 49684 (68) NEW HOPE CENTER FOR GRIEF SUPPORT 133 W MAIN ST STE 113 NORTHVILLE,MI 48167 (69) DETROIT YOUTH SPORTS COMMISSION 269 WALKER STREET SUITE 826	38-2534222 38-3517205 81-2542771	501C3 501C3 501C3	15,000	0		PROVIDE FUNDS TO SUPPORT HUMAN SERVICES STAFF AS THEY ACCOMPANY FOSTER CHILDREN IN CRISIS IN THE EMERGENCY DEPARTMENT TO SUPPORT GRIEF PROGRAMS FOR CHILDREN AND FAMILIES THE PURPOSE OF THIS PROGRAM IS TO GROW PARTICIPATION AND IMPROVE THE
	36-3873676	501C3	14,400	0		IMPROVE THE QUALITY OF YOUTH BASEBALL IN THE CITY OF DETROIT. FOCUS FAMILY IS A FAMILY SKILLS TRAINING PROGRAM THAT UTILIZES EVIDENCE-BASED STRENGTHENING FAMILIES AND S.E.L.F. CURRICULA ADDRESSING ADVERSE CHILDHOOD EXPERIENCES (ACES) BUILDING ON FAMILY
(71) DETROIT HISTORICAL SOCIETY 5401 WOODWARD AVE DETROIT, MI 48202 (72) NEWAY WORKS 59 N WALNUT ST STE 301 MOUNT CLEMENS, MI 48043	38-1381144 85-3162312	501C3 501C3	14,000	0		RESILIENCY AND REDUCING BEHAVIORAL, EMOTIONAL, ACADEMIC AND SOC INSPIRE AND IMMERSE YOUNG PEOPLE OF DETROIT TO EXPERIENCE THE MARITIME HISTORY AND FUTURE OF DETROIT. HELP AT-RISK CHILDREN STEP INTO THEIR PURPOSE, ACHIEVE ACADEMIC
	27-0472137	501C3	10,000	0		<u> </u>
HIGHWAY STE 520 SOUTHFIELD, MI 48033 (74) DETROIT INSTITUTE FOR CHILDREN	38-1359511	501C3	10,000	0		CONFERENCE, SCHEDULED FOR OCTOBER 28, 2022 IN GRAND RAPIDS, WILL BRING TOGETHER HUNDREDS OF PARENTS/CAREGIVERS TO NETWORK, CONNECT TO PROFESSIONALS AND ACQUIRE CRITICAL INFORMATION TO ADDRESS THE DAY-TO- DAY C TO PROVIDE CRITICAL PROGRAMS AND
FOR CHILDREN 2075 E WEST MAPLE ROAD SUITE B-203 WALLED LAKE,MI 48390	on 501(c)(3) and	government organizati	ions listed in the line 1	table		PROGRAMS AND SERVICES DURING THE SUMMER AND AFTERSCHOOL DESIGNED TO HELP UNDERSERVED CHILDREN WITH SPECIAL NEEDS "CATCH UP AND KEEP UP WITH THEIR PEERS IN SCHOOL."

Schedule I (Form 990) 2022

BOOKS, GAMES, TOYS, ETC.

Page 2

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART III,

PART I, LINE 2:

COLUMN B:

(1) GIFTS TO PEDIATRIC PATIENTS	
(1)	

Explanation

12035

(b) Number of

recipients

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

FOR REIMBURSEMENT OF EXPENSES INCURRED IN ACCORDANCE WITH A PREVIOUSLY APPROVED BUDGET.

INPATIENT, OUTPATIENT AND EMERGENCY ROOM VISITS AT THE CHILDREN'S HOSPITAL OF MICHIGAN .

(c) Amount of

cash grant

(d) Amount of

noncash assistance

AT THE END OF THE GRANT PERIOD, THE ORGANIZATION REQUIRES A FINAL REPORT OF GRANT ACTIVITIES AND A FINAL FINANCIAL

THE NUMBER OF RECIPIENTS IS AN ESTIMATE, WHICH IS BASED ON THE NUMBER OF PEDIATRIC PATIENTS SEEN DURING THE YEAR FOR

ACCOUNTING REPORT. ADDITIONALLY, ANY GRANTS THAT ARE ON A REIMBURSEMENT BASIS MUST BE ACCOMPANIED BY A DETAILED INVOICE

168,136 DONOR VALUES

(e) Method of valuation

(book, FMV, appraisal, other)

	edule J	Compensation Information					
epart	m 990) ment of the Treasury Revenue Service	est line 23. nation.	202 Open to Inspec				
CHI	ne of the organiz LDREN'S HOSPITAL (INDATION				Employer identif	fication nu	mber
Pa	rt I Questi	ons Regarding Compensatio	n				
							Yes
1a		opiate box(es) if the organization pro Section A, line 1a. Complete Part III		,			
	First-class	or charter travel		Housing allowance or residence for	personal use		
	Travel for	companions		Payments for business use of pers	onal residence		
	Tax idemn	ification and gross-up payments		Health or social club dues or initial	tion fees		
	Discretion	ary spending account		Personal services (e.g., maid, chau	ffeur, chef)		
b	•	xes on Line 1a are checked, did the or provision of all of the expenses d	_	. ,		1b	

1545-0047

o Public ection

Yes

No

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a

Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Νo 5a Νo Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Νo Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo

8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo

Cat. No. 50053T

Schedule J (Form 990) 2022

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed Note. The sum of columns (B)(i)-(iii) for each listed individual must ed	on F	orm 990, Part VII.						that individual.
(A) Name and Title		(B) Breakdown	B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and other (D) Nontax					(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1LAWRENCE BURNS PRESIDENT AND CEO	(i)	360,866	0	0	28,912	18,000	407,778	7,306
	(ii)							
2DOUG FERRICK	(i)	215,876	0	0	0 4,475	0 8,425	0 228,776	0 3,801
CHIEF DEVELOPMENT OFFICER								
	(ii)	0	0	0	0	0	0	0
3DAVID LOCHNER CHIEF FINANCIAL OFFICER	(i)	190,262	0	0	3,988	17,308	211,558	3,713
	(ii)							
4JENNIFER RICHARD	(i)	145,200	0	0	0 3,087	0 21,127	0 169,414	0
ASSISTANT VICE PRESIDENT DEVELOPMENT								
	(ii)	0	0	0	0	0	0	0
5 JODI L WONG VICE PRESIDENT OF OPERATIONS	(i)	156,800	0	0	3,704	8,200	168,704	2,946
	(ii)	0						 0
							Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference Explanation

Schedule J (Form 990) 2022



SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

▶ Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Interna	al Revenue Service					Inspe	ectio	ij	
Name of the organization CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION Employer identification									
	art I Types of Property				32-0087353				
	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	Method of noncash contr		_	nts	
1	Art—Works of art	Х	1	7	5 COST				
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications	Х		21	5 COST				
5	Clothing and household goods	Х		1,08	COST				
6	Cars and other vehicles								
	Boats and planes								
	Intellectual property								
9 10	Securities—Publicly traded . Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17									
18	Collectibles								
19	•								
20 21	Drugs and medical supplies . Taxidermy				_				
	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts				-				
25	Other (MISCELLANEOUS	Х	2.7	162,65	59 COST				
26	Other ► ()								
27	Other ▶ ()								
28	Other ▶ ()								
29	Number of Forms 8283 received by for which the organization complete				29				
							Yes	No	
30a	During the year, did the organizat	rs from the	date of the initial contribut						
	exempt purposes for the entire ho					30a		Νo	
b	If "Yes," describe the arrangemen								
31	Does the organization have a gift	contributions?	31	Yes					

b If "Yes," describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

chedule M (Form 990) (2022)						
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the						
organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a						
combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
PART I, COLUMN (B):	THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED					
	Schedule M (Form 990) (20	022)				

SCHEDULE O

(Form 990)

FOUNDATION

Department of the Treasury

Name of the organization

CHILDREN'S HOSPITAL OF MICHIGAN

Internal Revenue Service

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.

OMB No. 1545-0047

32-0087353

Open to Public Inspection **Employer identification number**

Return Explanation Reference FORM 990. DBA: JAMIE DANIELS FOUNDATION DBA: PAUL W. SMITH GOLF CLASSIC PART I. ITEM FORM 990. AFTER TCF'S MANAGEMENT HAS REVIEWED THE FORM 990. THE RETURN IS PROVIDED TO THE BOARD CHAIR. TREASURER. PART VI. CFO. AND PRESIDENT AND CEO. THESE INDIVIDUALS REVIEW THE FORM 990 WITH THE FINANCE AND AUDIT COMMITTEE AND SECTION B. EXECUTIVE COMMITTEE. ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE FORM. ONCE ALL NECESSARY LINF 11B CHANGES ARE MADE AND THE TCF BOARD CHAIR IS IN AGREEMENT WITH THE FINANCE AND AUDIT COMMITTEE AND EXECUTIVE COMMITTEE ABOUT THE FINISHED FORM 990. IT WILL BE SIGNED BY TCF'S PRESIDENT AND CEO. DATED AND SUBMITTED BY THE FILING DEADLINE. PRIOR TO FILING, A COPY OF THE APPROVED FORM 990 IS MADE AVAILABLE TO ALL OF TCF'S BOARD MEMBERS. FORM 990. THE CONFLICT OF INTEREST POLICY APPLIES TO THE ORGANIZATION'S BOARD TRUSTEES. OFFICERS. KEY EMPLOYEES AND PART VI. STAFF MEMBERS. THE COVERED PARTIES DISCLOSE INTERESTS THROUGH A QUESTIONNAIRE. EACH COVERED PERSON IS SECTION B. REQUIRED TO ACKNOWLEDGE. NOT LESS THAN ANNUALLY. THAT HE OR SHE HAS READ AND IS IN COMPLIANCE WITH THE LINE 12C POLICY AND MUST RE-ATTEST IN WRITING THAT THERE ARE NO CONFLICTS OR DISCLOSE ANY CONFLICTS THAT DO EXIST. AN ANNUAL REVIEW IS DONE BY THE EXECUTIVE COMMITTEE. IF A CONFLICT ARISES. THE INVOLVED PERSON(S) RECUSE. THEMSELVES FROM VOTING ON THE MATTER. COVERED MEMBERS ALSO MUST DECLARE ANY CONFLICT(S) OF INTEREST THAT ARISE BETWEEN ANNUAL DECLARATIONS AS THEY EMERGE. FAILURE TO DISCLOSE. DEPENDING ON GRAVITY. CAN LEAD TO REMOVAL FROM THEIR POSITION. FORM 990. THE ORGANIZATION HAS A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS CURRENTLY SERVING ON PART VI. THE BOARD OF TRUSTEES. PERSONS WITH A CONFLICT OF INTEREST REGARDING THE PRESIDENT AND CEO'S SECTION B. COMPENSATION ARRANGEMENT ARE NOT INVOLVED IN THIS PROCESS. COMPARABILITY DATA SHOWING COMPENSATION LINE 15A FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS REVIEWED WHEN DETERMINING THE PRESIDENT AND CEO'S COMPENSATION. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION WAS MAINTAINED. FORM 990. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON PART VI, REQUEST. SECTION C. I INF 19 FORM 990, REFUND OF GRANT PAYMENTS 231.671. PART XI. LINE 9: FORM 990. THE PROCESS FOR SELECTION AND OVERSIGHT HAS NOT CHANGED FROM THE PROCESS USED IN PRIOR YEARS. PART XII. LINE 2C: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

2022
Open to Public Inspection

32-0087353

Department of the Treasury				
Internal Revenue Service				
Name of the organization CHILDREN'S HOSPITAL OF MICHIGAN				

FOUNDATION

Employer identification number

Part I Identification of Disregarded Entities. Comp	lete if the organization an	swered "Yes" on F	orm 990, Part 1	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) DETROIT YOUTH GOLF PROGRAM L3C 3011 W GRAND BOULEVARD SUITE 218 DETROIT, MI 48202 46-3655916	EDUCATIONAL PROGRAMS BUILDING CHARACTER & ENHANCING LIFE VALUES THROUGH GOLF	MI	156,486	573,798	CHILDREN'S HOSPITAL OF MI FOUNDATION		
Part II Identification of Related Tax-Exempt Organia or more related tax-exempt organizations during the		<u> </u>	ered "Yes" on F	form 990, Part I	IV, line 34 because it had	one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity st (if section 501(c		Se 51 (cont ent	ction 2(b) 13) trolle tity?
(1)LEGACY CHM 3011 W GRAND BLVD NO 218 DETROIT, MI 48202 38-1357994	PEDIATRIC HEALTH CARE - IMPROVING HEALTH/WELLBEING OF CHILDREN	MI	501(C)(3)	LINE 12A, I	CHILDREN'S HOSPITAL OF M FOUNDATION		
30-1337 994							
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For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat. No. 50135	SY ST		Schedule R (Form 990) 20:	 21

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34	4,
because it had one or more related organizations treated as a partnership during the tax year.	

	because it had one of more related organizations are acted as a partner simple tax years											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	ations?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part	ral or aging mer?	(k) Percentage ownership
							Yes	No		Yes	No	
	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.											
(a)	(b)	(0		(d)	(e)	61	(f)	(g)	(h		Cti	(i)

(a) Name, address, and EIN of related organization	(b) Primary activity	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
		(state or foreign country)		corp, or trust)		assets		Yes	No
							Schedule	R (Form 99	0) 2021

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Part V Transactions With Related Organizations. Complete if the organization answer	ed "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more respectively.	elated organizations li	sted in Parts II-IV	?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
f b Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	Yes	
f d Loans or loan guarantees to or for related organization(s)				1d		No
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$				1e		No
${f f}$ Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
\boldsymbol{h} Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$f n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot				1n		No
• Sharing of paid employees with related organization(s)				10	Yes	
				4		NI-
P Reimbursement paid to related organization(s) for expenses				1p 1q		No No
q Reimbursement paid by related organization(s) for expenses				14		NO
r Other transfer of cash or property to related organization(s)				1r		No
S Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete						
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining an	nount ir	nvolved	I
1)LEGACY CHM	С	307,404	CASH			
			_			

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.

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	income section (related, 501(c)(3) unrelated, organizations? ccluded from		rs (f) (g) Share of total income assets		(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
	l	<u> </u>			<u> </u>						chedule P	(Form 9	990) 2021

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Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Expl	anation
		Schedule R (Form 990) 2021
Additional Data		Return to Form
	Software ID:	
	Software Version:	