

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>MICHIGAN PUBLIC HEALTH INSTITUTE</b>		<b>D</b> Employer identification number <b>38-2963835</b>
	Doing business as		<b>E</b> Telephone number <b>(517) 324-8300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2436 WOODLAKE CIRCLE NO 300</b>		<b>G</b> Gross receipts \$ <b>206,824,073.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>OKEMOS, MI 48864</b>		
<b>F</b> Name and address of principal officer: <b>JANA DEAN, CPA, CIA</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.MPHI.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1990** **M** State of legal domicile: **MI**

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PUBLIC HEALTH INNOVATION TO PROMOTE HEALTH AND ADVANCING WELL BEING FOR ALL.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>1335</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>18</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>163,651,113.</b>	<b>199,712,164.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>861,526.</b>	<b>1,084,909.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>821,134.</b>	<b>1,270,373.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>165,333,773.</b>	<b>202,067,446.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>12,787,014.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>107,339,339.</b>	<b>125,405,550.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>53,767,362.</b>	<b>60,841,800.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>161,106,701.</b>	<b>199,034,364.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,227,072.</b>	<b>3,033,082.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>54,094,877.</b>	<b>54,112,282.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,164,070.</b>	<b>23,035,286.</b>
		<b>27,930,807.</b>	<b>31,076,996.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JANA DEAN, CPA, CIA, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name <b>ALYSSA M. KENT</b>	Preparer's signature <b>ALYSSA M. KENT</b>	Date <b>10/29/25</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01701477</b>
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Firm's address <b>2601 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326</b>	Firm's EIN <b>33-1498605</b>	Phone no. (248) 375-7100	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF MPHI IS TO ADVANCE POPULATION HEALTH THROUGH PUBLIC HEALTH INNOVATION AND COLLABORATION, WORKING TO PROMOTE HEALTH AND ADVANCE WELL-BEING FOR ALL.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 87,095,336. including grants of \$ ) (Revenue \$ 103,811. ) CENTER FOR DIVERSIFIED GOVERNMENT SOLUTIONS (CDGS) 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 \$ 22,849,115. including grants of \$ ) (Revenue \$ 2,303. ) BUSINESS SOLUTIONS GROUP (BSG) PROVIDES EXPERTISE TO ENSURE SUCCESSFUL IMPLEMENTATION OF LOCAL, STATE, AND NATIONAL INITIATIVES. WE FOCUS ON PROJECTS AND PROGRAMS DESIGNED TO IMPROVE HEALTH OUTCOMES. OUR DYNAMIC TEAM MELTS TOGETHER PRACTICAL HANDS-ON EXPERIENCE WITH SPECIALIZED SKILLS, TRAINING, AND EDUCATION TO OFFER HIGH QUALITY SERVICES. WE VIEW OUR CLIENTS AS PARTNERS IN CREATING POSITIVE CHANGE FOR THE COMMUNITIES WE SERVE.

4c (Code: ) (Expenses \$ 11,638,812. including grants of \$ 2,937,817. ) (Revenue \$ 86,085. ) 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 FOCUSED COMMUNITIES AS THEY PURSUE OPTIMAL HEALTH AND WELL-BEING FOR THEIR PEOPLE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 52,633,300. including grants of \$ 9,849,197. ) (Revenue \$ 892,710. )

4e Total program service expenses 174,216,563.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding IRS filings and tax compliance.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and various other IRS filing requirements (10-17).

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... 16; 1b Enter the number of voting members included on line 1a... 15; 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			438,961.	0.	44,777.	
(2) PAUL ELAM, PH.D. CHIEF STRATEGY OFFICER	40.00				X		257,367.	0.	47,961.	
(3) JANA DEAN, C.P.A., C.I.A. CHIEF FINANCIAL OFFICER	40.00			X			242,368.	0.	46,364.	
(4) CHRISTIAN BETHEA, M.B.A. CHIEF INFORMATION OFFICER	40.00				X		227,693.	0.	46,216.	
(5) MAY YASSINE, PH.D., M.S. CHIEF PROGRAM OFFICER	40.00				X		235,250.	0.	28,894.	
(6) HEATHER WHITE, M.S.A. CHIEF ADMINISTRATIVE OFFICER	40.00				X		204,790.	0.	43,551.	
(7) CARMEN THOMAS, D.T.L. CHIEF GOVERNMENT RELATIONS OFFICER	40.00				X		216,173.	0.	21,735.	
(8) MICHELLE NAPIER-DUNNINGS, M.F.A CHIEF COMMUNICATIONS OFFICER	40.00				X		201,058.	0.	25,959.	
(9) KEVIN GULIFORD DIRECTOR OF SECURITY & RISK	40.00					X	204,186.	0.	19,143.	
(10) JULIA HEANY PROGRAM DIRECTOR	40.00					X	177,933.	0.	41,952.	
(11) SEAN KELLOGG SAP ARCHITECT	40.00					X	176,946.	0.	41,042.	
(12) JASON SUNDEEN SAP BUSINESS ANALYST MANAGER	40.00					X	186,084.	0.	24,525.	
(13) KERIE HUGHES DIRECTOR OF TECHNOLOGY SOLUTIONS	40.00					X	188,441.	0.	18,264.	
(14) PHILLIP LEVY, M.P.H., M.D. DIRECTOR	0.50	X					10,008.	0.	0.	
(15) BEVERLY ALLEN, C.P.A. DIRECTOR - PART YEAR	0.50	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) DENISE FAIR-RAZO, M.B.A., M.P.H DIRECTOR	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) GEORGE KIKANO, M.D. DIRECTOR	1.00	X						0.	0.	0.
(23) SARAH LYON-CALLO, PH.D. DIRECTOR	0.50	X						0.	0.	0.
(24) SARAH MAYBERRY, M.P.H. DIRECTOR	0.50	X						0.	0.	0.
(25) WAYNE MCCULLOUGH, PH.D, M.A. DIRECTOR	0.50	X						0.	0.	0.
(26) ANGULIQUE OUTLAW, PH.D. DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,967,258.	0.	450,383.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,967,258.	0.	450,383.

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 138

	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	12,085,499.
PHILLIP PIERCE, 535 GRISWOLD ST, STE 1680, DETROIT, MI 48226	CONSULTING SERVICES	399,416.
HEALTHRISE BUSINESS INTELLIGENCE, LLC, 18000 WEST 9 MILE RD, 10TH FLOOR,	TECH CONSULTING SERVICES	322,000.
KRISTIN A TENNEY-BLACKWELL, 609 NORTH KALAMAZOO AVE, MARSHALL, MI 49068	CONSULTING SERVICES	274,594.
CENTURY BLVD NE ATLANTA HOTEL LLC 2000 CENTURY CENTER, ATLANTA, GA 30345	EVENT FACILITIES	263,001.

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 26

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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	190,322,021.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,390,143.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			199712164.			
Program Service Revenue	<b>2 a</b>	CONSULTING/TECHNOLOGY	<b>Business Code</b>	900099	601,593.	601,593.		
	<b>b</b>	CONFERENCE/TRAINING FEES		900099	469,327.	469,327.		
	<b>c</b>	INTERACTIVE LEARNING CENTER		900099	13,454.	13,454.		
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....		900099	535.	535.		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			1,084,909.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			905,505.		905,505.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					5,121,495.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>		4,756,627.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>		364,868.			
<b>d</b>	Net gain or (loss) .....			364,868.		364,868.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			202067446.	1,084,909.	0.	1270373.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,587,014.	9,587,014.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,200,000.	3,200,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,329,116.	97,015.	2,232,101.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	91,234,874.	81,040,804.	10,194,070.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	31,841,560.	27,902,982.	3,938,578.	
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	278,396.	53,883.	224,513.	
<b>c</b> Accounting .....	116,950.		116,950.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,209,539.	5,813,135.	2,396,404.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	2,604,955.	1,009,766.	1,595,189.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	124,275.	12,188.	112,087.	
<b>17</b> Travel .....	2,327,284.	2,238,799.	88,485.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,370,834.	2,325,821.	45,013.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,526,286.		1,526,286.	
<b>23</b> Insurance .....	496,140.		496,140.	
<b>24</b> 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.)				
<b>a</b> <b>SUBCONTRACTS</b>	39,604,291.	39,516,541.	87,750.	
<b>b</b> <b>EQUIPMENT EXPENSES</b>	1,775,788.	511,007.	1,264,781.	
<b>c</b> <b>HONORARIA</b>	454,470.	454,470.		
<b>d</b> <b>INCENTIVES-PARTICIPANTS</b>	398,203.	398,203.		
<b>e</b> All other expenses	554,389.	54,935.	499,454.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	199,034,364.	174,216,563.	24,817,801.	0.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,000.	<b>1</b>	1,000.
	<b>2</b> Savings and temporary cash investments .....	22,370,801.	<b>2</b>	30,882,550.
	<b>3</b> Pledges and grants receivable, net .....	19,037,418.	<b>3</b>	9,658,065.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,558,214.	<b>9</b>	3,161,932.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,454,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,723,092.		
	<b>11</b> Investments - publicly traded securities .....	599,707.	<b>10c</b>	731,554.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,755,603.	<b>11</b>	5,713,463.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,772,134.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	54,094,877.	<b>15</b>	3,963,718.	
		<b>16</b>	54,112,282.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	21,837,533.	<b>17</b>	18,558,390.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	551,259.	<b>19</b>	488,506.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,775,278.	<b>25</b>	3,988,390.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	26,164,070.	<b>26</b>	23,035,286.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,290,513.	<b>27</b>	26,116,533.
	<b>28</b> Net assets with donor restrictions .....	6,640,294.	<b>28</b>	4,960,463.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	27,930,807.	<b>32</b>	31,076,996.
	<b>33</b> Total liabilities and net assets/fund balances .....	54,094,877.	<b>33</b>	54,112,282.

**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	202,067,446.
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,034,364.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,033,082.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,930,807.
5	Net unrealized gains (losses) on investments	5	113,107.
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	31,076,996.

**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
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	134747137	128094237	136877777	163651113	199712164	763082428
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	134747137	128094237	136877777	163651113	199712164	763082428
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						763082428

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	134747137	128094237	136877777	163651113	199712164	763082428
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	75,078.	106,527.	229,941.	863,110.	905,505.	2180161.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						765262589
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,296,326.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.72	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	99.80	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

Check if your organization is 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

[X] 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  <b>MICHIGAN PUBLIC HEALTH INSTITUTE</b>	Employer identification number  <b>38-2963835</b>
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**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>173,809,063.</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>8,030,030.</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>4,729,469.</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  <b>MICHIGAN PUBLIC HEALTH INSTITUTE</b>	Employer identification number  <b>38-2963835</b>
---	---

**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  <b>MICHIGAN PUBLIC HEALTH INSTITUTE</b>	Employer identification number  <b>38-2963835</b>
---	---

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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 2d 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.

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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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? | 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		146,001.	47,995.	98,006.
d Equipment		3,083,807.	2,496,542.	587,265.
e Other		2,224,838.	2,178,555.	46,283.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>731,554.</b>

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) <b>RIGHT OF USE ASSET</b>	<b>3,963,718.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>3,963,718.</b>

**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) <b>BUILDING AND SUBSCRIPTION-BASED IT LIABILITIES</b>	<b>3,988,390.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>3,988,390.</b>

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 I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRA NURSING AND REHAB 3200 STATE ST SAGINAW, MI 48602	92-1920481		39,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ADRIAN BAY REHAB AND NURSING CENTER - 700 LAKESHIRE TR - ADRIAN, MI 49221	92-3598460		104,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ALLEGRA NURSING AND REHAB 434 W NORTH ST JACKSON, MI 49202	81-4414390		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ALLENDALE NURSING AND REHABILITATION COMMUNITY - 11007 RADCLIFF DR - ALLENDALE, MI 49401	38-3230486		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ARIA NURSING AND REHAB 707 ARMSTRONG RD LANSING, MI 48911	43-1620600		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ASHLEY HEALTHCARE CENTER, LLC 103 W WALLACE ST ASHLEY, MI 48806	87-0876309		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 117.

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTUMN WOODS RESIDENTIAL HEALTH CARE FACILITY, LLC - 29800 HOOVER RD - WARREN, MI 48093	38-2436523		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
AUTUMNWOOD OF MCBAIN 220 HUGHSTON ST MCBAIN, MI 49657	38-3492655		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
BAYSIDE VILLAGE 832 SICOTTE ST L'ANSE, MI 49946	38-3259072		104,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
CHALET OF NILES, LLC 911 S 3RD ST NILES, MI 49120	47-3115865		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
CHURCH OF CHRIST CARE CENTER 23575 15 MILE RD CLINTON TWP, MI 48035	38-1426884		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
EHM SENIOR SOLUTIONS 440 W RUSSELL ST SALINE, MI 48176	38-1299215		45,121.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
EVERGREEN HEALTH AND REHABILITATION CENTER - 19933 W 13 MILE RD - SOUTHFIELD, MI 48076	38-3342984		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
FAIRVIEW NURSING AND REHABILITATION COMMUNITY - 441 E MAIN ST - CENTREVILLE, MI 49032	38-3189644		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
FATHER MURRAY, A VILLA CENTER 8444 ENGLEMAN CENTER LINE, MI 48015	27-4459229		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEMAN NURSING AND REHABILITATION COMMUNITY - 1805 PYLE DR - KINGSFORD, MI 49802	35-2172506		88,136.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
GLADWIN PINES NURSING AND REHABILITATION - 449 QUARTER ST - GLADWIN, MI 48624	81-1300685		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
HELEN NEWBERRY JOY HOSPITAL 502 W HARRIE ST NEWBERRY, MI 49868	38-2873485	LOCAL GOVERNMENT	98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
IMPERIAL, A VILLA CENTER 26505 POWERS AVE DEARBORN HEIGHTS, MI 48125	30-0222026		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
KITH HAVEN G1069 N BALLENGER HWY FLINT, MI 48504	82-0545103		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
LAHSEY HILLS CARE CENTER 25300 LAHSEY RD SOUTHFIELD, MI 48033	38-3338592		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
LAKEPOINT SENIOR CARE AND REHAB CENTER, LLC - 3770 HARPER AVE - CLINTON TWP, MI 48036	20-1587160		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
LAKESIDE MANOR NURSING & REHABILITATION CENTER, LLC - 13990 LAKESIDE CIR - STERLING HEIGHTS, MI 48313	45-3037660		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
LINCOLN HAVEN NURSING AND REHABILITATION COMMUNITY - 950 N BARLOW RD - LINCOLN, MI 48742	38-2818344		86,888.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNWOOD MANOR 730 KIMOLE LN ADRIAN, MI 49221	27-4660361		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MAJESTIC CARE OF BATTLE CREEK 200 E ROOSEVELT AVE BATTLE CREEK, MI 49037	86-2459603		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MAJESTIC CARE OF FLUSHING 540 SUNNYSIDE DR FLUSHING, MI 48433	86-2460131		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MAJESTIC CARE OF LIVONIA 28550 5 MILE RD LIVONIA, MI 48154	86-2460004		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MAPLE MANOR REHAB CENTER OF NOVI, INC - 31215 NOVI RD - NOVI, MI 48377	35-2268831		104,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MARSHALL NURSING AND REHABILITATION COMMUNITY - 575 N MADISON ST - MARSHALL, MI 49068	61-1441883		38,695.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MARTHA T BERRY MCF 43533 ELIZABETH RD MT. CLEMENS, MI 48043	47-2422889	LOCAL GOVERNMENT	98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE AT THE SHORE 900 S BEACON BLVD GRAND HAVEN, MI 49417	83-0725782		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF CAPITAL AREA 2100 PROVINCIAL HOUSE DR LANSING, MI 48910	47-2410884		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MEDILODGE OF EAST LANSING 1843 N HAGADORN RD EAST LANSING, MI 48823	81-1240235		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF FARMINGTON 34225 GRAND RIVER AVE FARMINGTON, MI 48335	47-5408193		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF GAYLORD 508 RANDOM LN GAYLORD, MI 49735	82-2335258		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF GRAND BLANC 11491 BELSAY RD GRAND BLANC, MI 48439	47-2161147		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF GRAND RAPIDS 2000 LEONARD ST NE GRAND RAPIDS, MI 49505	88-2888441		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF LIVINGSTON 3003 W GRAND RIVER AVE HOWELL, MI 48843	47-5408107		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF LUDINGTON 1000 E TINKHAM AVE LUDINGTON, MI 49431	82-2335349		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF MONTROSE 9317 VIENNA RD MONTROSE, MI 48457	38-2426679		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF PORTAGE 7855 CURRIER DR PORTAGE, MI 49002	47-2388349		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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MEDILODGE OF SHORELINE 14900 SHORELINE DR STERLING HEIGHTS, MI 48313	82-3122446		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF STERLING HEIGHTS 14151 15 MILE RD STERLING HEIGHTS, MI 48312	46-2994976		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MEDILODGE OF WESTWOOD 2575 N DRAKE RD KALAMAZOO, MI 49007	47-2377944		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
MICHIGAN MASONIC HOME 1200 WRIGHT AVE ALMA, MI 48801	23-7259307	501(C)(3)	104,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
NOTTING HILL OF WEST BLOOMFIELD 6535 DRAKE RD WEST BLOOMFIELD TOWNSHIP, MI 48322	20-2760692		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
OAKRIDGE MANOR NURSING & REHAB, LLC - 3161 HILTON RD - FERNDALE, MI 48220	61-1696030		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
OMNI CONTINUING CARE 5201 CONNER ST DETROIT, MI 48213	38-2446931		39,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
OPTALIS HEALTH AND REHABILITATION OF ANN ARBOR - 4701 E HURON RIVER DR - ANN ARBOR, MI 48105	92-1306900		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
OPTALIS HEALTH AND REHABILITATION OF TROY - 925 W SOUTH BLVD - TROY, MI 48085	92-1290875		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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OPTALIS HEALTH AND REHABILITATION OF STERLING HEIGHTS - 38200 SCHOENHERR RD - STERLING HEIGHTS, MI 48312	92-1306776		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
PINE CREEK MANOR NURSING & REHAB, LLC - 34330 VAN BORN RD - WAYNE, MI 48184	83-0857594		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
PINECREST MEDICAL CARE FACILITY N15995 MAIN ST POWERS, MI 49874	38-1676320	LOCAL GOVERNMENT	98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT BLUFFS PARK 355 HURONVIEW BLVD ANN ARBOR, MI 48103	13-4249475		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT CANTON 45900 GEDDES RD CANTON, MI 48188	26-1538209		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT LANSING WEST 12200 S BROADBENT RD LANSING, MI 48917	26-3376033		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT SHELBY TOWNSHIP 7401 22 MILE RD SHELBY TOWNSHIP, MI 48317	45-3263403		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT WATERFORD 1901 TELEGRAPH RD WATERFORD, MI 48328	20-8621191		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
REGENCY AT WHITMORE LAKE 8633 N MAIN ST WHITMORE LAKE, MI 48189	62-1525026		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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REGENCY, A VILLA CENTER 12575 S TELEGRAPH RD TAYLOR, MI 48180	38-3550070		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
RIVERSIDE HEALTHCARE CENTER, LLC 1149 W MONROE RD ST. LOUIS, MI 48880	83-3052281		104,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
RIVERVIEW HEALTH AND REHAB CENTER 7733 E JEFFERSON AV DETROIT, MI 48214	27-0911426		39,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SCHOOLCRAFT MEDICAL CARE FACILITY 520 MAIN ST MANISTIQUE, MI 49854	32-0104208	501(C)(3)	27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SEACREST REHABILITATION AND NURSING CENTER - 1215 N TELEGRAPH RD - MONROE, MI 48162	83-1327589		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SHOREPOINTE NURSING CENTER 26001 JEFFERSON AVE ST. CLAIR SHORES, MI 48081	30-0439960		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD BELTLINE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546	82-4894529		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD BLOOMFIELD HILLS 2975 N ADAMS RD BLOOMFIELD HILLS, MI 48304	82-4893990		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD LEONARD 1700 LEONARD ST NE GRAND RAPIDS, MI 49505	82-4894766		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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SKLD MUSKEGON 1061 W HACKLEY AVE MUSKEGON, MI 49441	82-4894998		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD WEST BLOOMFIELD 6950 FARMINGTON RD WEST BLOOMFIELD, MI 48322	82-4895224		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD WYOMING 625 36TH ST SW WYOMING, MI 49509	82-4893787		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SKLD ZEELAND 285 N STATE ST ZEELAND, MI 49464	38-3026594		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SOUTH HAVEN NURSING AND REHABILITATION COMMUNITY - 850 PHILLIPS ST - SOUTH HAVEN, MI 49090	38-3395071		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
SPRINGCREEK REHABILITATION AND NURSING CENTER - 130 SAND CREEK HWY - ADRIAN, MI 49221	83-1244154		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAKELAND CENTER 26900 FRANKLIN RD SOUTHFIELD, MI 48033	31-1251287		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAURELS OF BEDFORD 270 N BEDFORD RD BATTLE CREEK, MI 49017	31-1442130		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAURELS OF CARSON CITY 620 N 2ND ST CARSON CITY, MI 48811	20-5958019		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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THE LAURELS OF FULTON 4735 RANGER RD PERRINTON, MI 48871	38-3253100		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAURELS OF GALESBURG 1080 N 35TH ST GALESBURG, MI 49053	38-3318911		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAURELS OF KENT 350 N CENTER ST LOWELL, MI 49331	38-3252797		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LAURELS OF SANDY CREEK 425 E ELM ST WAYLAND, MI 49348	38-3252023		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE LODGE AT TAYLOR 22950 NORTHLINE RD TAYLOR, MI 48180	47-2388446		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT HARPER WOODS 19840 HARPER AVE HARPER WOODS, MI 48225	87-1821064		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT NORTHWEST 16181 HUBBELL ST DETROIT, MI 48235	87-1813331		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT REDFORD 25330 W 6 MILE RD REDFORD, MI 48240	87-1821161		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT ROSEVILLE 25375 KELLY RD ROSEVILLE, MI 48066	87-1852478		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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THE ORCHARDS AT SOUTHGATE 15400 TRENTON RD SOUTHGATE, MI 48195	87-1852623		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT WARREN 12250 12 MILE RD WARREN, MI 48093	87-1813270		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
THE ORCHARDS AT WAYNE 4427 VENOY RD WAYNE, MI 48184	87-1852767		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT CITY CENTER 11700 E 10 MILE RD WARREN, MI 48089	47-3645450		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT PARKRIDGE 28 S PROSPECT ST YPSILANTI, MI 48198	47-3657740		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT THE BAY 1500 SPRING ST PETOSKEY, MI 49770	47-3615472		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT THE PARK 111 FORD AVE HIGHLAND PARK, MI 48203	47-3604457		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT TRAVERSE POINT 2828 CONCORD ST TRAVERSE CITY, MI 49684	47-3645153		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
VILLA AT WEST BRANCH 445 S VALLEY ST WEST BRANCH, MI 48661	47-3657657		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT

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WELLBRIDGE OF GRAND BLANC 3139 E BALDWIN RD GRAND BLANC, MI 48439	47-3289696		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WELLBRIDGE OF NOVI, LLC 48300 W 11 MILE RD NOVI, MI 48374	26-4667891		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WEST HICKORY HAVEN 3310 W COMMERCE RD MILFORD, MI 48380	38-3484805		33,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WEST WOODS OF BRIDGMAN 9935 RED ARROW HWY BRIDGMAN, MI 49106	46-4286417		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WESTLAND, A VILLA CENTER 36137 W WARREN WESTLAND, MI 48185	26-1635056		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WILLOWBROOK MANOR 4436 BEECHER RD FLINT, MI 48532	73-1654837		27,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WINDEMERE PARK HEALTH AND REHAB 31800 VAN DYKE AVE WARREN, MI 48093	20-0167600		98,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
WOODWARD HILLS HEALTH AND REHABILITATION CENTER - 39312 WOODWARD - BLOOMFIELD HILLS, MI 48304	38-3164785		92,850.	0.	N/A	N/A	SKILLED NURSING FACILITY STAFF CAPACITY SUPPORT
ASCENSION SOUTHEAST MICHIGAN COMMUNITY HEALTH - 28000 DEQUINDRE - WARREN, MI 48092	38-2262856	501(C)(3)	169,008.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS

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BEAUMONT HEALTH 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	46-5718220	501(C)(3)	165,030.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS
COREWELL HEALTH 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	46-5718220	501(C)(3)	8,000.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS
HENRY FORD HEALTH 1 FORD PLACE DETROIT, MI 48202	38-1357020	501(C)(3)	181,030.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	93,662.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS
TRINITY HEALTH - MICHIGAN 36475 FIVE MILE RD LIVONIA, MI 48154	38-2113393	501(C)(3)	209,568.	0.	N/A	N/A	DIABETES PREVENTION & MITIGATION IN HIGH-RISK POPULATIONS
ARIZONA DEPARTMENT OF HEALTH SERVICES - 150 N 18TH AVE - PHOENIX, AZ 85007	86-6004791	STATE GOVERNMENT	75,000.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 190 E MICHIGAN AVE - BATTLE CREEK, MI 49014	38-6004358	LOCAL GOVERNMENT	11,033.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO - 4700 ROSEVILLE RD - NORTH HIGHLANDS, CA 95660	94-2833431	501(C)(3)	35,000.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
CHILD ADVOCACY CENTER OF OSWEGO ACOUNTY - 163 S FIRST ST - FULTON, NY 13069	16-1603892	501(C)(3)	49,207.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION

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CITY OF MADISON 210 MARTIN LUTHER KING JR BLVD MADISON, WI 53703	39-6005507	LOCAL GOVERNMENT	8,664.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
CITY OF MILWAUKEE 200 E WELLS ST MILWAUKEE, WI 53202	39-6005532	LOCAL GOVERNMENT	16,900.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
COUNTY OF ROCK 51 S MAIN ST JANESVILLE, WI 53545	39-6005736	LOCAL GOVERNMENT	23,000.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
COUNTY OF THURSTON 3000 PACIFIC AVE SE OLYMPIA, WA 98501	91-6001375	LOCAL GOVERNMENT	74,199.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
KNOX COUNTY HEALTH DEPARTMENT 140 DAMERON AVE KNOXVILLE, TN 37917	62-6007979	LOCAL GOVERNMENT	28,725.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
LORAIN COUNTY GENERAL HEALTH DISTRICT - 9880 MURRAY RIDGE RD - ELYRIA, OH 44035	34-6001704	LOCAL GOVERNMENT	39,493.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 E WOODROW WILSON - JACKSON, MS 39216	64-6000775	STATE GOVERNMENT	54,000.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
PACT COALITION FOR SAFE AND DRUG FREE COMMUNITIES - 1210 S VALLEY VIEW BLVD - LAS VEGAS, NV 89102	27-3346210	501(C)(3)	9,563.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
SOUTHERN NEW JERSEY PERINATAL COOPERATIVE - 2500 MCCLELLAN AVE - PENNSAUKEN, NJ 08109	22-2371223	501(C)(3)	75,000.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARK COUNTY HEALTH DEPARTMENT 7235 WHIPPLE AVE NW NORTH CANTON, OH 44720	34-6002718	LOCAL GOVERNMENT	18,275.	0.	N/A	N/A	EXPANSION OF FEDERAL CDR PROGRAM & DATABASE PARTICIPATION
ACCESS HEALTH, INC 1200 RANSOM ST MUSKEGON, MI 49442	38-3481152	501(C)(3)	283,739.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
COUNTY OF OAKLAND 1200 N TELEGRAPH PONTIAC, MI 48341	38-6004876	LOCAL GOVERNMENT	62,428.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
GREATER FLINT HEALTH COALITION 120 W FIRST ST FLINT, MI 48502	38-3301514	501(C)(3)	253,131.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
INGHAM COUNTY HEALTH DEPARTMENT 5303 S CEDAR ST LANSING, MI 48909	38-6005629	LOCAL GOVERNMENT	355,429.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
JUDSON CENTER, INC 30301 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	38-1359084	501(C)(3)	169,736.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
KENT COUNTY HEALTH DEPARTMENT 700 FULLER NE GRAND RAPIDS, MI 49503	38-6004862	LOCAL GOVERNMENT	289,908.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
LAKESHORE ETHNIC DIVERSITY ALLIANCE - 515 S WAVERLY RD - HOLLAND, MI 49422	38-3360686	501(C)(3)	305,295.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
METROPOLITAN ORGANIZING STRATEGY 440 BURROUGHS DETROIT, MI 48202	38-3357583	501(C)(3)	290,457.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMENTUM CENTER 401 N 7TH ST GRAND HAVEN, MI 49417	61-1766666	501(C)(3)	13,596.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
SAGINAW COUNTY HEALTH DEPARTMENT 1600 N MICHIGAN AVE SAGINAW, MI 48602	38-6004887	LOCAL GOVERNMENT	282,092.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
THE DETROIT ASSOCIATION OF BLACK ORGANIZATIONS - 12048 GRAND RIVER AVE - DETROIT, MI 48204	47-3081843	501(C)(3)	321,763.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS
WASHTENAW COUNTY HEALTH DEPARTMENT 555 TOWNER ST YPSILANTI, MI 48198	38-6004894	LOCAL GOVERNMENT	310,243.	0.	N/A	N/A	REDUCE COVID-19 INEQUITIES IN AT-RISK POPULATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BEHAVIORAL HEALTH INTERNSHIP STIPEND	228	3,200,000.	0.		

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

**PART I, LINE 2:**  
**ALL GRANT RECIPIENTS ENTER INTO A CONTRACT WITH MPHI AND ARE REQUIRED TO PRODUCE AGREED UPON DELIVERABLES AND/OR DETAILED BACKUP DOCUMENTATION SUPPORTING AMOUNTS SUBMITTED ON INVOICES PRIOR TO PAYMENT BEING ISSUED. AGREEMENTS AND RELATED ACTIVITIES ARE MONITORED BY PROGRAM MANAGERS, PROGRAM FINANCE TEAM MEMEBERS, AND CENTRAL FINANCE TEAM MEMBERS FOR COMPLIANCE WITH CONTRACT TERMS AND ANY OTHER RELEVANT REGULATORY OR COMPLIANCE REQUIREMENTS OF THE SOURCE FUNDING.**

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>MICHIGAN PUBLIC HEALTH INSTITUTE</b>	Employer identification number <b>38-2963835</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> 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 .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	367,624.	71,337.	0.	34,257.	10,520.	483,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL ELAM, PH.D. CHIEF STRATEGY OFFICER	(i)	214,245.	43,122.	0.	20,988.	26,973.	305,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANA DEAN, C.P.A., C.I.A. CHIEF FINANCIAL OFFICER	(i)	200,193.	42,175.	0.	19,539.	26,825.	288,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTIAN BETHEA, M.B.A. CHIEF INFORMATION OFFICER	(i)	191,065.	36,628.	0.	18,235.	27,981.	273,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAY YASSINE, PH.D., M.S. CHIEF PROGRAM OFFICER	(i)	198,620.	36,630.	0.	18,554.	10,340.	264,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER WHITE, M.S.A. CHIEF ADMINISTRATIVE OFFICER	(i)	169,270.	35,520.	0.	16,960.	26,591.	248,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARMEN THOMAS, D.T.L. CHIEF GOVERNMENT RELATIONS OFFICER	(i)	179,727.	36,446.	0.	16,983.	4,752.	237,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELLE NAPIER-DUNNINGS, M.F.A. CHIEF COMMUNICATIONS OFFICER	(i)	170,771.	30,287.	0.	15,871.	10,088.	227,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEVIN GULIFORD DIRECTOR OF SECURITY & RISK	(i)	168,231.	35,955.	0.	16,173.	2,970.	223,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JULIA HEANY PROGRAM DIRECTOR	(i)	159,034.	18,899.	0.	14,289.	27,663.	219,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SEAN KELLOGG SAP ARCHITECT	(i)	149,291.	27,655.	0.	14,584.	26,458.	217,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JASON SUNDEEN SAP BUSINESS ANALYST MANAGER	(i)	158,019.	28,065.	0.	14,615.	9,910.	210,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KERIE HUGHES DIRECTOR OF TECHNOLOGY SOLUTIONS	(i)	159,053.	29,388.	0.	15,087.	3,177.	206,705.	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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

MICHIGAN PUBLIC HEALTH INSTITUTE

Employer identification number

38-2963835

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

ADMINISTRATIVE PROJECTS 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, FEDERAL, AND COMMUNITY NONPROFIT AGENCIES AND WORKS IN PARTNERSHIP TO MONITOR PROGRESS OF PROJECTS IN ORDER TO PROVIDE HIGH-QUALITY FISCAL MANAGEMENT.

EXPENSES \$ 10,193,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,538.

CENTER FOR CHILD AND FAMILY HEALTH (CCFH) COLLABORATES WITH MULTIDISCIPLINARY STAKEHOLDERS TO PREVENT INFANT AND CHILD MORTALITY, IMPROVE PREGNANCY OUTCOMES, PROMOTE ORAL HEALTH, STRENGTHEN SUPPORT TO 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 \$ 7,664,015. INCLUDING GRANTS OF \$ 5,304,841. REVENUE \$ 1,328.

CENTER FOR PRECISION PUBLIC HEALTH (CPPH) STRATEGICALLY ENGAGES PATIENTS, FAMILIES, COMMUNITY LEADERS, CLINICIANS, RESEARCHERS, PUBLIC HEALTH SPECIALISTS, AND OTHER PARTNERS TO DEVELOP NEW RESEARCH, SUPPORT DATA-DRIVEN INITIATIVES, FACILITATE COMMUNITY-LED PROGRAM DEVELOPMENT, AND PROVIDE TECHNICAL ASSISTANCE THAT ADVANCES PUBLIC HEALTH. CPPH WAS FORMED VIA THE CONSOLIDATION OF THE CENTER FOR DATA MANAGEMENT AND TRANSLATIONAL RESEARCH AND THE CENTER FOR STRATEGIC HEALTH PARTNERSHIPS.

EXPENSES \$ 10,368,497. INCL GRANTS OF \$ 3,200,000. REVENUE \$ 287,967.

CENTER FOR NATIONAL PREVENTION INITIATIVES (CNPI) PROVIDES RESOURCES TO 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 THE NATIONAL INSTITUTES OF HEALTH'S (NIH) SUDDEN UNEXPECTED INFANT DEATH CASE REGISTRY 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 \$ 6,904,307. INCLUDING GRANTS OF \$ 518,059. REVENUE \$ 61,234.

**EDUCATION AND COMMUNICATION SERVICES (ECS) WORKS WITH MULTIPLE PARTNERS**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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. THESE LISTED SERVICES SUPPORT MPHI'S EXTERNAL WORK AND INTERNAL CAPACITY BUILDING. EXPENSES \$ 4,447,980. INCLUDING GRANTS OF \$ 0. REVENUE \$ 418,676.

CENTER FOR TECHNOLOGY SOLUTIONS (CTS) STRIVES TO CREATE INNOVATIVE AND STRATEGIC TECHNOLOGY SOLUTIONS TO ADDRESS PUBLIC HEALTH CHALLENGES. OUR EXPERIENCED TEAM OF DEVELOPERS AND TECHNICAL STAFF WORK TOGETHER WITH OUR PARTNERS TO DESIGN, DEVELOP, TEST, HOST, AND SUPPORT COMPLEX AND SECURE WEBSITES AND APPLICATIONS. OUR GOAL IS TO CONNECT PEOPLE TO DATA THAT SUPPORTS PUBLIC HEALTH DECISION MAKING AND INCREASES EFFICIENCY. WE HAVE BEEN A TRUSTED HEALTH DATA PARTNER SINCE 2004 AND CONTINUE TO INNOVATE AND EVOLVE TO SUPPORT THE CHANGING NEEDS OF OUR CLIENTS AND THE CHANGING FACE OF TECHNOLOGY. EXPENSES \$ 3,395,740. INCLUDING GRANTS OF \$ 0. REVENUE \$ 23,150.

CENTER FOR HEALTH EQUITY PRACTICE (CHEP) HELPS THOSE WHO WORK IN PUBLIC HEALTH AND RELATED FIELDS UNDERSTAND COMMUNITY AND INDIVIDUAL HEALTH FACTORS IN ORDER TO ADVANCE HEALTH FOR ALL. CHEP COLLABORATES WITH MULTI-SECTOR PARTNERS TO IMPLEMENT PROGRAMS, CONDUCT RESEARCH AND EVALUATION, AND SUPPORT SYSTEMS CHANGE STRATEGIES - INCLUDING WORKSHOPS, TECHNICAL ASSISTANCE, TRAINING, FACILITATION, COACHING, AND CONSULTATIONS. PROJECTS WITHIN THE CENTER FOR HEALTH EQUITY PRACTICE SPEAK DIRECTLY TO ISSUES OF ACCESS, REGIONAL NEEDS, POVERTY, INEQUALITY, AND THE SOCIAL SYSTEMS THAT CONTRIBUTE TO THEM. 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 IN THE DETROIT METROPOLITAN AREA. EXPENSES \$ 2,756,751. INCLUDING GRANTS OF \$ 826,297. REVENUE \$ 61,068.

CENTER FOR RACIAL AND SOCIAL JUSTICE (CRSJ) INCLUDES A PORTFOLIO OF WORK DESIGNED TO STRATEGICALLY POSITION MPHI TO ADDRESS VARIOUS HEALTH NEEDS. CRSJ FOCUSES ON THE IMPACTS OF GOVERNMENTAL STRUCTURES AND SYSTEMS THAT ARE HARMFUL TO PUBLIC HEALTH. CRSJ WORKS TO UNDERSTAND HOW INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH IS INFLUENCED BY EXPOSURE TO THE CHILD WELFARE, JUVENILE JUSTICE, CRIMINAL JUSTICE, AND OTHER INSTITUTIONALIZED SYSTEMS. CRSJ ENGAGES IN WORK THAT LOOKS AT HOW POLICIES CONTRIBUTE TO DIFFERENCES IN SOCIAL SERVICE EXPERIENCES AMONG THOSE SERVED. STAFF ARE ENGAGED IN PROJECTS THAT CENTER PUBLIC HEALTH IN THE CHILD PROTECTION, JUVENILE JUSTICE, CRIMINAL JUSTICE, AND EDUCATIONAL SYSTEMS. OUR TEAM WORKS TO DEVELOP STRATEGIES FOR PREVENTION, INTERVENTION, REDUCTION OF JUSTICE INVOLVEMENT, AND REENTRY AND WELLBEING. EXPENSES \$ 2,187,603. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,250.

CANCER CONTROL SERVICES PROVIDES EVALUATION EXPERTISE TO THE STATE OF MICHIGAN'S CANCER CONTROL PROGRAMS. IT OFFERS TECHNICAL ASSISTANCE IN

Name of the organization	Employer identification number
MICHIGAN PUBLIC HEALTH INSTITUTE	38-2963835
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 \$ 1,896,362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

CENTER FOR SOCIAL CHANGE (CSC) IS A DIVERSE TEAM WITH DECADES OF EXPERIENCE IN PUBLIC HEALTH, PUBLIC POLICY, AND HEALTHCARE SYSTEMS QUALITY AND PERFORMANCE. OUR TEAM HAS DIRECT EXPERIENCE IMPLEMENTING PROGRAMS IN THE MEDICAID AGENCY, SUPPORTING MAJOR INITIATIVES IN PHYSICAL/BEHAVIORAL HEALTH INTEGRATION, POLICY ANALYSIS, HOUSING, PUBLIC HEALTH, CONSUMER ENGAGEMENT, HEALTH INFORMATION TECHNOLOGY AND EXCHANGE, AND FEDERAL FUNDING REQUESTS THROUGH THE ADVANCED PLANNING DOCUMENT (APD) PROCESS. CSC STAFF SUPPORT MEDICAID IN THE MOVEMENT TOWARD HEALTH CARE ACCESS FOR ALL BY LEADING EFFORTS TO REPORT ON FAIR HEALTH OUTCOMES AND DIFFERENCES WITHIN TARGETED POPULATIONS SERVED (CHILDREN WITH SPECIAL HEALTH CARE NEEDS, MEDICAID/MEDICARE DUALS). CSC DEVELOPS POLICY, CONTRACTS, AND PROGRAM RECOMMENDATIONS TO DRIVE IMPROVEMENT IN A SUSTAINABLE WAY. OUR TEAM HAS EXPERTISE IN POLICY REVIEW AND ANALYSIS, PROJECT MANAGEMENT; TECHNOLOGY OF PARTICIPATION (TOP) FACILITATION; AND QUALITATIVE DATA COLLECTION METHODS, INCLUDING INTERVIEWS, SURVEYS, FOCUS GROUPS, AND QUANTITATIVE DATA ANALYTICS, SUCH AS CLAIMS ANALYSIS AND QUALITY MEASUREMENT/PERFORMANCE ASSESSMENT. THE CSC LED THE MPHI EFFORT TO BECOME A QUALIFIED ENTITY (QE) THROUGH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), ONE OF ONLY TWO ENTITIES IN MICHIGAN TO RECEIVE THAT DESIGNATION.

EXPENSES \$ 1,646,306. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 FOR ALL. 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 \$ 1,171,994. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,499.

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF THE ORGANIZATION WERE AMENDED IN MAY 2024 TO EXPAND THE MISSION AND STATE THAT THE CORPORATION IS FORMED FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MORE SPECIFICALLY, THE PURPOSE OF THE CORPORATION IS TO ASSIST IN DEVELOPING AND INCREASING THE CAPACITY OF THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, UNIVERSITIES, GOVERNMENTAL AGENCIES, AND HOSPITALS AND OTHER GOVERNMENTAL OR NONPROFIT ORGANIZATIONS TO PROLONG LIFE AND PROMOTE PUBLIC HEALTH THROUGH AN ORGANIZED PROGRAM OF POLICY DEVELOPMENT, PLANNING, SCIENTIFIC RESEARCH, SERVICE, DEMONSTRATIONS, EDUCATION AND TRAINING.

Name of the organization MICHIGAN PUBLIC HEALTH INSTITUTE	Employer identification number 38-2963835
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## FORM 990, PART VI, SECTION A, LINE 7A:

THE UNIVERSITY OF MICHIGAN, MICHIGAN STATE UNIVERSITY, AND WAYNE STATE 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 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 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 2024.

## 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 MPHI'S WEBSITE AT WWW.MPHI.ORG

## FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.