

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

| | | | |
|--|---|---|---|
| A For the 2022 calendar year, or tax year beginning | | and ending | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MICHIGAN PUBLIC HEALTH INSTITUTE | | D Employer identification number 38-2963835 |
| | Doing business as | | E Telephone number (517) 324-8300 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2436 WOODLAKE CIRCLE NO 300 | | |
| | City or town, state or province, country, and ZIP or foreign postal code OKEMOS, MI 48864 | | G Gross receipts \$ 139,001,137. |
| | F Name and address of principal officer: JANA DEAN, CPA, CIA SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number | |
| J Website: WWW.MPHI.ORG | | L Year of formation: 1990 M State of legal domicile: MI | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | |

Part I Summary

| | | |
|------------------------------------|--|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: CENTERING EQUITY, PROMOTING HEALTH, AND ADVANCING WELL BEING |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 3 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 4 14 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 1199 |
| | 6 | Total number of volunteers (estimate if necessary) 6 17 |
| | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 128,094,237. 136,877,777. |
| | 9 | Program service revenue (Part VIII, line 2g) 418,724. 607,870. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 861,892. 112,010. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 129,374,853. 137,597,657. |
| | Expenses | 13 |
| 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) 85,102,228. 92,316,120. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) 0. |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,974,708. 40,777,434. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 123,076,936. 133,093,554. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 6,297,917. 4,504,103. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 32,297,029. 49,274,454. |
| | 21 | Total liabilities (Part X, line 26) 12,903,645. 26,157,632. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 19,393,384. 23,116,822. |

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 | | |
| | JANA DEAN, CPA, CIA, CHIEF FINANCIAL OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | TINA PETERS | TINA PETERS | 10/30/23 | <input type="checkbox"/> | P00904574 |
| Preparer Use Only | Firm's name | Firm's EIN | | Phone no. | |
| | PLANTE & MORAN, PLLC | 38-1357951 | | (517) 332-6200 | |
| | Firm's address | | | | |
| | 1111 MICHIGAN AVE., STE. 100 EAST LANSING, MI 48823 | | | | |

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF MPHI IS WORKING WITH YOU TO CENTER EQUITY, PROMOTE HEALTH AND ADVANCE WELL BEING.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 68,580,284. including grants of \$) (Revenue \$ 3,333.) CENTER FOR DIVERSIFIED GOVERNMENT SOLUTIONS PROVIDES STRATEGIES TO STRENGTHEN CLIENT RELATIONS IN THE PUBLIC HEALTH WORKFORCE. WE PROVIDE EXPERTISE TO BUILD INFRASTRUCTURE AND STAFF CAPACITY TO SUCCESSFULLY IMPLEMENT STATE AND NATIONAL INITIATIVES DESIGNED TO IMPROVE PUBLIC HEALTH THROUGH THE CORE VALUES OF MPHI: SERVANT LEADERSHIP, HEALTH EQUITY & SOCIAL JUSTICE, AUTHENTIC RELATIONSHIPS, AND QUALITY & EXCELLENCE.

4b (Code:) (Expenses \$ 17,738,655. including grants of \$) (Revenue \$ 26,486.) STRATEGY SERVICES DIVISION INCLUDES A PORTFOLIO OF WORK DESIGNED TO STRATEGICALLY POSITION MPHI TO ADDRESS VARIOUS SOCIAL DETERMINANTS OF HEALTH, SUCH AS JUVENILE JUSTICE AND SUPPORTING FORMERLY INCARCERATED PEOPLE. MPHI SERVES AS THE CARE COORDINATION AGENCY OF MICHIGAN'S JUVENILE JUSTICE RE-ENTRY PROGRAM. MPHI WORKS WITH PARTNERS AND COMMUNITIES TO IMPROVE SUCCESSFUL TRANSITIONS OF YOUTH FROM JUVENILE RESIDENTIAL TREATMENT FACILITIES OR PROGRAMS INTO THEIR LOCAL COMMUNITY. BY PLANNING FOR A YOUTH'S TRANSITION AND PROVIDING CLEAR CONNECTIONS TO SUPPORT AND SERVICES, MPHI AND THE COMMUNITY POSITION YOUTH TO SUCCEED AND LEAD PRODUCTIVE AND INDEPENDENT LIVES. SUCCESS IN THIS MISSION ENABLES OUR YOUTH TO ACHIEVE A HIGHER QUALITY OF LIFE AND KEEP OUR COMMUNITIES SAFE FOR EVERYONE. CULTURAL RESPONSIVENESS IS A

4c (Code:) (Expenses \$ 4,617,984. including grants of \$) (Revenue \$ 90,539.) CENTER FOR HEALTHY COMMUNITIES (CHC) WORKS COLLABORATIVELY WITH PARTNERS TO IMPROVE PUBLIC HEALTH SYSTEMS AND THE HEALTH OF COMMUNITIES. CHC SPECIALIZES IN COMMUNITY-BASED RESEARCH AND EVALUATION AND PROVIDES CAPACITY-BUILDING ASSISTANCE IN PERFORMANCE MANAGEMENT, QUALITY IMPROVEMENT, AND COMMUNITY HEALTH ASSESSMENT, AS WELL AS HEALTH IMPROVEMENT PLANNING, STRATEGIC PLANNING, AND WORKFORCE DEVELOPMENT. WITH RICH EXPERIENCE IN A WIDE RANGE OF TOPIC AREAS, A MAJORITY OF CHC'S APPROACH IS COMMUNITY BASED AND PARTICIPATORY, ENSURING THAT PROCESSES AND PRODUCTS ALIGN WITH PARTNERS' VALUES, NEEDS, AND PRIORITIES. CHC HOUSES MPHI'S CENTER FOR NATIVE HEALTH & WELLNESS, WHICH SERVES NATIVE COMMUNITIES AS THEY PURSUE OPTIMAL HEALTH AND WELL-BEING FOR THEIR PEOPLE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 23,240,581. including grants of \$) (Revenue \$ 487,512.)

4e Total program service expenses 114,177,504.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | <input checked="" type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input checked="" type="checkbox"/> | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | <input checked="" type="checkbox"/> |

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

Note: All Form 990 filers are required to complete Schedule O

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 | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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
JANA DEAN - (517) 324-8300
2436 WOODLAKE CIRCLE NO 300, OKEMOS, MI 48864

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) RENEE BRANCH CANADY, PH.D., M.P CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | 443,780. | 0. | 39,763. | |
| (2) PAUL ELAM, PH.D. CHIEF STRATEGY OFFICER | 40.00 | | | | X | | 223,836. | 0. | 26,266. | |
| (3) JANA DEAN, C.P.A., C.I.A. CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | 203,591. | 0. | 38,496. | |
| (4) MAY YASSINE, PH.D., M.S. CHIEF PROGRAM OFFICER | 40.00 | | | | X | | 201,829. | 0. | 25,012. | |
| (5) CHRISTIAN BETHEA, M.B.A. CHIEF INFORMATION OFFICER | 40.00 | | | | X | | 196,182. | 0. | 18,879. | |
| (6) HEATHER WHITE, M.S.A. CHIEF ADMINISTRATIVE OFFICER | 40.00 | | | | X | | 174,249. | 0. | 36,184. | |
| (7) MICHELLE NAPIER-DUNNINGS, M.F.A CHIEF COMMUNICATIONS OFFICER | 40.00 | | | | X | | 171,201. | 0. | 33,022. | |
| (8) TRACY HILLIARD, PH.D., M.P.H. PROGRAM DIRECTOR | 40.00 | | | | | X | 173,037. | 0. | 21,803. | |
| (9) SEAN KELLOGG, M.S.I.S. SAP ARCHITECT | 40.00 | | | | | X | 157,162. | 0. | 34,573. | |
| (10) JULIA HEANY PH.D. PROGRAM DIRECTOR | 40.00 | | | | | X | 153,441. | 0. | 36,474. | |
| (11) JASON SUNDEEN SAP BUSINESS ANALYST MANAGER | 40.00 | | | | | X | 164,766. | 0. | 21,409. | |
| (12) CLARE TANNER PH.D. PROGRAM DIRECTOR | 40.00 | | | | | X | 153,338. | 0. | 20,884. | |
| (13) CARMEN THOMAS, D.T.L. CHIEF GOVERNMENT RELATIONS OFFICER | 40.00 | | | | X | | 156,347. | 0. | 14,726. | |
| (14) PHILLIP LEVY, M.P.H., M.D. DIRECTOR | 0.50 | X | | | | | 15,958. | 0. | 0. | |
| (15) BEVERLY ALLEN, C.P.A. DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) DENISE ANTHONY, PH.D. SECRETARY/TREASURER | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (17) BENG T ARNETZ, M.D., PH.D. VICE PRESIDENT | 1.00 | X | 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 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) TIM BECKER, C.P.A. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) DEBRA FURR-HOLDEN, PH.D DIRECTOR (JAN-MAY 2022) | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) JAMES GIORDANO, M.B.A. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) ELIZABETH HERTEL, M.B.A. PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (22) WAYNE MCCULLOUGH, PH.D, M.A. DIRECTOR (AUG-DEC 2022) | 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) SARAH MAYBERRY, M.P.H. DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) PHYLLIS MEADOWS, PH.D., M.S.N. DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (25) ANGULIQUE OUTLAW, PH.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) LAURA POWER, M.D., M.P.H. DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,588,717. | 0. | 367,491. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,588,717. | 0. | 367,491. |

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 64

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| MANATT, PHELPS & PHILLIPS, LLP, 2049 CENTURY PARK E, STE 1700, LOS ANGELES, CA | CONSULTING SERVICES | 1,966,665. |
| GCOM SOFTWARE, 9175 GUILFORD RD, STE 101, COLUMBIA, MD 21046 | TECH CONSULTING SERVICES | 228,012. |
| LACTATION EDUCATION CONSULTANTS 8211 ROCKBROOK CT, FORT WAYNE, IN 46825 | CONSULTING SERVICES | 222,450. |
| KRISTIN A TENNEY-BLACKWELL, 609 NORTH KALAMAZOO AVE, MARSHALL, MI 49068 | CONSULTING SERVICES | 222,281. |
| SUMMIT INNOVATIVE SOLUTIONS, LLC 1919 STONEY POINT DR, LANSING, MI 48917 | CONSULTING SERVICES | 220,225. |

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 29

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 125,457,878. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 11,419,899. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 136877777. | | | |
| Program Service Revenue | 2 a CONSULTING/TECHNOLOGY | Business Code | | | | | |
| | | 900099 | 329,222. | 329,222. | | | |
| | b CONFERENCE/TRAINING FEES | 900099 | 266,580. | 266,580. | | | |
| | c INTERACTIVE LEARNING CENTER | 900099 | 4,800. | 4,800. | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | 900099 | 7,268. | 7,268. | | | |
| g Total. Add lines 2a-2f | | | 607,870. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 229,941. | | | 229,941. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 1,234,999. | 50,550. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 1,403,480. | 0. | | | |
| | c Gain or (loss) | 7c | -168,481. | 50,550. | | | |
| | d Net gain or (loss) | | | -117,931. | | -117,931. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a 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 | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 137597657. | 607,870. | 0. | 112,010. | |

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 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 2,004,365. | 165,490. | 1,838,875. | |
| 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 | 68,144,598. | 60,745,343. | 7,399,255. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 22,167,157. | 19,461,249. | 2,705,908. | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 191,001. | 38,371. | 152,630. | |
| c Accounting | 95,725. | | 95,725. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 7,449,818. | 5,706,253. | 1,743,565. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,281,736. | 1,286,143. | 995,593. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 228,916. | 7,823. | 221,093. | |
| 17 Travel | 845,402. | 783,346. | 62,056. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 1,135,879. | 1,118,040. | 17,839. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,397,887. | | 1,397,887. | |
| 23 Insurance | 503,618. | | 503,618. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SUBCONTRACTS | 23,639,463. | 23,625,327. | 14,136. | |
| b EQUIPMENT EXPENSES | 1,790,242. | 626,665. | 1,163,577. | |
| c HONORARIA | 343,910. | 343,410. | 500. | |
| d INCENTIVES-PARTICIPANTS | 229,515. | 229,135. | 380. | |
| e All other expenses | 644,322. | 40,909. | 603,413. | |
| 25 Total functional expenses. Add lines 1 through 24e | 133,093,554. | 114,177,504. | 18,916,050. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 1,000. | 1 | 1,000. |
| | 2 Savings and temporary cash investments | 15,824,820. | 2 | 31,534,400. |
| | 3 Pledges and grants receivable, net | 8,661,756. | 3 | 5,726,557. |
| | 4 Accounts receivable, net | | 4 | |
| | 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 | 2,290,365. | 9 | 2,388,653. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,716,684. | | |
| | b Less: accumulated depreciation | 10b 4,008,321. | 854,423. | 10c 708,363. |
| | 11 Investments - publicly traded securities | 4,664,665. | 11 | 4,127,232. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | 4,788,249. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 32,297,029. | 16 | 49,274,454. | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,533,028. | 17 | 15,072,289. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 370,617. | 19 | 6,698,184. |
| | 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 | 4,387,159. |
| | 26 Total liabilities. Add lines 17 through 25 | 12,903,645. | 26 | 26,157,632. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 14,414,670. | 27 | 16,398,028. |
| | 28 Net assets with donor restrictions | 4,978,714. | 28 | 6,718,794. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 19,393,384. | 32 | 23,116,822. |
| | 33 Total liabilities and net assets/fund balances | 32,297,029. | 33 | 49,274,454. |

Part XI Reconciliation 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 | 137,597,657. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 133,093,554. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,504,103. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 19,393,384. |
| 5 | Net unrealized gains (losses) on investments | 5 | -780,665. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 23,116,822. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: 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?
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?
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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form 990 (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 94943596. | 98639296. | 134747137 | 128094237 | 136877777 | 593302043 |
| 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 | 94943596. | 98639296. | 134747137 | 128094237 | 136877777 | 593302043 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 593302043 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 94943596. | 98639296. | 134747137 | 128094237 | 136877777 | 593302043 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 75,761. | 68,954. | 75,078. | 106,527. | 229,941. | 556,261. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 593858304 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,401,812. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.91 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 99.93 | % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No | |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 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): | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.85 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 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-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MICHIGAN PUBLIC HEALTH INSTITUTE

Employer identification number

38-2963835

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>116,875,735.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>4,214,978.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>3,030,979.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|---|---|

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

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

| | |
|---|---|
| Name of organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2022

Open to Public Inspection

Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE Employer identification number 38-2963835

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: \$. Rows include: 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
 - 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 on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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 | | 44,097. | 44,097. | 0. |
| d Equipment | | 2,505,494. | 1,987,842. | 517,652. |
| e Other | | 2,167,093. | 1,976,382. | 190,711. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 708,363. |

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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) RIGHT OF USE ASSET | 4,788,249. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 4,788,249. |

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) LEASE LIABILITY | 4,387,159. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,387,159. |

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

**SCHEDULE 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

2022

Open to Public
Inspection

Name of the organization

MICHIGAN PUBLIC HEALTH INSTITUTE

Employer identification number

38-2963835

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-------------------------------------|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | <input checked="" type="checkbox"/> | |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RENEE BRANCH CANADY, PH.D., M.P. CHIEF EXECUTIVE OFFICER | (i) | 381,013. | 62,767. | 0. | 30,397. | 9,366. | 483,543. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) PAUL ELAM, PH.D. CHIEF STRATEGY OFFICER | (i) | 185,477. | 38,359. | 0. | 18,024. | 8,242. | 250,102. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JANA DEAN, C.P.A., C.I.A. CHIEF FINANCIAL OFFICER | (i) | 169,180. | 34,411. | 0. | 16,650. | 21,846. | 242,087. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MAY YASSINE, PH.D., M.S. CHIEF PROGRAM OFFICER | (i) | 168,368. | 33,461. | 0. | 16,036. | 8,976. | 226,841. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CHRISTIAN BETHEA, M.B.A. CHIEF INFORMATION OFFICER | (i) | 159,327. | 36,855. | 0. | 15,633. | 3,246. | 215,061. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) HEATHER WHITE, M.S.A. CHIEF ADMINISTRATIVE OFFICER | (i) | 142,820. | 31,429. | 0. | 14,547. | 21,637. | 210,433. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MICHELLE NAPIER-DUNNINGS, M.F.A. CHIEF COMMUNICATIONS OFFICER | (i) | 141,999. | 29,202. | 0. | 13,775. | 19,247. | 204,223. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) TRACY HILLIARD, PH.D., M.P.H. PROGRAM DIRECTOR | (i) | 155,805. | 17,232. | 0. | 13,834. | 7,969. | 194,840. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SEAN KELLOGG, M.S.I.S. SAP ARCHITECT | (i) | 130,305. | 26,857. | 0. | 13,020. | 21,553. | 191,735. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JULIA HEANY PH.D. PROGRAM DIRECTOR | (i) | 137,327. | 16,114. | 0. | 12,467. | 24,007. | 189,915. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) JASON SUNDEEN SAP BUSINESS ANALYST MANAGER | (i) | 137,739. | 27,027. | 0. | 12,782. | 8,627. | 186,175. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) CLARE TANNER PH.D. PROGRAM DIRECTOR | (i) | 137,383. | 15,955. | 0. | 12,245. | 8,639. | 174,222. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) CARMEN THOMAS, D.T.L. CHIEF GOVERNMENT RELATIONS OFFICER | (i) | 123,501. | 32,846. | 0. | 12,372. | 2,354. | 171,073. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

EMPLOYEES WERE ELIGIBLE FOR TWO TYPES OF BONUSES DURING THE YEAR:

1. CORPORATE BONUS - CALCULATED AT PERCENTAGE OF SALARY AND DEPENDENT ON INSTITUTE COLLECTIVELY MEETING PRE-DETERMINED SET OF NON-FINANCIAL GOALS DERIVED FROM THE STRATEGIC PLAN.

2. MERIT BONUS - DETERMINED AT THE DISCRETION OF THE EMPLOYEE'S SUPERVISOR BASED ON INDIVIDUAL PERFORMANCE DURING THE YEAR.

**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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MICHIGAN PUBLIC HEALTH INSTITUTE

Employer identification number

38-2963835

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

KEY TENET OF THE WORK AND IS EMPHASIZED AS A DISTINCT FOCUS ON
CULTURALLY RESPONSIVE ENGAGEMENT. THE STRATEGY SERVICES DIVISION
INCLUDES THE WORK OF THE CENTER FOR SOCIAL ENTERPRISE, THE CENTER FOR
TECHNOLOGY SOLUTIONS, AND THE BUSINESS SOLUTIONS GROUP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CENTER FOR STRATEGIC HEALTH PARTNERSHIPS (CSHP) OPERATES AT THE
INTERFACE OF PATIENTS, FAMILIES, CLINICIANS, PUBLIC HEALTH,
RESEARCHERS, COMMUNITIES, AND OTHER STAKEHOLDERS TO ENGAGE
MULTI-COLLABORATIVE PARTNERSHIPS IN SUPPORTING BETTER HEALTH OUTCOMES
FOR UNDERSERVED POPULATIONS. CSHP PROVIDES PROJECT MANAGEMENT FOR
NATIONAL, STATE, AND LOCAL LEVEL PROJECTS. SERVICES INCLUDE: PROJECT
DEVELOPMENT AND MANAGEMENT, STRATEGIC PLANNING, EDUCATION AND TRAINING,
LEADERSHIP DEVELOPMENT, AND WORKFORCE DEVELOPMENT. CSHP HOUSES THE MI
ACE INITIATIVE, A STATEWIDE COLLECTIVE IMPACT NETWORK DESIGNED TO
PROMOTE EVIDENCE-BASED, DATA-DRIVEN PREVENTION STRATEGIES TO REDUCE
ADVERSE CHILDHOOD EXPERIENCES.

EXPENSES \$ 2,831,783. INCLUDING GRANTS OF \$ 0. REVENUE \$ 750.

CENTER FOR DATA MANAGEMENT AND TRANSLATIONAL RESEARCH (CDMTR) WORKS
WITH PARTNERS TO COLLECT AND ANALYZE DATA, AND USE INFORMATION FOR
HEALTH SYSTEM AND POPULATION HEALTH IMPROVEMENT. THE TEAM, COMPOSED OF
EVALUATORS, RESEARCHERS, STATISTICIANS, AND HEALTH INFORMATION
SPECIALISTS, CAN DESIGN A PROJECT FROM START TO FINISH OR CONTRIBUTE
SPECIFIC ROLES. CDMTR'S EXPERTISE INCLUDES GRANT WRITING, EVALUATION

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

Schedule O (Form 990) 2022

| | |
|---|---|
| Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|---|---|

DESIGN, SURVEY RESEARCH, FOCUS GROUPS, USING LARGE ADMINISTRATIVE DATA SETS, GEOGRAPHIC INFORMATION SYSTEMS, DATA VISUALIZATION, ANALYSIS, AND PROVISION OF TECHNICAL ASSISTANCE. THE WORK OF CDMTR IS INTERDISCIPLINARY AND INTERSECTORAL, GROUNDED IN THE UNDERSTANDING THAT HEALTH AND WELL-BEING ARE PRODUCTS OF INTERACTING SOCIAL SYSTEMS, COMMUNITY COLLABORATION, POLICY, ECONOMICS, RELATIONSHIPS, AND BEHAVIOR. CDMTR ALSO SUPPORTS THE ADVANCEMENT OF THE NURSING FIELD AND WORKS TO ADDRESS MICHIGAN'S NURSING SHORTAGE. THE TEAM PROVIDES EVALUATION, TECHNICAL ASSISTANCE, AND CONSULTATION ON ISSUES AND PROGRAMS RELATED TO THE HEALTH CARE WORKFORCE AND POLICY, WITH FOCUS ON THE NURSING WORKFORCE AND ITS REGULATION, EDUCATION, AND PRACTICE. EXPENSES \$ 3,096,356. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,000.

EDUCATION AND COMMUNICATION SERVICES (ECS) WORKS WITH MULTIPLE PARTNERS BOTH IN PERSON AND VIRTUALLY TO EXPAND THE KNOWLEDGE AND CAPACITY TO PROMOTE PUBLIC HEALTH. ECS OFFERS EVENT MANAGEMENT FOR LEARNING EVENTS RANGING FROM ONE-DAY WORKSHOPS TO MULTIDAY CONFERENCES; CREATES COMMUNICATION STRATEGIES AND PRODUCTS WHILE HELPING BRAND OVERALL MESSAGES; FACILITATES PROCESSES TO SUPPORT PRODUCTIVE BRAINSTORMING, STRATEGIC PLANNING, AND PROCESS IMPROVEMENT; AND BUILDS CUSTOM ONLINE TRAINING COURSES AND MULTIMEDIA PRESENTATIONS WITH A FOCUS ON OUTCOMES-BASED EDUCATION AND REAL-WORLD APPLICATION. IN ADDITION, ECS MANAGES THE INTERACTIVE LEARNING CENTER (ILC) AT MPHI, WHERE A NUMBER OF THESE PLANNING AND EDUCATIONAL EVENTS OCCUR, AND OFFERS CONTINUING EDUCATION SERVICES FOR MANY EVENTS THROUGHOUT THE YEAR. EXPENSES \$ 3,083,522. INCLUDING GRANTS OF \$ 0. REVENUE \$ 270,968.

CENTER FOR NATIONAL PREVENTION INITIATIVES (CNPI) PROVIDES RESOURCES TO

| | |
|--|--|
| Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|--|--|

IMPROVE AND SUSTAIN LOCAL, STATE, AND NATIONAL EFFORTS TO REDUCE INFANT AND CHILD MORTALITY BY DELIVERING DATA SUPPORT, TRAINING AND TECHNICAL ASSISTANCE TO FATALITY REVIEW PROGRAMS THROUGHOUT THE U.S. CNPI HOUSES THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)- FUNDED NATIONAL CENTER FOR FATALITY REVIEW AND PREVENTION, THE DATA COORDINATING CENTER FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AND NATIONAL INSTITUTE OF HEALTH'S (NIH) SUDDEN UNEXPECTED INFANT DEATH AND SUDDEN DEATH IN THE YOUNG CASE REGISTRY. CNPI ALSO RECEIVES FUNDING FROM THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) TO IMPLEMENT A FIRE EDUCATION AND SAFETY PROGRAM IN HIGH-RISK COMMUNITIES ACROSS THE U.S. CNPI'S COLLABORATORS INCLUDE NATIONAL, TRIBAL, STATE, AND LOCAL PARTNERS ON A WIDE RANGE OF STRATEGIES THAT STRENGTHEN EXISTING MATERNAL CHILD HEALTH AND INJURY PROGRAMS. THE GOAL OF ALL CNPI PROGRAMS IS TO LEARN FROM CHILD DEATHS TO PREVENT FUTURE DEATHS AND ULTIMATELY REDUCE RISKS TO CHILDREN AND FAMILIES.

EXPENSES \$ 3,114,445. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CENTER FOR HEALTH EQUITY PRACTICE (CHEP) HELPS THOSE WHO WORK IN PUBLIC HEALTH AND RELATED FIELDS UNDERSTAND HEALTH EQUITY AND SOCIAL JUSTICE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND REDUCE THE LIKELIHOOD THAT PEOPLE ARE DISADVANTAGED BECAUSE OF THEIR RACE, CLASS, OR GENDER. CHEP COLLABORATES WITH MULTISECTOR PARTNERS TO IMPLEMENT PROGRAMS, CONDUCT RESEARCH AND EVALUATION, AND SUPPORT STRATEGIES THAT ADDRESS THE ROOT CAUSES OF INEQUITIES, INCLUDING WORKSHOPS, TECHNICAL ASSISTANCE, TRAINING, FACILITATION, COACHING, AND CONSULTATIONS, ALL CENTERED AROUND THE PRACTICE OF EQUITY AND SOCIAL JUSTICE. PROJECTS WITHIN THE CENTER FOR HEALTH EQUITY PRACTICE SPEAK DIRECTLY TO ISSUES OF POVERTY, INEQUALITY, AND THE SOCIAL SYSTEMS THAT CONTRIBUTE TO THEM.

| | |
|--|--|
| Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|--|--|

THE CENTER HOSTS DETROIT HEALTH INNOVATIONS (D-HI). D-HI IS DEDICATED TO COLLABORATING WITH COMMUNITY PARTNERS TO PROMOTE HEALTH INITIATIVES AND IMPLEMENT PREVENTION PROGRAMS WHILE ADDRESSING HEALTH INEQUITIES AND SOCIAL DETERMINANTS OF HEALTH IN THE DETROIT METROPOLITAN AREA.

EXPENSES \$ 1,908,181. INCLUDING GRANTS OF \$ 0. REVENUE \$ 134,985.

ADMINISTRATIVE PROJECTS - THE GRANTS AND CONTRACTS OFFICE PROVIDES COLLABORATIVE PROGRAM SERVICES FOR FEDERAL, STATE, AND LOCAL AGENCIES. THE INSTITUTE IS THE PRIME CONTRACTOR ON THESE PROJECTS AND ISSUES SUBCONTRACTS TO A VARIETY OF AGENCIES WHOSE SPECIALIZED EXPERTISE IS UNIQUE TO THE AGENCY. THE INSTITUTE MANAGES COLLABORATIVE PROJECTS WITH STATE AGENCIES AND WORKS IN PARTNERSHIP TO MONITOR PROGRESS OF PROJECTS IN ORDER TO PROVIDE HIGH-QUALITY FISCAL MANAGEMENT.

EXPENSES \$ 3,511,854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,049.

CANCER CONTROL SERVICES PROVIDES EVALUATION EXPERTISE TO THE STATE OF MICHIGAN'S CANCER CONTROL PROGRAMS. IT OFFERS TECHNICAL ASSISTANCE IN SUCH AREAS AS CANCER PREVENTION, PATIENT NAVIGATION, REFERRAL, TRACKING AND FOLLOW UP; STRATEGIC PLANNING, PARTNERSHIP AND EVENT COORDINATION; ADMINISTRATION AND FIDUCIARY RESPONSIBILITIES; QUALITY ASSURANCE AND IMPROVEMENT IN CANCER-RELATED SERVICES; AND DATABASE MANAGEMENT. EXPERTISE IS ALSO PROVIDED IN STATISTICS, FINANCIAL ANALYSIS, AND HIRING SUPPORT.

EXPENSES \$ 2,317,077. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,960.

CENTER FOR CHILD AND FAMILY HEALTH (CCFH) COLLABORATES WITH MULTIDISCIPLINARY STAKEHOLDERS TO PREVENT INFANT AND CHILD MORTALITY, IMPROVE PREGNANCY OUTCOMES, PROMOTE ORAL HEALTH, STRENGTHEN SUPPORTS TO

| | |
|---|---|
| Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|---|---|

VULNERABLE POPULATIONS, AND INCREASE THE HEALTH AND WELL-BEING OF CHILDREN AND FAMILIES. THE CCFH TEAM WORKS ON SURVEILLANCE AND DATA MANAGEMENT SYSTEMS, POLICY COMPLIANCE MONITORING, PROGRAM EVALUATION, NEEDS ASSESSMENTS, TRAINING AND TECHNICAL ASSISTANCE, AND QUALITY IMPROVEMENT PROJECTS. THEY ARE EXPERTS IN FACILITATION, FOCUS GROUPS, AND QUALITATIVE AND QUANTITATIVE METHODS TO GUIDE PROGRAM AND POLICY STRATEGIES.

EXPENSES \$ 1,533,338. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,800.

CENTER FOR CULTURALLY RESPONSIVE ENGAGEMENT (CCRE) ENSURES THE PEOPLE WHO ARE MOST IMPACTED ARE AT THE CENTER OF CONVERSATIONS THAT SEEK TO FIND SOLUTIONS TO PROBLEMS AFFECTING THEM. CCRE ENGAGES WITH ITS CLIENTS USING CULTURALLY RESPONSIVE APPROACHES FOR EVALUATION, LEARNING, RESEARCH, TRAINING, FACILITATION, AND STRATEGIC PLANNING. ITS SERVICES ARE DEVELOPED AROUND CULTURALLY DEFINED VALUES, KNOWLEDGE, AND BELIEFS OF THE POPULATION SERVED AND THE CONTEXT IN WHICH THEY OCCUR. THROUGH ITS WORK CCRE OFFERS TENETS TO HELP ITS PARTNERS ADOPT ENGAGEMENT PROCESSES THAT ARE CULTURALLY RESPONSIVE AND UTILIZE A RACIAL EQUITY LENS. CCRE SYSTEMATICALLY IDENTIFIES AND ADDRESSES RACISM, CULTURAL STEREOTYPES, AND OTHER FORMS OF INTOLERANCE, INJUSTICE, AND OPPRESSION. ITS PARTNERS ARE PHILANTHROPIC, GOVERNMENTAL, NONPROFIT, AND ACADEMIC INSTITUTIONS, AS WELL AS HISTORICALLY MARGINALIZED GROUPS DRIVING SOCIAL PROCESSES WHERE THEIR VOICES HAVE PREVIOUSLY BEEN SILENCED.

EXPENSES \$ 1,844,025. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,000.

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

THE UNIVERSITY OF MICHIGAN, MICHIGAN STATE UNIVERSITY, AND WAYNE STATE

| | |
|--|--|
| Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE | Employer identification number 38-2963835 |
|--|--|

UNIVERSITY EACH HAVE THE AUTHORITY TO SELECT TWO DIRECTORS TO REPRESENT EACH ENTITY ON THE BOARD. THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS THE AUTHORITY TO APPOINT SIX DIRECTORS; AT LEAST ONE OF WHICH SHALL REPRESENT LOCAL HEALTH DEPARTMENTS. THE REMAINING FIVE DIRECTORS ARE ELECTED BY THOSE PARTIES PREVIOUSLY NAMED.

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

THE FORM 990 IS PREPARED IN COOPERATION WITH THE CONTROLLER. AFTER PREPARATION OF THE FORM 990 BY THE ACCOUNTING FIRM SELECTED BY MPHI, THE DRAFT FORM 990 IS PROVIDED TO AND REVIEWED BY THE CONTROLLER. ANY REQUIRED CHANGES AND/OR REVISIONS ARE MADE AND ANY CONCERNS ARE RESOLVED. THE CONTROLLER THEN REVIEWS THE FINALIZED FORM 990 WITH THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER TO BE PRESENTED TO THE AUDIT COMMITTEE. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD IN ELECTRONIC FORMAT. THE CFO THEN SIGNS AND FILES THE RETURN. SHOULD THE CFO POSITION EVER BE VACANT AT THE TIME OF FORM 990 FILING, THE CEO WOULD SIGN THE RETURN.

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

CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED BY ALL MEMBERS OF THE BOARD OF DIRECTORS. THERE IS AN ANNUAL WRITTEN CONFLICT OF INTEREST STATEMENT DISCLOSURE SIGNED BY ALL BOARD MEMBERS DETAILING AND CERTIFYING THE BOARD MEMBER'S REPRESENTATION THAT THE MEMBER'S OUTSIDE INTEREST OR WORK AND OTHER OUTSIDE COMMITMENTS, PERSONAL OR OTHERWISE, ARE NOT IN ANY WAY IN CONFLICT WITH THE PERFORMANCE OF THE MEMBER'S OFFICIAL DUTIES OF MPHI. CONFLICTS ARISING DURING THE YEAR ARE DISCLOSED AT THE NEXT BOARD MEETING. ANY DIRECTOR HAVING A CONFLICT OF INTEREST SHALL, DURING THE COURSE OF DISCUSSION ON THE MATTER GIVING RISE TO THE CONFLICT AND AT SUCH TIME DURING THE DISCUSSION AS IS DETERMINED BY THE PRESIDENT (OR CHAIR OF

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THE MEETING), RECUSE HIMSELF OR HERSELF FROM FURTHER DISCUSSION OF THE MATTER, AND ALSO FROM A VOTE ON THE MATTER. THE MINUTES REFLECT THE RECUSAL FROM A PORTION OF THE DISCUSSION AND FROM THE VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER AND RECOMMENDS TO THE BOARD OF DIRECTORS THE CONTINUATION OF THE CONTRACT AND THE AMOUNT OF COMPENSATION. THE RECOMMENDATION IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES AND ANY RECOMMENDATION OF COMPENSATION IS REQUIRED BY THE BYLAWS OF THE ORGANIZATION TO BE JUST AND REASONABLE. COMPENSATION COMPARISONS ARE MADE USING AVAILABLE COMPENSATION RESOURCE MATERIALS, THE STUDY OF THE FORM 990 OF COMPARABLE ORGANIZATIONS, AND WAGE STUDIES WITH COMPARISONS TO LIKE SIZED ORGANIZATIONS IN SIMILAR GEOGRAPHIC LOCATIONS WITH CONSIDERATIONS TO REQUIRED AND DESIRED SKILLS, EDUCATION, AND EXPERIENCE. THE BOARD OF DIRECTORS THEN DETERMINES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE PROCESS WAS LAST COMPLETED IN FEBRUARY OF 2022.

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

ALL ITEMS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION ALSO PARTICIPATES ON GUIDESTAR. PRIOR YEAR 990S AND ANNUAL REPORTS ARE AVAILABLE ON MPHIS WEBSITE AT WWW.MPHI.ORG

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.