# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

	E		20	200	<u> </u>		
		e 2008 calendar year, or tax year beginning	, 20	008, and endir	ig ,	D Employer Ident	<u> </u>
В	Check if	applicable Please use			1	, -	
	L Ad	dress change   IRS label   UNITOTEN S HO	spital of Michigan	1		32-0087	
	Na	me change   or type   roundation				E Telephone num	ber
		See 3901 Beaubien				313-745	-0143
	$\vdash$	Instructions Detroit, MI 4	8201-2196				
		nended return				G Gross receipts	s 2,242,601.
	$\vdash$				H(a) is this a	a group return for af	
	∐ Ap	, , , , , , , , , , , , , , , , , , , ,	:•		1 ''	affiliates included?	Yes No
_		Same As C Above		<b>—</b>	1	attach a list (see in	structions)
<u></u>		exempt status X 501(c) ( 3 ) ◄ (inse	rt no.) 4947(a)(1) or	527	-		
<u>J</u>	Web	osite: ► N/A		1		exemption number	
K		of organization X Corporation Trust Asso	ciation Other ►	L Year of Forma	tion 2003	M State of	legal domicile MI
Pa	rt I	Summary					
	1	Briefly describe the organization's mission or	most significant activities.	The miss	ion of	Children'	s Hospital of
•		Michigan Foundation is to su	pport the health	care need	ds of c	hildren b	y_raising
Ĕ		philanthropic resources to 1					
Ĕ		research, and the prevention					
Ş			continued its operations or di				
Ğ	3	Number of voting members of the governing		•		3	20
φ 9		Number of independent voting members of th		ne 1b)		4	0
Activities & Governance	5	Total number of employees (Part V, line 2a)				5	0
흦	6	Total number of volunteers (estimate if neces	sary)			6	0
ĕ	7a	Total gross unrelated business revenue from	Part VIII, line 12, column (C)	)		7a	0.
	ь	Net unrelated business taxable income from I	Form 990-T, line 34			7b	0.
					Р	rior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)					2,125,857.
Revenue	ľ	Program service revenue (Part VIII, line 2g)					, , , , , , , , , , , , , , , , , , , ,
ě		Investment income (Part VIII, column (A), line			116,744.		
æ		Other revenue (Part VIII, column (A), lines 5,					
		Total revenue – add lines 8 through 11 (must			2,242,601.		
		Grants and similar amounts paid (Part IX, col			1,157,305.		
	1	Benefits paid to or for members (Part IX, cold					1,101,000.
	1	•		( 10)			
တ္		Salaries, other compensation, employee bene		es 5-10)		<del></del>	
Š	16a	Professional fundraising fees (Part IX, columi	n (A), line 11e)				500.
Expenses	ь	Total fundraising expenses (Part IX, column (	(D), line 25) 🕨	500.	_		
Ш	17	Other expenses (Part IX, column (A), lines 17	la-11d, 11f-24f)				129,027.
		Total expenses Add lines 13-17 (must equal					1,286,832.
		Revenue less expenses. Subtract line 18 fron					955,769.
- · ·		revenue 1933 expenses, eastract mile 16 men			Do min		
5 5		Total access (David V. June 36)	RECEIVED			ning of Year	End of Year
Bali	20	Total assets (Part X, line 16)			<del>'</del>	,516,700.	8,468,180.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		00 00 00 00 00 00 00 00 00 00 00 00 00	-	21,166.	16,877.
L		Net assets or fund balances. Subtract line	from 164 208 2 2009 (	O		,495,534.	8,451,303.
Pa	ırt II	Signature Block		<u> </u>			
		Under penalties of perjury, I declare that I have examine true, correct, and complete Declaration of preparer oth	d this return, including accompanying	schedules and st	atements, and	d to the best of my	knowledge and belief, it is
		true, correct, and complete Declaration of preparer lotti		ation of which pre	parer rias arry		
Sig	gn	- (Hounds				July 15,	2009
He	re	Signature of officer			Da <sup>-</sup>	te	•
		► Patrick R. Kelly, Ex	<u>kecutive Direct</u>	or			
		Type or print name and title	100d01VC DIII COO	<u> </u>		<del></del>	
				Date		neck if P	reparer's identifying number
Pa	id	11.1.	-/		se	elf 🗀 🗀	eé instructions)
Pr		Preparer's signature		17-15	カグ ー"	nployed ►	
	rer's	- POIIIISKI AIIU COM		<u> </u>			
Us	е	Firm's name (or WOLINSKI O CPAP yours if self				<b>.</b>	
Or		employed),   300 RIVER PLACE D			E		009308
		ZIP+4 DETROIT, MI 48207			PI	hone no ► (31	
Ma	y the I	RS discuss this return with the preparer show	n above? (see instructions)				X Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part	Statement of Program Service Accomplishments (see instructions)					
	Briefly describe the organization's mission					
	<u>See_Schedule_O</u>		- <b></b> -	<del>-</del> -		
			- <b>-</b> -	<b>-</b>		
				- <b>-</b> -		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior				
	Form 990 or 990-EZ?	prior	П	Yes	$\overline{\mathbf{X}}$	No
	If 'Yes,' describe these new services on Schedule O.		ليا		لتت	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	Section	501(	:)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	ocations to	others	, the t	otal	
	expenses, and revenue, if any, for each program service reported					
	1 157 205					
	(Code					
	To support the health care needs of children, specically for ped education, research and prevention of childhood diseases and injury		Care	_ <u>m</u>	<u>sarc</u>	<u>a1</u> -
	education, research and prevention of chiralicod diseases and info	urres.				
		<del>-</del> -				
•						
46	(Code:) (Expenses \$ including grants of \$) (F	Povonuo	Ċ			
40	(Code:) (Expenses \$ including grants of \$) (F	(evenue				
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4 c	(Code: ) (Expenses \$ including grants of \$) (F	Revenue	\$			)
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			- <del>-</del>			
			-			
	Other program services. (Describe in Schedule 0.)					
	(Expenses \$ including grants of \$ ) (Revenue \$	<del></del>			)	
4e	Total program service expenses ► \$ 1,157,305. (Must equal Part IX, Line 25, column (B).					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
_	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	
2				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Χ_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	_	Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		Χ_
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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Form 990 (2008) Children's Hospital of Michigan

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1a 4 Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c.Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5**b** c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х Form 8282? 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? X 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have X excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11<sub>b</sub> 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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[Part VI] Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each rest exports of units 2-10 below, and for a to response to lines a 01-90 below, describe the circumstantes, processes, or changes in Schedule O. See instructions of the governing body  1	260	tion A.	Governing Body and Management	<del> </del>			
b Enter the number of voting members that are independent  2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustees or key employees to a management duties customarily performed by or under the direct supervision of officers, director or undese, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become eware during the year of a material diversion of the organization's assets?  6 Does the organization become eware during the year of a material diversion of the organization's assets?  7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8 Does the organization of the organization shall be proved by the following.  8 The governing body?  9 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  8 The governing body?  9 Does the organization orotemporaneously document the meetings held or written actions undertaken during the year by the following.  8 The governing body?  9 Does the organization have viced chapters, branches, or affiliates?  9 Does the organization have viced chapters, branches, or affiliates?  10 Was a copy of the Form 990 provided to the organizations governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization of the organizations and tranches to ensure their operations are consistent with those of the organization and the activities of the organizations and tranches to ensure their operations are consistent with those of the organizations are such as a such		For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, o s, or changes in Schedule O. See instructions	lescribe the circumstances,		Yes	No
2 Dd any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officers, directors or furstees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or furstees, or key employees to a management company or other person?  4 Dd the organization base any significant changes to its organization and company or other person?  5 Dd the organization have any significant changes to its organization decoments since the prior Form 990 was filed?  5 Dd the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization for members of the governing body:  8 Dd the organization for the governing body subject to approval by members, stockholders, or other persons? See Sch O  8 Dd the organization of the governing body subject to approval by members, stockholders, or other persons? See Sch O  8 Dd the organization have local chapters, branches, or affiliates?  9 Description of the governing body?  9 Description of the governing body and the meetings held or written actions undertaken during the year by the following.  8 Description of the governing body:  9 Description of the governing body:  10 Was a copy of the Form 990 provided to the organization sporering body before it was field? All organizations must describe in Schedule O the process if any, the organization sporering body before it was field? All organizations must describe in Schedule O the process if any, the organization by the organization of the following persons include a review the form 990. See Schedule O  10 It is there any officer, director or fusitees, or key employee listed in Part Vil, Section A, who cannot be reached at the organization is done.  11 Description of the organization have a written obliny the	1:	· e·Enter the	number of voting members of the governing body	1a 20			
and the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or fusitees, or key employee's to a management company or other person?  4 Did the organization of the search and success the proof of the organization of officers, directors or fusitees, or key employee's to a management company or other person?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members or stockholders, or other persons who may elect one or more members of the giverning body?  8 Did the organization of the giverning body subject to approval by members, stockholders, or other persons? See Sch O D A re any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O D A re any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O D A re any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O D A re any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O D A Responsibility of the subject of the governing body?  8 Did the organization have written policides and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization was to review the form 990 See Schedule O to Schedule O the organization have a written whistleblower policy? If No., go to li	ı	Enter the	number of voting members that are independent	1 b			
of officers, directors or trustees, or key employees to a management company or other person?  4	2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rel rector, trustee or key employee?	ationship with any other	2		Х
since the prior Form 990 was filled?  5 Dot the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7a Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body?  8 Dot the organization organization governing body subject to approval by members, stockholders, or other persons? See Sch O  7b X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  a The governing body?  8 Ba X  9 B Does the organization have local chapters, branches, or affiliates?  9 B Does the organization have local chapters, branches, or affiliates?  9 B Does the organization have local chapters, branches, or affiliates?  9 B If Yes, 'does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10 Was a copy of the form 990 provided to the organization soverning body before it was flied? All organizations must describe in Schedule O the process, if any, the organization uses to review the form 990 See Schedule O  11 Is there any officer, director or fursitee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's maining address. If Yes, 'provide the names and addresses in Schedule O  12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  12b Are officers, directors or fursitees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Are officers, directors or fursitees, and key employees required to disclose annually interests that could give rise to conflicts?  12c X  13 Does the organization have a written whistleblower policy?  14 Obes the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' descr	3	Did the or	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision n?	3		Х
5 Dd the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7 a Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body?  8 Dd the organization governing body subject to approval by members, stockholders, or other persons? See Sch O  8 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  a The governing body?  9 a Does the organization have local chapters, branches, or affiliates?  8 b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization see to review the Form 990. See Schedule O  10 Is there any officer, directors or flustees, experiment the names and addresses in Schedule O  11 Is there any officer, directors or flustees, and key employees required to disclose annually interests that could give rise to conflicts?  12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  b Are officers, directors or flustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Justice of the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and conference processions include a review and approval by independent persons, comparability data, and c	4	Did the o	rganization make any significant changes to its organizational documents		4		X
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a The organization's CEO, Executive Director, or top management official?  b Other officers of key employees of the organization?  Describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	l	Are office to conflict Does the Schedule	ors, directors or trustees, and key employees required to disclose annually interests is?  organization regularly and consistently monitor and enforce compliance with the policy how this is done		12b 12c 13		х х х
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Describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed ► None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14	Are office to conflict Does the Schedule Does the Does the	ors, directors or trustees, and key employees required to disclose annually interests in section or security and consistently monitor and enforce compliance with the pole of the section of the pole of the section of	icy? If 'Yes,' describe in	12b 12c 13		х х х
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?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed ► None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15	Are office to conflict Does the Schedule Does the Does the Did the pi persons,	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decimination.	icy? If 'Yes,' describe in	12b 12c 13 14		х х х х
entity during the year?  b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15	Are office to conflict Does the Schedule Does the Does the Did the pi persons, The organ	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?	icy? If 'Yes,' describe in	12b 12c 13 14		х х х х
In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website	13 14 15	Are office to conflict constitute to conflict co	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?	icy? If 'Yes,' describe in	12b 12c 13 14		х х х х
Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed ► None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15	Are office to conflict constitute to conflict constitute to poes the Does the Does the Did the pipersons, a The organic Other office Describe a Did the oil	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official? ocers of key employees of the organization? the process in Schedule O (see instructions)	approval by independent	12b 12c 13 14 15a 15b		х х х х
17 List the states with which a copy of this Form 990 is required to be filed ► None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15 16	Are office to conflict Does the Schedule Does the Does the Does the Does the Does the Does the Did the pipersons, a The organ Dother offi Describe Did the organical Did the O	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orccess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?  orccess of key employees of the organization?  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?  as the organization adopted a written policy or procedure requiring the organization and the organization and taken steps to safeguard	approval by independent ision	12b 12c 13 14 15a 15b		X X X X
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  See Schedule O  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15 16 16	Are office to conflict conflic	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orccess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?  orcers of key employees of the organization?  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?  as the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	approval by independent ision	12b 12c 13 14 15a 15b		X X X X
<ul> <li>Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization</li> </ul>	13 14 15 16 16 Sec	DATE OFFICE TO A TENTE OF THE OFFICE OF THE OFFICE	organization regularly and consistently monitor and enforce compliance with the policy of the following persons include a review and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparation's CEO, Executive Director, or top management official?  The process in Schedule O (see instructions)	approval by independent ision	12b 12c 13 14 15a 15b		X X X X
statements available to the public See Schedule U  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15 16 16 18 Sec	DATE OFFICE AND	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orcess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?  cers of key employees of the organization?  the process in Schedule O (see instructions)  rganization invest in, contribute assets to, or participate in a joint venture or similar and the year?  as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard in respect to such arrangements?  Disclosures  tates with which a copy of this Form 990 is required to be filed None  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	approval by independent ision  arrangement with a taxable to evaluate its participation the organization's exempt	12b 12c 13 14 15a 15b 16a	X	x x x x x x x x
	13 14 15 16 16 18 Sec	Are office to conflict Does the Schedule Does the Does the Does the Does the Does the Does the Did the presons, a The organ Other offin Describe a Did the organ of the organ	organization regularly and consistently monitor and enforce compliance with the policy organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?  organization's CEO, Executive Director, or top management official?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization adopted a written policy or procedure requiring the organization that the respect to such arrangements?  Disclosures  tates with which a copy of this Form 990 is required to be filed None  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available. Check all that apply	approval by independent ision  arrangement with a taxable to evaluate its participation the organization's exempt	12b 12c 13 14 15a 15b 16a	X	x x x x x x x x
	13 14 15 16 16 17 18	Are office to conflict Does the Schedule Does the Does the Does the Does the Does the Did the presons, a The organ Other offi Describe a Did the or entity durant of If 'Yes,' hin joint vestatus with the Section C.  List the s Section 6 inspection Own Describe	organization regularly and consistently monitor and enforce compliance with the policy of the policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decinization's CEO, Executive Director, or top management official?  organization's CEO, Executive Director, or top management official?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and the year?  organization invest in, contribute assets to, or participate in a joint venture or similar and year.  Organization invest in, contribute assets to, or participate in a joint venture or similar and year.	approval by independent ision  arrangement with a taxable to evaluate its participation the organization's exempt	12b 12c 13 14 15a 15b 16a	X or put	X X X X X

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 and/or Box 7 of Form 1099-MISC) or 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 \$100,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average		tion (			hat app	ly)	Reportable	I .	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
	-									
	-									
	_									

compensation from the organization >

		the Statement of Its	TCIIGC					
		·			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 2	Federated campaigns	1	a			<del>-</del>	
IN ST			1		1			
S. S.		Membership dues	<b></b>		+			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Fundraising events	1		4			
AR AR		Related organizations	1		1			
IS, (	е	Government grants (contribution	ons) <u>1</u>	e				
ION R Si		All other contributions, gifts, o	trante and					
탪	•	similar amounts not included		f 2,125,857.				
TRI	a	Noncash contribus included in	Ins 1a-1f	\$ 82,927.				
Ş₹.	-	Total. Add lines 1a-1f		<u> </u>	2,125,857.			
		Total: //dd ii/ics /d ii/		Business Code	1 2/220/00//			
PROGRAM SERVICE REVENUE	2a							
Ē								<u>-</u>
36.6	b			-	1			
Z.	С		<del>-</del>				<del></del>	
SE	d			-				
ΥAM	е			_				
OGF	f	All other program service	e revenue				·	
PR	g	Total. Add lines 2a-2f		<u> </u>	•			
	3	Investment income (incl	udina dividen	ds. interest and				
	_	other similar amounts)		<b>•</b>	116,744.	116,744.		
	4	Income from investmen	t of tax-exem	ot bond proceeds	•			
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6a	Gross Rents						
		Less, rental expenses						
		Rental income or (loss)			1			
		• •						ĺ
	a	Net rental income or (lo	(i) Securities	(ii) Other				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis		-				
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
J	8a	Gross income from fund (not including \$	Iraising event	s				
		of contributions reported	d on line 1c).	-				
OTHER REVEN		See Part IV, line 18		a				
Ä	ь.	Less. direct expenses		b				
5		Net income or (loss) fro	m fundraisina					ĺ
		•	-					
	9 a	Gross income from gam	ling activities.					
		See Part IV, line 19		a				
		Less, direct expenses		b	_			
	С	Net income or (loss) fro	m gaming act	rivities				
	10a	Gross sales of inventory and allowances	, less returns	a				***************************************
	ь	Less, cost of goods sold	i	Ь				
		Net income or (loss) fro		/entorv ►	-			
		Miscellaneous Reven		Business Code				
	11 a			<u> </u>	1	[		
	b							
	5		<b></b>	-	<del> </del>	_		<del> </del>
	د د	All other revenue		_			<del></del>	
			u.					
		Total. Add lines 11a-11d		_	<u> </u>			
	12	Total Revenue. Add line 10c, and 11e	s 1h, 2g, 3, 4	, 5, 6d, 7d, 8c, 9c,	2,242,601.	116,744.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

				(-), (-),	<del></del>
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments  and organizations in the U.S. See Part IV, line 21	1,157,305.	1,157,305.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)		:		
á	n Management	27,533.		27,533.	
	b Legal	15,042.		15,042.	
	: Accounting	33,336.	•	33,336.	
	Lobbying	33/330.		337330.	
	Prof fundraising svcs. See Part IV, In 17	500.			500.
		500.			
	Investment management fees				<del></del> · · ·
	Other	12.025		12 025	
12	Advertising and promotion	13,935.		13,935.	<del>.</del>
13	Office expenses	205.		205.	
14	Information technology				
15	Royalties	· <del>_</del>			
16	Occupancy	31,938.		31,938.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				. <u> </u>
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization				
23	Insurance			_	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	Bank/Merchant Fees	2,724.		2,724.	
t	Postage and Shipping	2,527.		2,527.	
	: Telephone	1,004.		1,004.	
	Selling Fees	457.	-	457.	
	Other Miscellaneous	326.		326.	
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,286,832.	1,157,305.	129,027.	500.
26			=,==:,000.		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2008)

H &	in X	Balance Sneet	(4)		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,236,296.	2	458,257.
	٠3	Pledges and grants receivable, net	2,936,416.	3	3,252,543.
	4	Accounts receivable, net		4	<u>-</u>
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net.		7	4,376.
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment, cost basis 10a			
	b	Less. accumulated depreciation. Complete Part VI of			
		Schedule D 10b		10c	
	11	Investments - publicly-traded securities	3,343,988.	11	4,753,004.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,516,700.	16	8,468,180.
	17	Accounts payable and accrued expenses	21,166.	17	16,877.
	18	Grants payable		18	
	19	Deferred revenue.	_	19	
Ļ	20	Tax-exempt bond liabilities		20	
LIAB-L-T-ES	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	-		
į		of Schedule L		22	
Š	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
•	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,166.	26	16,877.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
	ł	27 through 29 and lines 33 and 34.			
A S S	27	Unrestricted net assets	2,141,800.	27	2,354,670.
Ē	28	Temporarily restricted net assets	5,353,734.	28	6,096,633.
	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
Q R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
PUZD		lines 30 through 34.			
В	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	<del> </del>
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALARCES	33	Total net assets or fund balances.	7,495,534.	33	8,451,303.
	34	Total liabilities and net assets/fund balances.	7,516,700.	34	8,468,180.
P	irt X	Financial Statements and Reporting	<del></del>		<del></del>
					Yes No
		counting method used to prepare the Form 990 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Other		
2		re the organization's financial statements compiled or reviewed by an independent a	ccountant?		2a X
		re the organization's financial statements audited by an independent accountant?			2b X
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibility new, or compilation of its financial statements and selection of an independent accou	/ for oversight of the aud intant?	dıt,	2c
3	a As	a result of a federal award, was the organization required to undergo an audit or aud		ıngle	
		dit Act and OMB Circular A-133? Yes,' did the organization undergo the required audit or audits?			3a X 3b
ВА		rea, one the organization undergo the required addit of addits:	<del></del>		Form <b>990</b> (2008)
					,

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

Name	of the o	rganization	Chil	dren's Hospita	al of Michigan		•			Employe	r identifica	tion number		
	·		Foun	dation							08735			
Par					us (All organizations				s part	.) (see	instru	ictions)		
The c	organı	zation is i	not a priv	vate foundation becau	ise it is. (Please check or	nly <b>one</b> d	rganiza	tion)						
1	<b>—</b>				ociation of churches desc		section	170(b)(	I)(A)(i).					
2				, , , , ,	<b>A)(ii).</b> (Attach Schedule E	•								
3	$\vdash$	•	-	· · · · · · · · · · · · · · · · · · ·	e organization described									
4		Medical	research	n organization operate	ed in conjunction with a ho	ospital d	escribed	ın sect	ion 170	(b)(1)(A)	(iii) Ent	er the hosp	ıtal's	
_		ame, city						T. T. T. T.						
5	느1	70(b)(1)(A	<b>4)(iv).</b> (C	Complete Part II)	of a college or university					imentai	unit desi	cribea in <b>se</b>	ction	
6 7	X A	n organiz	ation tha		governmental unit descrit substantial part of its sup art II)					or from	the gene	eral public d	escribe	ed
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	ا اا	rom activi nvestmen	ties relat t income	ed to its exempt func	(1) more than 33-1/3 % of tions — subject to certain iss taxable income (less s omplete Part III )	exception	ons, and	(2) no i	more th	an 33-1/	3 % of it	ts support fi	rom gro	oss
10		•			exclusively to test for pul	blic safe	ty See	section	509(a)(4	). (see	ınstructı	ons)		
11	n	nore publi	daus vloi	orted organizations of	exclusively for the benefi lescribed in section 509(a zation and complete lines	(1) or s	ection 5	09(a)(2)	tions of See <b>s</b>	, or carr ection 5	y out the <b>09(a)(3).</b>	e purposes Check the	of one box th	or at
	a		٠,	<b>b</b> Type II	c Type II		•		ed		d $\square$	Type III-	Other	
е		By checkir	ng this bo	ox, I certify that the or	ganization is not controlle n one or more publicly su	ed direct	ly or ind	irectly b	y one o	r more o d in sect	disqualifi ion 509(	ed persons	other	
f	li c	f the orga heck this	nızatıon box	received a written det	ermination from the IRS I	that is a	Type I,	Type II	or Type	III supp	orting or	rganızatıon,		
g	S	Since Aug	ust 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition fro	m any o	f the fol	lowing p	ersons?	,	Yes	No
	(1	i) a pei belov	rson who	directly or indirectly overning body of the s	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)	163	110
	<b>(</b> i	ii) a fan	nıly mem	ber of a person desc	cribed in (i) above?							11 g (ii)		
	<b>(</b> i	iii) a 35°	% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	F	rovide th	e followii	ng information about t	he organizations the orga	nization	suppor	ts.		,		ı		
	4 (i)	lame of Sup Organizatio		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the ion in col I in your irning ment?	the organ	(i) of	organizat	s the ion in col zed in the S ?	(vii) Amoun	t of Supp	port
						Yes	No	Yes	No	Yes	No			
Total					:									

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

11.93	(Complete only if you checke	_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .(_)(.,	(/ · )( · · )
Sec	tion A. Public Support						· -, - · · · · · · · · · · · · · · ·
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	960,868.	1,014,098.	3,578,295.	2,698,795.	2,125,85	7. 10,377,913.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	960,868.	1,014,098.	3,578,295.	2,698,795.	2,125,85	7. 10,377,913.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4					<u> </u>	10,377,913.
<u>Sec</u>	tion B. Total Support	I		т	<del> </del>		
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	960,8 <u>68.</u>	1,014,098.	3,578,295.	2,698,795.	2,125,85	7. 10,377,913.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	ds, payments received irrities loans, rents, s and income form					
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11	<b>Total support.</b> Add lines 7 through 10						10,875,671.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			_ 1	2 0.
	First five years. If the Form 990 organization, check this box and	stop here.	·	d, third, fourth, o	r fifth tax year as	a section 501(d	)(3) ► <u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20	-	-	e 11, column (f)		<u> </u>	95.4%
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f				5 0.0%
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, o	check this box ► X
t	33-1/3 support test — 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or more,	check this box
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and <b>stop here</b>	. Explain in Pa	rt IV how
	10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	i' test, check this ation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Pa ted organization	rt IV how the n. ►
	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,			
BAA					S	cneaule A (Fori	m 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Children's Hospital of Michigan 32-0087353 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2007 Calendar year (or fiscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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

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

Schedule A	(Form	1 990 or	990-E2	2) 2008	Ch.	ildr	en's	Но	spita	1 o	f M	lichi	gan		32-	00873	53	Page 4
Part IV	Sup	pleme	ntal Ir	iforma	tion.	Com	plete	this	part	to pr	ovio	de the	expla	nation re	quired	by Pa	rt II, line	± 10;
Schedule / Part IV	Part	II, line	e 17a	or 17b	; or F	Part I	II, lin	e 12	. Prov	idė a	any	other	additio	onal info	rmatio	n. (see	instruc	tionś)
		- <del>-</del> -						<b>-</b>							_ <b></b> _		. <b></b>	
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#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

Children's Hospital of Michigan 32-0087353

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.							
	the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) Donor advised funds	(b) I dilas and other accounts				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
•	,	and uncorn on waters that the accept held in	nor oduced				
5	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive legal control?	∐Yes ∐ No				
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t	s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or othe	s may be er Yes No				
Da	impermissible private benefit??  t II   Conservation Easements Completion	ete if the organization answered 'Ves					
	Purpose(s) of conservation easements held by		10 1 01111 330, 1 dr( 17, 11110 7.				
•	Preservation of land for public use (e.g., re		of an historically important land area				
	Protection of natural habitat		of certified historic structure				
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a	a qualified conservation contribution in the form	of a conservation easement on the last day				
-	of the tax year						
			Held at the End of the Year				
ä	Total number of conservation easements						
ı	Total acreage restricted by conservation easer	ments	2b				
•	: Number of conservation easements on a certif	ied historic structure included in (a)	2c				
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2d				
3	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ed by the organization during the taxable				
	year ►						
4	Number of states where property subject to co	nservation easement is located	<u></u>				
5	Does the organization have a written policy requestion easement of the conservation easement it has been seen to be a seen as a second conservation of the conservation easement it has been seen as a second conservation of the	garding the periodic monitoring, inspection, viol	ations, and Yes No				
6							
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the y	year ► \$				
R	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section						
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No				
	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	o the organization's financial statements that de	escribes the organization's accounting for				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.							
1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items							
I	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items</li> </ul>	SFAS 116, not to report in its revenue stateme iic exhibition, education, or research in furthera	nce of public service, provide the following				
	(i) Revenues included in Form 990, Part VIII,	line 1	*\$ *\$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items.	or financial gain, provide the following				
i	a Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$				
	Assets included in Form 990, Part X		▶\$				

Schedule D (Form 990) 2008 Child				32-008					
Part III Organizations Mainta	ining Collection	ns of Art, Histo	orical Treasures,	or Other Similar As	sets (continued)				
3 Using the organization's accession that apply)	n and other records	, check any of the	following that are a s	ignificant use of its collec	ction items (check all				
a Public exhibition		<b>d</b> Loan o	r exchange programs						
<b>b</b> Scholarly research	b Scholarly research e Other								
<b>c</b> Preservation for future generation	c Preservation for future generations								
Part XIV.									
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?  Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part									
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arrange an amount on f	ements Compl Form 990, Part	ete if organizatıor X, lıne 21.	n answered 'Yes' to	Form 990, Part				
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	ther intermediary f	for contributions or oth	ner assets not	Yes No				
<b>b</b> If 'Yes,' explain the arrangement in Part XIV and complete the following table.									
	Amount								
c Beginning balance				1c					
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21?									
b If 'Yes,' explain the arrangement in Part XIV.  Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.									
Part V   Endowment Funds Co				·					
	(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four years back				
1 a Beginning of year balance									
<b>b</b> Contributions		ļ							
c Investment earnings or losses		<del> </del>							
d Grants or scholarships									
and programs	e Other expenditures for facilities and programs								
•	f Administrative expenses								
	g End of year balance								
2 Provide the estimated percentage of the year end balance held as									
a Board designated or quasi-endowment									
<b>b</b> Permanent endowment ► %									
c Term endowment ►	_ <del></del> %								
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>b</b> If 'Yes' to 3a(II), are the related o	rganizations listed a	is required on Sch	edule R?		3b				
4 Describe in Part XIV the intended				·	· · · · ·				
Part VI Investments-Land, B	uildings, and E	<b>quipment.</b> Se	e Form 990, Part	X, line 10.					
Description of investment		st or other basis investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value				
1 a Land									
<b>b</b> Buildings			· · · <del>- · · · ·</del>						
c Leasehold improvements									
<b>d</b> Equipment									
e Other									
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990	Part X, column (	B), line 10(c).)	<u> </u>	0.				
BAA				Sche	dule <b>D</b> (Form 990) 2008				

TEEA3302L 12/23/08

Schedule D (Form 990) 2008 Children's Hospita			age <b>3</b>
Part VII Investments—Other Securities See F	T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held_equity interests			
Other			
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)			***********
Part VIII Investments-Program Related (See	Form 990, Part X, li	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)	Luc 15) 37/3		
Part IX Other Assets (See Form 990, Part X,	<del></del>	(I) Dealington	
(a) De	scription	(b) Book value	<del>-</del>
	<del></del>		
	<u> </u>		
Total. Column (b) Total (should equal Form 990, Part X, col		<u> </u>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability Federal Income Taxes	(b) Amount	_	
rederal income Taxes		-	
		-	
	-		
		Ì	
		<b>-</b>	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) In Part XIV, provide the text of the footnote to the organizat	<b>&gt;</b>		

BAA

	dule <b>D</b> (Form 990) 2008 Children's Hospital of Michigan	32-0087353	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,	242,601.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,	286,832.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		955,769.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		<del></del>
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		955,769.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	3007.03.
1	Total revenue, gains, and other support per audited financial statements.		242,601.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	Net unrealized gains on investments		
	Donated services and use of facilities 2b	<del>-</del> [ ]	
	Recoveries of prior year grants  2c	<del> </del>	
		<b>-</b>   ₃	
· •	Add lines 2a through 2d	2e 3 2.	242 601
3	Subtract line 2e from line 1	3 Z,	242,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	<b></b>	
	Other (Describe in Part XIV).		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		242,601.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per l		
1	Total expenses and losses per audited financial statements	1 1,	286,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
Ŀ	Prior year adjustments 2b		
c	: Losses reported on Form 990, Part IX, line 25.		
c	Other (Describe in Part XIV).		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 1,	286,832.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV).		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18.)		286,832.
	t XIV Supplemental Information	/	200,002.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b,	Part V,
	4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
		<b></b>	
		<del></del>	
BAA	TEEA3304L 12/23/08	Schedule <b>D</b> (Fo	orm 990) 2008
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Schedule <b>D</b> (Form 990) 2008	Page 5
Schedule D (Form 990) 2008  Part XIV Supplemental Information (continued)	
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	<b></b>

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service			atch	to Form 990.	77 10 17		Open to Fuence Inspection
Name of the organization						Employer identification number	ation number
Children's Hospital of Michigan	higan					32-0087353	33
Fart I General Information on Grants and Assistance	rants and Assis	tance					
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	is to substantiate the grants or assistance	amount of the grant: e?	the grants or assistance, the grantees' eligibility for the grants or assistance, and	itees' eligibility for the g	ırants or assıstance, an	þı	Yes
	ince to Governm	nents and Organ	izations in the Uni	ted States. Compl	ete if the organiza	ition answered	Yes' on Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ny recipient that (Form 990) if ad	received more than \$5,0 ditional space is needed	nan \$5,000. Check needed	this box if no one	recipient received	more than \$5,	Juu. Use ▼X
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
		_					
Į .	3) and government or	ganizations				•	
3 Enter total number of other organizations	ons						
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıction Act Notice, se	e the Instructions for	r Form 990.	TEEA3901L 12/19/08	12/19/08	Schec	Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 (Form 990) 2008 Children's Hospital of Michigan Pagers Complete If the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III BAA

# SCHEDULE M (Form 990)

**Non-Cash Contributions** 

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008
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Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital of Michigan Foundation

Employer identification number

32-0087353

Types of Property (a) (b) (c) (d) Revenues reported on Form 990, Part VIII, line 1g Check if Method of determining Number of applicable Contributions revenues 1 Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests. Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Х 64,728. 9 Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 11 12 Securities-Miscellaneous 13 Qualified conservation contribution (historic structures). 14 Qualified conservation contribution (other) 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Х 0. 23 Scientific specimens. 24 Archeological artifacts 25 Other ► ( 26 27 Other ► ( 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt Х purposes for the entire holding period? 30 a **b** If 'Yes,' describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell Х 32 a noncash contributions? b If 'Yes,' describe in Part II

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

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

Schedule	M (Form 990) 2008	Children's	Hospital	of Mic	higan		32-0087353	Page 2
Part II	Supplemental I and 33. Also co	nformation. Complete this part	mplete this t for any ad	part to p ditional	provide the information	information requ n.	ured by Part I, line	s 30b, 32b,
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#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

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Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Children's Hospital of Michigan Foundation	Employer identification number 32-0087353
Form 990, Part III, Line 1 - Organization Mission	
The mission of Children's Hospital of Michigan Foundation is	s to support the health
care needs of children by raising philanthropic resources to	o fuel pediatric patient
care, medical education, research, and the prevention of ch	ildhood_diseases_and
injuries.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing	g Body
Executive committee	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members	or Shareholders
Executive committee	
Form 990, Part VI, Line 10 - Form 990 Review Process	
Senior auditor in attendance with executive committee and ex	xecutive director
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availa	ble
Upon request	

TEEA4901L 12/19/08