Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Doing business as
THE CHILDREN'S FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3011 W GRAND BLVD 218

City or town, state or province, country, and ZIP or foreign postal code
DETROIT, MI 48202

D Employer identification number
32-0087353

E Telephone number
(313) 964-6994

G Gross receipts $ 55,072,291

F Name and address of principal officer:
LAWRENCE BURNS
3011 W GRAND BLVD 218
DETROIT,MI 48202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.YOURCHILDRENSFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2003

M State of legal domicile: MI

Part I 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.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	38
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	33
6	Total number of volunteers (estimate if necessary)	**6**	308
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,574
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,085,956	7,263,382
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,900,837	8,950,536
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	797,298	2,582,966
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,784,091	18,796,884
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,751,162	8,790,232
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,630,393	2,823,691
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,638,281		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,802,078	3,831,677
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,183,633	15,445,600
19	Revenue less expenses. Subtract line 18 from line 12	-399,542	3,351,284

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	138,036,782	153,035,262
21	Total liabilities (Part X, line 26)	558,083	2,314,630
22	Net assets or fund balances. Subtract line 21 from line 20	137,478,699	150,720,632

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2022-11-09

LAWRENCE BURNS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-11-09		P00904574

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 2601 CAMBRIDGE CT STE 300
AUBURN HILLS, MI 48326

Phone no. (248) 375-7100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CHILDREN'S FOUNDATION SUPPORTS PEDIATRIC RESEARCH, EDUCATION, COMMUNITY BENEFIT PROGRAMS, AND OTHER INITIATIVES TO IMPROVE THE HEALTH OF CHILDREN IN MICHIGAN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,387,656 including grants of $ 2,387,656) (Revenue $)

TO SUPPORT RESEARCH PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN IN MICHIGAN. 2021 AWARDS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: FUNDING FOR THE CHILDREN'S RESEARCH CENTER OF MICHIGANFUNDING STUDIES ON THE TREATMENT OF PEDIATRIC CANCERSFUNDING FOR A STUDY INVESTIGATING THE EFFECTS OF CBD ON ANXIETY AND BEHAVIORAL PROBLEMS IN CHILDREN WITH EPILEPSYFUNDING FOR A STUDY INVESTIGATING THE EPIDEMIOLOGY OF PEDIATRIC INJURIES DURING A PANDEMICFUNDING FOR A STUDY TO FIND THE MOST EFFECTIVE THERAPIES FOR MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) WHO HAVE HAD COVID-19FUNDING FOR A BRAIN MAPPING STUDY ON THE USE OF RNS THERAPY WHEN SURGERY CANNOT BE USED TO HELP PEDIATRIC EPILEPSY PATIENTS

4b (Code:) (Expenses $ 624,636 including grants of $ 624,636) (Revenue $)

TO SUPPORT EDUCATION PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN IN MICHIGAN. 2021 AWARDS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: FUNDING TO PROMOTE EXCELLENCE IN NURSING BY PROVIDING ACCESS TO INFORMATION AND NETWORKING OPPORTUNITIESEDUCATIONAL FUNDING FOR PEDIATRIC FELLOWS, DENTISTRY FELLOWS, THORACIC AND CARDIOVASCULAR SURGERY TEAM, AND TRAUMA AND BURN TEAMSFUNDING TO SUPPORT TWO CHILD LIFE FELLOWSHIPS AT CHILDREN'S HOSPITAL OF MICHIGAN AND KARMANOS CANCER INSTITUTEFUNDING FOR CONFERENCES FOR VARIOUS POSITIONSFUNDING FOR LECTURES ON HEMATOLOGY-ONCOLOGY, SURGERY, IMAGING, AND NEONATOLOGY

4c (Code:) (Expenses $ 8,205,005 including grants of $ 5,777,940) (Revenue $)

TO SUPPORT COMMUNITY BENEFIT PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN IN MICHIGAN. 2021 AWARDS INCLUDE, BUT ARE NOT LIMITED TO, THE 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 CHILDRENFUNDING FOR PSYCHOSOCIAL AND SUPPORTIVE SERVICES FOR CHILDREN AND FAMILIES FACING CHRONIC AND ACUTE LIFE-THREATENING ILLNESSESFUNDING TO SUPPORT MENTAL AND BEHAVIORAL HEALTH PROGRAMS FOR CHILDREN AND TEENS, INCLUDING THOSE PROVIDING SUICIDE PREVENTION, GRIEF SUPPORT, AND TRAUMA THERAPY, AS WELL AS THERAPEUTIC SERVICES TO YOUTH WITH DEVELOPMENTAL DISABILITIES 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 FAMILIESFUNDING 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 CAREFUNDING TO SUPPORT COMMUNITY PROGRAMS PROVIDING MENTORSHIP, TEACHING LIFE SKILLS, AND FOSTERING ACADEMIC SUCCESS FOR YOUTH IN UNDERSERVED COMMUNITIES

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

4e **Total program service expenses** ▶ 11,217,297

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule D,* 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		No
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.			
a	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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part 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	**2a**	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
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 Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	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**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator 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**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	38		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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:				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		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	
c	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?			
a	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**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, FL, MD, MI, NJ, NY, NC, OH, RI, VA, WA, WI

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ KURT MILLER RDM ASSOCIATES 7457 M E CAD BLVD SUITE 200 CLARKSTON, MI 48348 (248) 620-7100

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, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW A FRIEDMAN CHAIRMAN	1.00 1.00	X		X				0	0	0
(2) CYNTHIA FORD VICE-CHAIR	1.00 0.00	X		X				0	0	0
(3) FRED MINTURN VICE-CHAIR AND TREASURER	1.00 1.00	X		X				0	0	0
(4) RITA MARGHERIO SECRETARY	1.00 0.00	X		X				0	0	0
(5) JOHN D BAKER MD TRUSTEE	1.00 0.00	X						0	0	0
(6) JAMES F CARR JR TRUSTEE	1.00 0.00	X						0	0	0
(7) PETER GINOPOLIS TRUSTEE	1.00 0.00	X						0	0	0
(8) EDWARD C LEVY JR TRUSTEE	1.00 0.00	X						0	0	0
(9) MICHAEL J MADISON CFA TRUSTEE	1.00 0.00	X						0	0	0
(10) ANITA MASTERS PENTA TRUSTEE	1.00 0.00	X						0	0	0
(11) LYLE M WOLBERG CFP TRUSTEE	1.00 0.00	X						0	0	0
(12) MABLE V JONES PHD TRUSTEE	1.00 0.00	X						0	0	0
(13) MICHAEL BEN TRUSTEE	1.00 1.00	X						0	0	0
(14) TOM CONSTAND TRUSTEE	1.00 0.00	X						0	0	0
(15) ANDREW ZALESKI TRUSTEE	1.00 0.00	X						0	0	0
(16) STEPHEN BLAHUNKA TRUSTEE	1.00 0.00	X						0	0	0
(17) AJAY CHAWLA TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES BULLOCK TRUSTEE	1.00 0.00	X						0	0	0
(19) LORRON JAMES TRUSTEE	1.00 0.00	X						0	0	0
(20) HON KURTIS T WILDER TRUSTEE	1.00 0.00	X						0	0	0
(21) LAURA KOWALCHIK TRUSTEE	1.00 0.00	X						0	0	0
(22) ERIK MORGANROTH TRUSTEE	1.00 0.00	X						0	0	0
(23) JOHN BARKER TRUSTEE	1.00 0.00	X						0	0	0
(24) DAN CORNWELL TRUSTEE	1.00 0.00	X						0	0	0
(25) STEVE HYLANT TRUSTEE	1.00 0.00	X						0	0	0
(26) RYAN RUZZICONI TRUSTEE	1.00 0.00	X						0	0	0
(27) MARY LU ANGELILLI MD TRUSTEE	1.00 0.00	X						0	0	0
(28) BRIAN CALKA TRUSTEE	1.00 0.00	X						0	0	0
(29) ZENNA ELHASAN TRUSTEE	1.00 0.00	X						0	0	0
(30) LUANNE THOMAS EWALD TRUSTEE	1.00 0.00	X						0	0	0
(31) STACY GOLDBERG TRUSTEE	1.00 0.00	X						0	0	0
(32) JOCELYN HAGERMAN TRUSTEE	1.00 0.00	X						0	0	0
(33) DONNELL WHITE TRUSTEE	1.00 0.00	X						0	0	0
(34) LIZABETH ARDISANA TRUSTEE	1.00 0.00	X						0	0	0
(35) JOAN BUDDEN TRUSTEE	1.00 0.00	X						0	0	0
(36) KARL BELL TRUSTEE	1.00 0.00	X						0	0	0
(37) ROBERT O DAVIES TRUSTEE	1.00 0.00	X						0	0	0
(38) SAMUEL SHAHEEN TRUSTEE	1.00 0.00	X						0	0	0
(39) LAWRENCE BURNS PRESIDENT AND CEO	40.00 1.00			X				359,823	0	21,973
(40) DAVID LOCHNER CHIEF FINANCIAL OFFICER	40.00 0.00			X				181,813	0	18,380
(41) JODI L WONG VICE PRESIDENT OF OPERATIONS	40.00 1.00			X				145,689	0	9,058
(42) TRACY EPPLER ASSISTANT SECRETARY	40.00 1.00			X				74,601	0	6,415
(43) DOUG FERRICK CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			207,743	0	9,913
(44) THERESE QUATTRICIOCCHI-LONGE DIRECTOR, CORPORATE & FOUNDATION RELATIONS	40.00 0.00					X		114,884	0	16,843
(45) JILL NELSON DIRECTOR OF MARKETING AND COMMUNICATIONS	40.00 0.00					X		123,208	0	7,292
(46) GEORGE WESTERMAN ASSOC. DIRECTOR, DONOR RELATIONS & GIFT PLANNING	40.00 0.00					X		104,610	0	17,047
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,312,371	0	106,921

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK HILL 500 WOODWARD AVENUE SUITE 3500 DETROIT, MI 48226	LEGAL	255,860
CRAIN COMMUNICATIONS INC 1725 MERRIMAN RD 300 AKRON, OH 44313	MARKETING	243,542
RDM ASSOCIATES 7457 M E CAD SUITE 200 CLARKSTON, MI 48348	ACCOUNTING	203,306
CONCORD DIRECT 92 OLD TURNPIKE ROAD CONCORD, NH 03301	FUNDRAISING	184,013
DOUGLAS MARKETING GROUP LLC 10900 HARPER ROAD SUITE 100 DETROIT, MI 48213	MARKETING	146,846

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c	941,918			
d Related organizations 1d	164,942			
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f	6,156,522			
g Noncash contributions included in lines 1a - 1f:$ 1g	210,040			
h **Total.** Add lines 1a-1f . . . . . ▶	7,263,382			
Program Service Revenue	Business Code			
2a				
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶				
3 Investment income (including dividends, interest, and other similar amounts)	2,308,854		13,574	2,295,280
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other ▶		
7a Gross amount from sales of assets other than inventory 7a	42,656,891			
b Less: cost or other basis and sales expenses 7b	36,015,209			
c Gain or (loss) 7c	6,641,682			
d Net gain or (loss) . . . . . ▶	6,641,682			6,641,682
Other Revenue 8a Gross income from fundraising events (not including $ 941,918 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	256,488			
b Less: direct expenses 8b	259,298			
c Net income or (loss) from fundraising events . . ▶	-2,810			-2,810
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	3,550			
b Less: direct expenses 9b	900			
c Net income or (loss) from gaming activities . . ▶	2,650			2,650
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . . ▶				
Miscellaneous Revenue	Business Code			
11a RETURN OF CAPITAL FROM LEGACY DMC	900003	2,583,126		2,583,126
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		2,583,126		
12 **Total revenue.** See instructions . . . . . ▶		18,796,884	0	13,574	11,519,928

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,750,151	8,750,151		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,081	40,081		
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	1,035,408	245,049	466,201	324,158
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	1,389,248	483,808	354,630	550,810
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,120	23,453	28,893	28,774
9 Other employee benefits	272,837	75,467	111,896	85,474
10 Payroll taxes	45,078	53,522	-73,896	65,452
11 Fees for services (non-employees):				
a Management				
b Legal	257,551	26,333	231,218	
c Accounting	247,465		247,465	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	328,055		328,055	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	629,959	147,646	391,812	90,501
12 Advertising and promotion	62,763	1,826	24,641	36,296
13 Office expenses	743,313	56,269	211,766	475,278
14 Information technology				
15 Royalties				
16 Occupancy	152,807	1,878	150,929	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,608	19,875	5,962	3,771
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,277		19,277	
23 Insurance	46,301	1,086	41,644	3,571
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY OUTREACH	985,287	985,287		
b OTHER NON OPERATING EXP	246,942	260,093	25,890	-39,041
c DUES & MEMBERSHIP	60,694	40,743	12,221	7,730
d OTHER EXPENSES	10,000		10,000	
e All other expenses	11,655	4,730	1,418	5,507
25 **Total functional expenses.** Add lines 1 through 24e	15,445,600	11,217,297	2,590,022	1,638,281
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		5,622,695	2	3,262,425
	3	Pledges and grants receivable, net		651,425	3	1,034,010
	4	Accounts receivable, net		72,720	4	143,355
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		98,878	9	94,575
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 328,705			
	b	Less: accumulated depreciation	10b 236,076	111,906	10c	92,629
	11	Investments—publicly traded securities		78,485,866	11	91,557,442
	12	Investments—other securities. See Part IV, line 11		52,315,535	12	56,208,869
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		677,757	15	641,957
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		138,036,782	16	153,035,262
Liabilities	17	Accounts payable and accrued expenses		471,565	17	630,221
	18	Grants payable		86,518	18	1,669,409
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	15,000
	26	**Total liabilities.** Add lines 17 through 25		558,083	26	2,314,630
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		31,557,936	27	35,163,051
	28	Net assets with donor restrictions		105,920,763	28	115,557,581
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		137,478,699	32	150,720,632
	33	Total liabilities and net assets/fund balances		138,036,782	33	153,035,262

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	18,796,884
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	15,445,600
3	Revenue less expenses. Subtract line 2 from line 1	**3**	3,351,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	**4**	137,478,699
5	Net unrealized gains (losses) on investments	**5**	9,448,393
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	442,256
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	**10**	150,720,632

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
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.	**3b**		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	6,563,557	6,818,315	6,260,480	5,085,956	9,846,508	34,574,816
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	6,563,557	6,818,315	6,260,480	5,085,956	9,846,508	34,574,816
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						5,524,350
6 **Public support.** Subtract line 5 from line 4.						29,050,466

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	6,563,557	6,818,315	6,260,480	5,085,956	9,846,508	34,574,816
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,990,131	2,502,920	2,306,686	1,785,399	2,295,280	10,880,416
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	57,915	7,135	34,056	11,959	12,967	124,032
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	149,792	297,943	898,452	1,041,223	260,038	2,647,448
11 **Total support.** Add lines 7 through 10						48,226,712

12 Gross receipts from related activities, etc. (see instructions) **12** 124,031

13 **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, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 60.240 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 60.710 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** 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 . . . . . ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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?	**11b**		
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* ***Part VI****.*	**11c**		

Section 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**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

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

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**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	
2	Aggregate value of contributions to (during year)	30,147	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	2,184,560	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		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 Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

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

Part V Endowment Funds.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	92,515,307	85,209,820	72,128,021	76,066,908	68,940,166
b	Contributions . . .	1,205,516	357,945	2,176,219	636,954	176,245
c	Net investment earnings, gains, and losses	11,410,010	9,574,834	13,120,228	-3,294,503	9,249,354
d	Grants or scholarships . . .	1,986,507	1,779,613	1,417,207	773,884	1,733,117
e	Other expenditures for facilities and programs . . .					
f	Administrative expenses	881,541	847,679	797,441	507,454	565,740
g	End of year balance	102,262,785	92,515,307	85,209,820	72,128,021	76,066,908

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

- **a** Board designated or quasi-endowment ▶ 0.710 %
- **b** Permanent endowment ▶ 51.917 %
- **c** Term endowment ▶ 47.373 %

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

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

		Yes	No
(i) Unrelated organizations	**3a(i)**		No
(ii) Related organizations	**3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		328,705	236,076	92,629
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				92,629

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) NON-LISTED INVESTMENTS	56,208,869	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	56,208,869	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	15,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	27,815,937
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	9,448,393		
b	Donated services and use of facilities	2b	65,738		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	206,192		
e	Add lines **2a** through **2d**			2e	9,720,323
3	Subtract line **2e** from line **1**			3	18,095,614
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	328,055		
b	Other (Describe in Part XIII.)	4b	373,215		
c	Add lines **4a** and **4b**			4c	701,270
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	18,796,884

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

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

1	Total expenses and losses per audited financial statements			1	14,551,861
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	65,738		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	184,049		
e	Add lines **2a** through **2d**			2e	249,787
3	Subtract line **2e** from line **1**			3	14,302,074
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	328,055		
b	Other (Describe in Part XIII.)	4b	815,471		
c	Add lines **4a** and **4b**			4c	1,143,526
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	15,445,600

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	TO SUPPORT CHILDREN'S PROGRAMS PER THE STIPULATIONS OF THE DONOR.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LEGACY CHM REVENUE REPORTED ON LEGACY CHM 990 206,192.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTION FROM LEGACY CHM ELIMINATED ON CONSOLIDATED FINANCIALS 164,942. CHANGE IN CASH VALUE OF LIFE INSURANCE 35,798. RECLASSIFICATION OF SPECIAL EVENT EXPENSE 172,475.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LEGACY CHM EXPENSES REPORTED ON LEGACY CHM 990 184,049.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	REFUNDED GRANT PAYMENTS 478,054. CONTRIBUTION FROM LEGACY CHM ELIMINATED ON CONSOLIDATED FINANCIALS 164,942. RECLASSIFICATION OF SPECIAL EVENT EXPENSE 172,475.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

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

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		11,463,670
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			11,463,670
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			11,463,670

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

1	**(a)** Name of organization	**(b)** 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)									

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

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

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

	(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)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 PAUL W. SMITH GOLF CLASSIC (event type)	(b) Event #2 JDF CELEBRITY ROAST (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	528,700	317,288	352,418	1,198,406
	2 Less: Contributions	415,065	294,713	232,140	941,918
	3 Gross income (line 1 minus line 2)	113,635	22,575	120,278	256,488
Direct Expenses	4 Cash prizes			250	250
	5 Noncash prizes				
	6 Rent/facility costs	88,371	5,743	16,130	110,244
	7 Food and beverages			22,549	22,549
	8 Entertainment			10,600	10,600
	9 Other direct expenses	600	26,953	88,102	115,655
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				259,298
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,810

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			3,550	3,550
Direct Expenses	2 Cash prizes			850	850
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			50	50
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				900
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				2,650

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	100.000 %

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

Name ▶ THE CHILDREN'S FOUNDATION

Address ▶ 3011 W GRAND BLVD NO 218 DETROIT, MI 48202

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ LAWRENCE BURNS

Gaming manager compensation ▶ $ 1,242.

Description of services provided ▶ SUPERVISES EMPLOYEES WHO KEEP RECORDS, COUNT MONEY, OVERSEE GAMING ACTIVITIES DURING EVENTS, AND PREPARE STATE MANDATED FINANCIAL REPORTS.

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE G, PART II	THE NET ECONOMIC PROFIT EARNED FROM SPECIAL EVENTS IS $939,108, AS FOLLOWS: SCH. G, PART II, LINE 1 TOTAL GROSS RECEIPTS: $1,198,406 SCH. G, PART II, LINE 10 - LESS DIRECT EXPENSES ($259,298) NET ECONOMIC PROFIT EARNED FROM SPECIAL EVENTS $939,108 SCH. G, PART II LINE 11 RESULTS IN A LOWER NET INCOME DUE TO THE REQUIREMENT TO SEPARATELY STATE THE AMOUNT OF CONTRIBUTIONS, $941,918 REQUIRED BY THE IRS TO BE ACKNOWLEDGED TO DONORS AS CHARITABLE CONTRIBUTIONS.

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number: 32-0087353

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VHS CHILDREN'S HOSPITAL OF MICHIGAN INC 3901 BEAUBIEN DETROIT,MI 48201	27-2845064	501C3	1,225,550	0			TO SUPPORT PEDIATRIC MEDICAL EDUCATION, RESEARCH, AND OTHER COMMUNITY BENEFIT PROGRAMS
(2) UNIVERSITY PEDIATRICIANS 3901 BEAUBIEN ROOM 1K40 DETROIT,MI 482012119	38-3336414	501C3	1,166,887	0			TO SUPPORT PEDIATRIC MEDICAL EDUCATION AND RESEARCH
(3) WAYNE STATE UNIVERSITY 540 EAST CANFIELD SUITE 1369 DETROIT,MI 48201	38-6028429	IRC 115	905,304	0			TO SUPPORT THE RESEARCH ACTIVITIES OF THE CHM PEDIATRIC SURGICAL SERVICES DIVISION
(4) CENTRAL MICHIGAN UNIVERSITY 304 WARRINER HALL MOUNT PLEASANT,MI 48859	38-6004447	501C3	386,405	0			CLONAL T-LGL PROLIFERATIONS IN IMMUNE DYSREGULATION CONDITIONS & ENDOWED CHAIR POSITIONS
(5) REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 PITTSBURGH,PA 15251	38-6006309	501C3	368,771	0			STUDY OF TUMOR DNA AND RNA TO IDENTIFY NEW DRUG TARGETS, TUMOR IMMUNE COMPOSITION TO PREDICT RESPONSES TO IMMUNOTHERAPY, AND NORMAL DNA TO IDENTIFY FAMILIAL CANCER SYNDROMES AND GENETIC CHANGES RESPONSIBLE FOR ALTERED CHEMOTHERAPY METABOLISM TO IMPROVE OUTCOMES. CONTINUED IMPLEMENTATION OF THE TRAILS PROGRAM IN DPSCD. PALLIATIVE CARE MUSIC THERAPY AT CS MOTT CHILDREN'S HOSPITAL.
(6) HAMTRAMCK PUBLIC SCHOOLS 3201 ROOSEVELT HAMTRAMCK,MI 48212	38-6004194	501C3	233,840	0			TO SUPPORT A VISION SCREENING AND EYEGLASSES PROGRAM AT THE HAMTRAMCK SCHOOL BASED HEALTH CENTER.
(7) MICHIGAN STATE UNIVERSITY HANNAH ADMINISTRATION BUILDING EAST LANSING,MI 48824	38-6005984	501C3	176,988	0			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 CHM
(8) KIDS' HEALTH CONNECTIONS 3031 WEST GRAND BOULEVARD SUITE 650 DETROIT,MI 48202	45-4949783	501C3	149,157	0			NUTRITION, FITNESS, AND WELLNESS PROGRAMS FOR YOUTH STRUGGLING WITH WEIGHT MANAGEMENT
(9) THE GUIDANCE CENTER 13101 ALLEN ROAD SUITE 100 SOUTHGATE,MI 481952216	38-1621700	501C3	140,000	0			SUPPORT OF MEDICAL EVALUATIONS FOR CHILDREN WHO ARE SUSPECTED VICTIMS OF PHYSICAL OR SEXUAL ABUSE
(10) BOYS & GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH 235 STRAIGHT AVENUE NW GRAND RAPIDS,MI 49504	38-0593958	501C3	117,977	0			TO EXPAND A PROGRAM THAT ADDRESSES SOCIAL, EMOTIONAL, AND BEHAVIORAL HEALTH CONCERNS IN YOUTH
(11) PROMEDICA FOUNDATION 444 N SUMMIT STREET SUITE 100 TOLEDO,OH 43604	34-1517672	501C3	100,000	0			TO SUPPORT CONSTRUCTION AND/OR PROGRAMMING AT A YOUTH LEADERSHIP COMPLEX IN PARTNERSHIP WITH PROMEDICA FOUNDATION, FIRST TEE LAKE ERIE, AND BOYS & GIRLS CLUBS OF GREATER TOLEDO
(12) KIDS KICKING CANCER 27600 NORTHWESTERN HIGHWAY SUITE 220 SOUTHFIELD,MI 48034	38-3500655	501C3	95,000	0			TO PROVIDE STRESS AND PAIN MANAGEMENT PROGRAMS FOR PATIENTS AT CHM. TO SUPPORT A MARTIAL ARTS PROGRAM TO HELP PATIENTS MANAGE PAIN AND STRESS.
(13) BRILLIANT DETROIT 5675 LARKINS DETROIT,MI 48210	47-3446334	501C3	75,000	0			PROGRAM TO SUPPORT LANGUAGE DEVELOPMENT AND KINDERGARTEN READINESS FOR YOUNG CHILDREN IN DETROIT
(14) OAKLAND FAMILY SERVICES 114 ORCHARD LAKE ROAD PONTIAC,MI 48341	38-1358388	501C3	75,000	0			SUPPORTS SALARY FOR A THERAPIST TO HELP ASSESS MENTAL HEALTH ISSUES IN YOUNG CHILDREN. SUPPORT OF A PARENT EDUCATOR TO ADDRESS DEVELOPMENT-ORIENTED PARENTING TO THE WELL-BEING OF THE FAMILY UNIT.
(15) MICHIGAN HEALTH & HOSPITAL ASSOCIATION 2112 UNIVERSITY PARK DRIVE OKEMOS,MI 48864	38-1458751	501C3	75,000	0			TO SUPPORT A RAPID WHOLE GENOME SEQUENCING INITIATIVE FOR CRITICALLY ILL INFANTS AND CHILDREN ACROSS MICHIGAN
(16) SAMARITAS 8131 E JEFFERSON AVENUE DETROIT,MI 48214	38-1360553	501C3	75,000	0			TO HELP LAUNCH A SUD PROGRAM FOR ADOLESCENTS IN METRO DETROIT
(17) INTEGRATED SERVICES OF KALAMAZOO 2030 PORTAGE STREET KALAMAZOO,MI 49001	38-3313413	501C3	74,900	0			TO SUPPORT A SUICIDE PREVENTION PROGRAM TARGETED AT LGBTQ YOUTH IN KALAMAZOO
(18) BUILDUP STEAM 14120 GOLFVIEW LIVONIA,MI 48154	83-4381302	501C3	72,500	0			PROGRAM TO PROVIDE BEDSIDE LEARNING OPPORTUNITIES & BEDSIDE LEGO ROBOTICS PROGRAM FOR PATIENTS OF CHM
(19) TEN SIXTEEN RECOVERY NETWORK 524 E MOSHER STREET SUITE 300 MOUNT PLEASANT,MI 48858	38-2278390	501C3	68,755	0			TO SUPPORT AN SUD COUNSELOR IN A RECOVERY PROGRAM FOR UNIVERSITY STUDENTS
(20) WINNING FUTURES 27500 COSGROVE DRIVE WARREN,MI 48092	20-2263860	501C3	60,000	0			PROGRAM TO PROVIDE ONLINE/VIRTUAL MENTORSHIP TO DISADVANTAGED YOUTH IN DETROIT. HYBRID VIRTUAL AND IN-PERSON MENTORING PROGRAM FOR DISADVANTAGED 10TH GRADERS IN DETROIT, WARREN, AND STERLING HEIGHTS
(21) RONALD MCDONALD HOUSE CHARITIES DETROIT 4707 ST ANTOINE SUITE 200 DETROIT,MI 48201	38-2182406	501C3	55,000	0			TO SUPPORT DRIVER SALARIES AND VAN MAINTENANCE FOR SHUTTLE SERVICE BETWEEN RONALD MCDONALD HOUSE AND CHM. TO SUPPORT MAINTENANCE FOR THE RMDC CAREMOBILE.
(22) TEAM RECOVERY OF OHIO 1618 W SYLVANIA AVENUE TOLEDO,OH 43612	81-4213508	501C3	55,000	0			PROGRAM TO INVOLVE FAMILY IN THE TREATEMENT AND RECOVERY OF THEIR CHILD WITH SUD
(23) SLOAN MUSEUM AND LONGWAY PLANETARIUM 1221 E KEARSLEY STREET FLINT,MI 48503	82-2978634	501C3	50,000	0			TO SUPPORT THE INSTALLATION OF THE MIDCENTURY HOUSE EXHIBIT AT THE SLOAN MUSEUM
(24) EARLY LEARNING NEIGHBORHOOD COLLABORATIVE PO BOX 2956 GRAND RAPIDS,MI 49501	27-3763547	501C3	50,000	0			TO SUPPORT A HEALTH SERVICES COORDINATOR TO ASSIST FAMILIES IN NAVIGATING HEALTH, ORAL HEALTH, AND NUTRITION SYSTEMS IN ORDER TO ADDRESS ISSUES HINDERING A CHILD'S DEVELOPMENT.
(25) THE CHILDREN'S CENTER OF WAYNE COUNTY INC 79 W ALEXANDRINE DETROIT,MI 48201	38-1359505	501C3	50,000	0			SUPPORTS THE SAFE SLEEP, CLOTHING, FOOD, AND OTHER BASIC NEEDS OF FAMILIES IN DETROIT
(26) COVENANT HOUSE 2959 MARTIN LUTHER KING JR BOULEVARD DETROIT,MI 48208	38-3351777	501C3	50,000	0			TO SUPPORT INTENSIVE RESIDENTIAL MENTAL HEALTH AND SUD SERVICES FOR YOUTH AT RISK OF HOMELESSNESS
(27) LEADERS ADVANCING AND HELPING COMMUNITIES 5275 KENILWORTH DEARBORN,MI 48126	38-3081799	501C3	49,260	0			TO SUPPORT A HEALTH AND WELLNESS PROGRAM FOR FOSTER CARE CHILDREN AND FAMILIES
(28) LIFE REMODELED 2470 COLLINGWOOD DETROIT,MI 48206	27-5020487	501C3	47,970	0			TO PROVIDE AFTER-SCHOOL SUPPORTIVE PROGRAMMING FOR DETROIT YOUTH
(29) BIG GREEN DETROIT 1938 FRANKLIN STREET SUITE 201 DETROIT,MI 48207	27-5083595	501C3	47,500	0			TO SUPPORT CONSTRUCTION OF A YOUTH LEARNING GARDEN AT THE SCHOOL OF MARYGROVE
(30) FAIR FOOD NETWORK 1250 NORTH MAIN NORTH SUITE ANN ARBOR,MI 48104	26-4143394	501C3	43,500	0			TO INCREASE ACCESS TO FRESH PRODUCE AND OTHER FOODS FOR FAMILIES IN NEED
(31) FRIENDS OF THE CHILDREN 7375 WOODWARD AVENUE SUITE 1521 DETROIT,MI 48202	82-1577991	501C3	40,000	0			PROGRAM PROVIDING INCREASED ACCESS TO TECHNOLOGY, BASIC NEEDS, AND MENTORSHIP
(32) CARE HOUSE OF OAKLAND COUNTY 44765 WOODWARD AVENUE PONTIAC,MI 48341	38-2305297	501C3	40,000	0			DEVELOPMENT OF ONLINE/VIRTUAL EDUCATION PROGRAMMING TO ADDRESS GAPS REVEALED DUE TO THE PANDEMIC
(33) MADE INSTITUTE 503 GARLAND FLINT,MI 48503	47-3281597	501C3	40,000	0			SUPPORTS OUTREACH TO AT-RISK YOUTH IN FLINT TO PROVIDE ACTIVITIES AROUND SOCIAL-EMOTIONAL DEVELOPMENT, HEALTH, EDUCATION, AND WORKFORCE CONNECTIONS
(34) MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD SUITE 404 BINGHAM FARMS,MI 48025	38-3580432	501C3	40,000	0			MENTORSHIP PROGRAM FOR HIGH SCHOOL AND COLLEGE STUDENTS
(35) OAKLAND UNIVERSITY 3151 UNIVERSITY DRIVE AUBURN HILLS,MI 48326	38-1714400	501C3	39,800	0			PROGRAM TO HELP INDIVIDUALS WITH ASD IMPROVE THEIR SOCIAL AND EMOTIONAL HEALTH
(36) DETROIT CRISTO REY HIGH SCHOOL 5679 W VERNOR HIGHWAY DETROIT,MI 48209	26-3176934	501C3	37,398	0			SUPPORTS VISION SCREENING AND EYEGLASSES FOR STUDENTS IN NEED AT DETROIT CRISTO REY HS
(37) GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN 2131 BEAUFAIT DETROIT,MI 48207	38-2156255	501C3	35,000	0			PROVIDES MILK AND PRODUCE FOR FAMILIES IN NEED
(38) DETROIT WAYNE COUNTY HEALTH AUTHORITY 3031 W GRAND BLVD STE 600 DETROIT,MI 48202	81-0665571	501C3	34,300	0			TO CONTINUE AND EXPAND THE CLINICAL COMPONENT OF THE COMMUNITY MEDICINE ROTATION PROGRAM, PROVIDING ACCESS TO CARE AND HEALTH EDUCATION TO PEDIATRIC PATIENTS AND THEIR FAMILIES, WHILE TEACHING MEDICAL RESIDENTS IN THIS TYPE OF COMMUNITY HEALTHCARE MODEL.
(39) VOICES FOR CHILDREN 515 EAST STREET FLINT,MI 48503	43-2031361	501C3	31,500	0			ABUSE PREVENTION EDUCATION FOR YOUNG CHILDREN AND TRAINING FOR ADULTS
(40) NEW DAY FOUNDATION 245 BARCLAY CIRCLE SUITE 300 ROCHESTER HILLS,MI 48307	26-0609040	501C3	31,500	0			MENTAL HEALTH SUPPORT PROGRAM FOR PEDIATRIC CANCER PATIENTS
(41) AUTISM ALLIANCE OF MICHIGAN 30100 TELEGRAPH ROAD SUITE 250 BINGHAM FARMS,MI 48025	27-0472137	501C3	30,000	0			TO SUPPORT CONFERENCE EXPENSES FOR PARENTS, FAMILIES, AND CAREGIVERS OF CHILDREN WITH AUTISM
(42) DETROIT HORSE POWER PO BOX 38115 DETROIT,MI 48238	47-3212490	501C3	30,000	0			SUPPORTS A SOCIAL-EMOTIONAL THERAPY PROGRAM FOR UNDERSERVED YOUTH IN DETROIT
(43) LIVING & LEARNING ENRICHMENT CENTER 801 GRISWOLD NORTHVILLE,MI 48167	82-2324359	501C3	30,000	0			CAPITAL TO SUPPORT THE CONSTRUCTION OF AN ADA COMPLIANT BATHROOM
(44) CALEB'S KIDS 22200 W ELEVEN MILE ROAD SUITE 3663 SOUTHFIELD,MI 48037	82-1699542	501C3	30,000	0			TO EXPAND A PROGRAM PROVIDING SOCIAL-EMOTIONAL LEARNING, HOLISTIC WELLNESS, AND TRAUMA-SENSITIVE THERAPY FOR AT-RISK YOUTH
(45) BRONSON HEALTH FOUNDATION 301 JOHN STREET BOX C KALAMAZOO,MI 49007	38-2415081	501C3	29,722	0			SUPPORTS EXPENSES OF AN INJURY PREVENTION EDUCATION AWARENESS STRATEGY
(46) ST JOSEPH MERCY ANN ARBOR 5301 E HURON RIVER DRIVE ANN ARBOR,MI 48106	38-2113393	501C3	29,040	0			TO PROVIDE COMMUNITY FOOD SHARES TO FAMILIES IN NEED
(47) MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS,MI 48025	38-1358206	501C3	27,500	0			PROVIDES DOG BITE EDUCATION AND OUTREACH FOR RESIDENTS OF THE WARRENDALE AREA OF DETROIT
(48) MARINERS INN HUMAN SERVICES 445 LEDYARD DETROIT,MI 48201	38-2136488	501C3	27,340	0			TO SUPPORT A PROGRAM PROVIDING SELF-ESTEEM AND LIFE SKILLS COUNSELING FOR YOUNG WOMEN
(49) LOVE FOR A CHILD 34 MECHANIC STREET OXFORD,MI 48371	46-4942104	501C3	25,000	0			TO EXPAND A MENTORSHIP PROGRAM FOR YOUTH IN FOSTER CARE TO THE WEST SIDE OF MICHIGAN
(50) YMCA OF GREATER TOLEDO 1500 N SUPERIOR 2ND FLOOR TOLEDO,OH 43604	34-4428262	501C3	25,000	0			TO SUPPORT ONE YEAR OF SERVICES AT A CAMP DESIGNED FOR CHILDREN SUFFERING FROM CANCER.
(51) TEAM JOSEPH 5745 W MAPLE ROAD SUITE 204 WEST BLOOMFIELD,MI 48322	80-0613664	501C3	25,000	0			PROGRAM TO PROVIDE BASIC NEEDS AND SERVICES TO FAMILIES OF CHILDEN WITH DUCHENNES
(52) DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD STREET SUITE 547 DETROIT,MI 48226	30-0056848	501C3	25,000	0			TO SUPPORT A PROGRAM THAT PROVIDES TRAUMA INTERVENTION FOR YOUTH IN DETROIT AT RISK OF VIOLENCE
(53) FIGURE SKATING IN DETROIT 19120 GRAND RIVER AVENUE DETROIT,MI 48223	13-3945168	501C3	25,000	0			TO SUPPORT NUTRITION, FITNESS, AND WELL-BEING EDUCATION FOR YOUNG GIRLS IN DETROIT
(54) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT,MI 48226	38-1358055	501C3	25,000	0			TO SUPPORT SWIM LESSONS AND WATER SAFETY INSTRUCTION FOR DETROIT CHILDREN
(55) ELE'S PLACE 1145 WEST OAKLAND AVENUE LANSING,MI 48915	38-2976751	501C3	25,000	0			TO PROVIDE A VIRTUAL TRAINING PROGRAM ON YOUTH GRIEF COUNSELING, AS WELL AS TECHNOLOGY FOR FAMILIES AND SCHOOL-BASED GRIEF SUPPORT GROUPS
(56) CASA - THE VOICE FOR CLINTON COUNTY'S CHILDREN 1207 N US 27 ST JOHNS,MI 48879	46-4768200	501C3	25,000	0			SUPPORTS A FAMILY ADVOCATE POSITION AT THE CLINTON COUNTY CAC
(57) AUTISM SPEAKS 1060 STATE ROAD PRINCETON,NJ 08540	20-2329938	501C3	25,000	0			TO SUPPORT A CAREGIVER SKILLS TRAINING PROGRAM FOR PARENTS AND OTHERS WHO CARE FOR CHILDREN WITH AUTISM IN DETROIT
(58) FRIENDSHIP CIRCLE 6892 WEST MAPLE ROAD WEST BLOOMFIELD,MI 48322	38-3613944	501C3	25,000	0			TO PROVIDE A CAMP EXPERIENCE FOR YOUTH WITH SPECIAL NEEDS
(59) CITY YEAR DETROIT 2937 EAST GRAND BOULEVARD 4TH FLOOR DETROIT,MI 48202	22-2882549	501C3	25,000	0			TO EXPAND MENTAL HEALTH FOCUSED TRAINING FOR AMERICORPS TEAM MEMBERS
(60) KNOWRESOLVE 13295 W STAR DRIVE SHELBY TOWNSHIP,MI 48315	26-0275443	501C3	24,000	0			ARTS PROGRAM BY AND FOR ADOLESCENTS TO HELP THEIR PEERS WITH MENTAL HEALTH ISSUES
(61) LIFELAB KIDS FOUNDATION 3178 HILTON ROAD FERNDALE,MI 48220	81-1334117	501C3	24,000	0			DEVELOPMENT OF GREENHOUSE PROGRAMMING FOR YOUTH WITH SPECIAL NEEDS
(62) YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD YPSILANTI,MI 48197	38-2462745	501C3	23,100	0			BUILDOUT OF A KITCHENETTE THAT WILL SUPPORT COMMUNITY PROGRAMMING FOR CHILDREN AND FAMILIES
(63) FREE BIKES 4 KIDZ DETROIT 2228 FERNCLIFF AVE ROYAL OAK,MI 48073	82-4599631	501C3	23,000	0			TO SUPPORT THE REFURBISHMENT OF BICYCLES TO BE GIVEN TO DETROIT CHILDREN IN NEED
(64) INCLUSIVELY FIT FOUNDATION 39209 WEST SIX MILE ROAD SUITE 155 LIVONIA,MI 48152	81-1288974	501C3	22,500	0			TO SUPPORT TRAINING FOR STAFF WORKING WITH YOUTH WHO HAVE DISABILITIES. TO SUPPORT CLEANING AND SANITIZING FITNESS CENTER FOR YOUTH WITH SPECIAL NEEDS.
(65) BOYS HOPE GIRLS HOPE OF DETROIT 3031 W GRAND BLVD SUITE 425 DETROIT,MI 48202	38-2536444	501C3	20,000	0			SUPPORTS A PROGRAM PROVIDING THERAPEUTIC SERVICES TO ENHANCE AND EMPOWER STUDENT HEALTH AND WELLNESS
(66) HANLEY FOUNDATION 700 S DIXIE HIGHWAY SUITE 103 WEST PALM BEACH,FL 33401	20-2871945	501C3	20,000	0			SUPPORTS STIPENDS FOR SUD TREATMENT TO FAMILIES WHO CANNOT AFFORD THERAPY
(67) THE RAINBOW CONNECTION 621 W UNIVERSITY ROCHESTER,MI 48307	38-2608775	501C3	20,000	0			TO HELP SUPPORT WISHES FOR CRITICALLY ILL CHILDREN. TO SUPPORT NON-MEDICAL, EMERGENCY NEEDS FOR FAMILIES OF CHILDREN WITH LIFE-THREATENING ILLNESSES
(68) AMERICAN FOUNDATION FOR SUICIDE PREVENTION 33717 WOODWARD AVE 238 BIRMINGHAM,MI 48009	13-3393329	501C3	20,000	0			SUICIDE PREVENTION EDUCATION IN SCHOOLS AND TRAIN THE TRAINER COURSES
(69) THE SATURDAY SCHOLAR 30600 OLD STREAM STREET SOUTHFIELD,MI 48076	84-2760679	501C3	18,750	0			TO SUPPORT A TUTORING AND MENTORING PROGRAM TO ENCOURAGE COLLEGE ATTENDANCE BY DETROIT YOUTH
(70) KIDS ON THE GO 128 SUNNINGDALE GROSSE POINTE WOODS, MI 48236	45-5450033	501C3	18,700	0			TO SUPPORT WELLNESS PROGRAMMING FOR YOUTH WITH SPECIAL NEEDS
(71) DETROIT EDUCATION & RESEARCH 4201 ST ANTOINE DETROIT,MI 48201	45-5124360	501C3	16,469	0			SUPPORTS CONFERENCE EXPENSES AND TRAVEL FOR CHM SURGICAL FELLOWS
(72) MAKE A WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON,MI 48114	38-2505812	501C3	15,000	0			PROVIDES GIFTS AND OTHER SUPPORTS FOR CHILDREN WAITING FOR WISHES TO HELP ENRICH THEIR QUALITY OF LIFE
(73) THE FLINT DIAPER BANK INC 5190 EXCHANGE DR FLINT,MI 48507	46-0614120	501C3	15,000	0			TO PROVIDE DIAPERS TO FAMILIES IN NEED IN GENESEE COUNTY
(74) PLAY-PLACE AUTISM & SPECIAL NEEDS CENTER 39337 MOUND ROAD STERLING HEIGHTS,MI 48314	27-5374352	501C3	15,000	0			COMPLETION OF A GYM AND PROGRAMMING FOR YOUTH WITH DEVELOPMENTAL NEEDS
(75) NORWAYNE BOXING GYM 32150 DORSEY STREET JEFFERSON BARNS VITALITY CENTER WESTLAND,MI 48186	47-4517277	501C3	15,000	0			CAPITAL TO CONSTRUCT A KITCHEN TO PROVIDE NUTRITION AND WELLNESS PROGRAMMING
(76) NEW HOPE CENTER FOR GRIEF SUPPORT 145 N CENTER STREET SUITE E NORTHVILLE,MI 48167	38-3517205	501C3	15,000	0			TO PROVIDE EDUCATION TO SCHOOL TEACHERS, COUNSELORS, ADMINISTRATORS AND OTHER PERSONNEL ON GRIEF SUPPORT FOR STUDENTS AND FAMILIES.
(77) CHILDREN'S HEALING CENTER 1530 FULTON STREET EAST GRAND RAPIDS,MI 49503	45-1955614	501C3	14,500	0			TO SUPPORT EXPENSES OF A TRAUMA CONFERENCE AT CHILDREN'S HEALING CENTER AND DEVOS CHILDREN'S HOSPITAL, IN GRAND RAPIDS AND TO EXPAND CREATIVE PROGRAMMING PROVIDED BY A CENTER FOR IMMUNE COMPROMISED CHILDREN
(78) CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE ROAD STERLING HEIGHTS,MI 48310	20-3963417	501C3	14,000	0			TO PURCHASE COOKING EQUIPMENT AND INGREDIENTS FOR A PROGRAM TEACHING TEENS NUTRITION, WELLNESS, AND SOCIALIZATION SKILLS
(79) HOLY CROSS SERVICES 1030 N RIVER ROAD SAGINAW,MI 48609	38-1368326	501C3	10,000	0			CLOTHING, GAS, ACTIVITIES, LIFE SKILLS TRAINING FOR FOSTER CHILDREN AND YOUNG MEN TRANSITIONING TO INDEPENDENT LIVING
(80) JALEN ROSE LEADERSHIP ACADEMY 15000 TROJAN STREET DETROIT,MI 48235	46-4341453	501C3	10,000	0			COVID TESTING SUPPLIES
(81) DETROIT INSTITUTE FOR CHILDREN 2075 E WEST MAPLE ROAD SUITE B-203 WALLED LAKE,MI 48390	38-1359511	501C3	10,000	0			TO SUPPORT A PROGRAM PROVIDING EDUCATIONAL INTERVENTIONS FOR CHILDREN WITH DISABILITIES
(82) THE CENTER FOR URBAN YOUTH & FAMILY DEVELOPMENT 15827 INDIANA STREET DETROIT,MI 48238	80-0562742	501C3	10,000	0			FOOD FOR YOUTH IN AND TRANSITIONING FROM FOSTER CARE DURING SUMMER EMPLOYMENT PROGRAM
(83) COTS 26 PETERBORO 100 DETROIT,MI 48201	38-2420565	501C3	10,000	0			FOOD, CLOTHING, HYGIENE ITEMS FOR FAMILIES SERVED BY COTS
(84) COMMUNITIES FIRST INC 415 W COURT STREET FLINT,MI 48503	27-3600343	501C3	10,000	0			FINISHING ELEMENTS FOR TWO HOUSING UNITS TO HELP HOMELESS FAMILIES MOVE OUT OF SHELTERS AND GAIN ACCESS TO SERVICES
(85) RUTH ELLIS CENTER 77 VICTOR STREET HIGHLAND PARK,MI 48203	38-3501697	501C3	10,000	0			FOOD, CLOTHING, SUPPLIES FOR YOUTH AT RISK OF HOMELESSNESS
(86) AMERICAN DIABETES ASSOCIATION 20700 CIVIC CENTER DRIVE SUITE 100 SOUTHFIELD,MI 48076	13-1623888	501C3	9,500	0			STAFF/VOLUNTEER AND TRANSPORTATION EXPENSES TO SUPPORT CAMPERS AT A CAMP FOR CHILDREN WITH DIABETES
(87) MSU COMMUNITY MUSIC SCHOOL - DETROIT 3408 WOODWARD AVENUE DETROIT,MI 48201	38-6005984	501C3	9,000	0			TO SUPPORT COHORTS OF ARTS PROGRAMS FOR DETROIT STUDENTS
(88) DPS FOUNDATION 3011 W GRAND BLVD SUITE 1004 DETROIT,MI 48202	30-0135450	501C3	7,920	0			EMERGENCY ASSISTANCE FOR FAMILIES DURING THE COVID-19 CRISIS
(89) FLINT DEVELOPMENT CENTER 4121 MARTIN LUTHER KING AVENUE FLINT,MI 48505	36-4776666	501C3	6,125	0			TO SUPPORT CLEANING PRODUCTS, DESKS AND SHIELDS, AND SNACKS FOR YOUTH PARTICIPATING IN A LITERACY PROGRAM IN FLINT DURING THE COVID-19 PANDEMIC
(90) G1 IMPACT PO BOX 210423 AUBURN HILLS,MI 48321	81-1198753	501C3	5,400	0			TO SUPPORT COHORTS OF ARTS PROGRAMS FOR DETROIT STUDENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 90

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) GIFTS TO PEDIATRIC PATIENTS	12400		40,081	DONOR VALUES	BOOKS, GAMES, TOYS, ETC.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	AT THE END OF THE GRANT PERIOD, THE ORGANIZATION REQUIRES A FINAL REPORT OF GRANT ACTIVITIES AND A FINAL FINANCIAL ACCOUNTING REPORT. ADDITIONALLY, ANY GRANTS THAT ARE ON A REIMBURSEMENT BASIS MUST BE ACCOMPANIED BY A DETAILED INVOICE FOR REIMBURSEMENT OF EXPENSES INCURRED IN ACCORDANCE WITH A PREVIOUSLY APPROVED BUDGET.
SCHEDULE I, PART III, COLUMN B:	THE NUMBER OF RECIPIENTS IS AN ESTIMATE, WHICH IS BASED ON THE NUMBER OF PEDIATRIC PATIENTS SEEN DURING THE YEAR FOR INPATIENT, OUTPATIENT AND EMERGENCY ROOM VISITS AT THE CHILDREN'S HOSPITAL OF MICHIGAN .

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	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?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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**		No
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 in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1LAWRENCE BURNS PRESIDENT AND CEO	**(i)**	344,823	0	15,000	7,306	14,667	381,796	0
	(ii)	0	0	0	0	0	0	0
2DOUG FERRICK CHIEF DEVELOPMENT OFFICER	**(i)**	207,743	0	0	3,801	6,112	217,656	0
	(ii)	0	0	0	0	0	0	0
3DAVID LOCHNER CHIEF FINANCIAL OFFICER	**(i)**	181,813	0	0	3,713	14,667	200,193	0
	(ii)	0	0	0	0	0	0	0
4JODI L WONG VICE PRESIDENT OF OPERATIONS	**(i)**	145,689	0	0	2,946	6,112	154,747	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MISCELLANEOUS ▶)	X	51	210,040	COST
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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SCHEDULE O
(Form 990)

Department of the Treasury
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.

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Employer identification number
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Return Reference	Explanation
FORM 990, PART I, ITEM C	DBA: JAMIE DANIELS FOUNDATION DBA: PAUL W. SMITH GOLF CLASSIC
FORM 990, PART VI, SECTION B, LINE 11B	AFTER TCF'S MANAGEMENT HAS REVIEWED THE FORM 990, THE RETURN IS PROVIDED TO THE BOARD CHAIR, TREASURER, CFO, AND PRESIDENT AND CEO. THESE INDIVIDUALS REVIEW THE FORM 990 WITH THE FINANCE AND AUDIT COMMITTEE AND EXECUTIVE COMMITTEE. ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE CHMF 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, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPLIES TO THE ORGANIZATION'S BOARD TRUSTEES, OFFICERS, KEY EMPLOYEES AND STAFF MEMBERS. THE COVERED PARTIES DISCLOSE INTERESTS THROUGH A QUESTIONNAIRE. EACH COVERED PERSON IS REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY, THAT HE OR SHE HAS READ AND IS IN COMPLIANCE WITH THE 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, PART VI, SECTION B, LINE 15A	THE ORGANIZATION HAS A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS CURRENTLY SERVING ON THE BOARD OF TRUSTEES. PERSONS WITH A CONFLICT OF INTEREST REGARDING THE PRESIDENT AND CEO'S COMPENSATION ARRANGEMENT ARE NOT INVOLVED IN THIS PROCESS. COMPARABILITY DATA SHOWING COMPENSATION 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, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	REFUND OF GRANT PAYMENTS 478,054. CHANGE IN CASH VALUE OF LIFE INSURANCE -35,798.
FORM 990, PART XII, LINE 2C:	THE PROCESS FOR SELECTION AND OVERSIGHT HAS NOT CHANGED FROM THE PROCESS USED IN PRIOR YEARS.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

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Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION

Employer identification number
32-0087353

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 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	62,921	409,633	CHILDREN'S HOSPITAL OF MI FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(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 MI FOUNDATION	Yes	

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEGACY CHM	C	164,942	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

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