DLN: 93493317030269

OMB No 1545-0047

Open to Public

┌Yes ┌No

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Department of the Treasury Internal Revenue Service

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)

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

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning (1-01-2008	and ending 12-31-2008	3	D 5	idantification mumban	
		pplicable	Please	C Name of organization CHILDREN'S HOSPITAL OF I	MICHIGAN			D Employer	identification number	
Ad	dress cl	hange	use IRS label or	Doing Business As	38-1357994 E Telephone number					
∏ Na	me cha	inge	print or type. See	Doing Business As				-		
∏ Inr	tıal retu	ırn	Specific Instruc-		box if mail is no	ot delivered to street addres	ss) Room/suite	(313) 57	8-2564 eipts \$ 424,616,838	
Те	mınatı	on	tions.	3901 BEAUBIEN BLVD				d dross rect	apts \$ 424,010,050	
┌ Am	nended	return		City or town, state or coun	try, and ZIP + 4			1		
Гар	plicatioi	n pending		DETROIT, MI 48201						
			F Nar	ne and address of Princip	al Officer		H(a) Ic thu	s a group retu	urn for	
			HERMA	AN B GRAY JR MD PRES			affilia		⊤Yes ▼ No	
			1	BEAUBIEN BLVD DIT, MI 48201						
—— I Та	ıx-exen	npt status) (3) ◄ (insert no)	17(a)(1) or 	527		l affiliates incl	uded? Yes No ist See instructions)	
1 W	leh sit	- - \/\/	VW CHMKII	ns o pe			-	p Exemption	-	
, **	CD SIL	C.F WV	VVV CIIIIIKII	55 0 KG			11(0)			
К Тур	e of or	ganızatıon	▽ Corporat	tion trust association	other 🟲		L Year of Fo	rmation 1922	M State of legal domicile MI	
Da	rt I	l Sum	marv							
- č	1		mary describe th	e organization's mission	or most siani	ficant activities			_	
	-	•		SPITAL OF MICHIGAN V	•		WELL BEING	OF ALL CHI	ILDREN AND THEIR	
နို				Y ADVANCING THE SC	IENCE AND	PRACTICE OF PEDIA	TRIC HEALT	HCAREAND	THROUGH	
喜		ADVO	CACY EFFO	DRTS						
Governance	2	Chack	this hov E	ıf the organizatıon discor	atinued its on	arations or disposed of	more than 2	5% of its ass	ate	
ŝ	3		,	members of the governing					43	
2 6 76	4			ndent voting members of					29	
Activities &	5			nployees (Part V, line 2a			,		2,598	
₹	6			olunteers (estimate if nec					500	
a a				ted business revenue fro			a 0			
		_		iness taxable income fror			•	7	<u> </u>	
	1 -					.,,	Dric	or Year	Current Year	
es:	8	Contr	ibutions and	d grants (Part VIII, line 1	1110	14,169,772	 			
	9			revenue (Part VIII, line :				321,708,037	<u> </u>	
Revenue	10	-		me (Part VIII, column (A				29,831,152	 	
å	11			art VIII, column (A), line		·		704,430	<u> </u>	
	12			dd lines 8 through 11 (m			:	,		
		12)						366,413,391	376,146,450	
	13			ar amounts paid (Part IX,		•			0	
	14		•	or for members (Part IX, o		•			0	
8	15	Saları 10)	es, other co	ompensation, employee b	enefits (Part	IX, column (A), lines 5	-	137,480,766	149,699,697	
Expenses	16a	•	ssional fund	Iraising fees (Part IX, col	umn (A), lıne			76,197		
ž	Ь	(Total f	undraising ex	penses, Part IX, column (D), lı	ne 25 ^{2,885,455})				
ш	17			(Part IX, column (A), line		180,083,143	186,415,379			
	18			-add lines 13–17 (must e			317,563,909	<u> </u>		
	19	Reven	iue less exp	penses Subtract line 18	from line 12			48,849,482	39,955,177	
<u>%</u> 8							Beginni	ing of Year	End of Year	
Net Assets or Fund Balances	20	Total	assets (Pai	rt X, line 16)				637,890,913	656,154,064	
A	21	Total	liabilities (F	Part X, line 26)		71,859,035	83,644,856			
変更	22	Netas	ssets or fun	nd balances Subtract line	566,031,878	572,509,208				
	rt II	Sign	nature Blo	ock						
		_		егjury, I declare that I have ex	amined this retu	rn, including accompanying	schedules and s	tatements, and	to the best of my knowledge	
		and bel	ief, it is true,	correct, and complete Declara	tion of preparer	(other than officer) is based	l on all informat ı	ion of which pre	parer has any knowledge	
Plea Sigr		Sign	nature of office	ar			2009- Date	-11-09		
Her		[Date			
			EPH SCALLEN e or print nam	VICE PRESIDENT OF FINANCE ne and title						
			F. Sie Helli	·-		Data		Dronger-d- D	TIN (Soo Con Inst)	
D- !	.		parer's			Date	Check if self-	Preparer's P	TIN (See Gen Inst)	
Paid			nature P				empolyed 🕨 🎵	-		
Pre Use	pare	Firr	n's name (or	yours L						
Onl		ıf s	elf-employed) Iress, and ZIP),				EIN 🕨		
J.111	7	"	, unu EIF							
								Phone no	•	

Part III Statement of Program Service Accomplishments (See the instructions.)

Briefly describe the organization's missio	n
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See Additional Data Table

4a

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	┌ Yes ┌ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services be	oy expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

51,994,606 including grants of \$) (Expenses \$) (Revenue \$ PEDIATRICS - THE CHILDREN'S HOSPITAL OF MICHIGAN IS RANKED AS ONE OF AMERICA'S BEST HOSPITALS FOR CHILDREN IN CANCER, CARDIOLOGY AND CARDIOVASCULAR SURGERY, NEUROLOGY AND NEUROSURGERY AND UROLOGY BY U.S. NEWS & WORLD REPORT AND AMONG AMERICA'S BEST 25 CHILDREN'S HOSPITAL BY PARENT MAGAZINE IT IS ALSO A NATIONALLY RECOGNIZED MAGNET HOSPITAL FOR NURSING EXCELLENCE, A TOP HOSPITAL FOR PATIENT SAFETY AND QUALITY PRACTICES BY THE LEAPFROG GROUP, AND A TOP HOSPITAL IN PEDIATRICS BY HOUR DETROIT MAGAZINE THE CHILDREN'S HOSPITAL OF MICHIGAN TREATED NEARLY 89,000 CHILDREN IN ITS EMERGENCY DEPARTMENT IN 2008 WHILE MOST HOSPITALS HAVE EMERGENCY ROOMS THAT SEE BOTH ADULT AND CHILDREN, THE EMERGENCY DEPARTMENT AT THE CHILDREN'S HOSPITAL OF MICHIGAN IS COMPLETELY DEDICATED TO SERVING CHILDREN AND THEIR CHILDHOOD ILLNESSES AND INJURIES THE CHILDREN'S HOSPITAL OF MICHIGAN'S EMERGENCY DEPARTMENT IS ONE OF A HANDFUL OF LEVEL ONE PEDIATRIC TRAUMA CENTERS IN THE UNITED STATES CERTIFIED BY THE AMERICAN COLLEGE OF SURGEONS IN 2008, THE CHILDREN'S HOSPITAL OF MICHIGAN'S DEPARTMENT OF PEDIATRICS SAW 8,060 INPATIENT CASES RESULTING IN 32,794 DAYS OF PEDIATRIC INPATIENT MEDICAL CARE FOR CHILDREN THROUGHOUT OUR STATE THE CHILDREN'S HOSPITAL HAS VIRTUALLY EVERY PEDIATRIC MEDICAL SUBSPECIALTY AND SERVICE DESIGNED TO MEET THE DIVERSE MEDICAL NEEDS OF CHILDREN OF ALL AGES. THESE YOUNG PATIENTS VISIT CHILDREN'S FOR EVERYTHING FROM TREATMENT FOR AUTISM AND SEIZURES TO CARE FOR RARE CONGENITAL DISORDERS PEDIATRIC SPECIALTIES AND SERVICES AVAILABLE AT THE CHILDREN'S HOSPITAL INCLUDE BUT ARE NOT LIMITED TO PEDIATRIC MEDICINE, ADOLESCENT MEDICINE, ALLERGY, CRITICAL CARE, CARDIOLOGY, EMERGENCY CARE, ENDOCRINOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, PHYSICAL MEDICINE AND REHABILITATION, AND PULMONARY MEDICINE MORE THAN 160 PEDIATRIC RESIDENTS SPECIALISTS AND FELLOWS IN TRAINING AT CHILDREN'S HOSPITAL OF MICHIGAN AT ANY GIVEN TIME, GRADUATE MORE THAN 30 PEDIATRICIANS AND PEDIATRIC SPECIALISTS EACH YEAR, MAKING OURS THE LARGEST PEDIATRIC RESIDENCY PROGRAM IN MICHIGAN THE FIRST IN THE STATE TO USE VEINVIEWER TECHNOLOGY TO HELP CLINICIANS FIND THE RIGHT VEIN, THE FIRST TIME USING A COMBINATION OF NEAR-INFRARED LIGHT, THIS ADVANCED TECHNOLOGY PROJECTS IMAGES OF VEINS AND THEIR LOCATION TO THE SURFACE OF PATIENTS' SKIN, RESULTING IN FEWER POKES FOR KIDS IDENTIFIED AN INFANT COOLING TECHNIQUE TO REDUCE THE INCIDENCE OF DISABILITY AND DEATH IN INFANTS WHO FAILED TO RECEIVE ENOUGH OXYGEN DURING BIRTH IMPLANTED THE FIRST MECHANICAL HEART PUMP EVER RECEIVED BY A CHILD IN MICHIGAN THE THORATEC LEFT VENTRICULAR ASSIST DEVICE SAVED A TWELVE-YEAR-OLD GIRL'S LIFE HELPED DEVELOP THE GENESIS STENT, A LIFE-SAVING DEVICE THAT OPENS BLOOD VESSELS THAT GROW WITH THE CHILD, ELIMINATING THE NEED FOR OPEN-HEART SURGERY HOME TO THE WORLD'S FIRST POSITRON EMISSION TOMOGRAPHY (PET) CENTER DEDICATED TO PEDIATRICS USING PET SCANNING, NEUROLOGISTS AND NEUROSURGEONS CAN IDENTIFY AND REMOVE AREAS IN A CHILD'S BRAIN THAT CAUSE UNCONTROLLABLE SEIZURES, ALLOWING FOR NORMAL DEVELOPMENT HOME TO THE PEDIATRIC PHARMACOLOGY RESEARCH UNIT (PPRU), ONE OF ONLY 13 SITES IN THE U S DEDICATED TO ENSURING DRUG SAFETY FOR CHILDREN THE PPRU IS SUPPORTED BY THE PRESTIGIOUS NATIONAL INSTITUTE OF HEALTH THE NATION'S FIRST CHILDREN'S HOSPITAL TO INTRODUCE A PEDIATRIC ORTHOSIS "SNUG-CP SUIT," DESIGNED FOR CHILDREN WITH CEREBRAL PALSY, WHICH PROVIDES SENSORY FEEDBACK THAT IMPROVES CONTROL AND REDUCES MUSCLE SPASTICITY THE DESIGNATED SITE FOR THE NEWBORN SCREENING MANAGEMENT PROGRAM FOR THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, PROVIDING CARE FOR INDIVIDUALS WITH METABOLIC DISORDERS FROM BIRTH THROUGHOUT ADULTHOOD HAS TWO STATE-OF-THE-ART CARDIAC CATHERIZATION LABS FEATURING THE LATEST EQUIPMENT FOR DIAGNOSTIC AND INTERVENTIONAL PROCEDURES HOME TO MICHIGAN'S ONLY PEDIATRIC BURN CENTER HOME TO MICHIGAN'S TOP PEDIATRIC IMAGING CENTER - OFFERING THE MOST ADVANCED PEDIATRIC IMAGING CAPABILITIES, INCLUDING A 3 OT SHORT BORE SCANNER, WHICH REDUCES THE INSTANCE OF SEDATION IN CHILDREN OPERATES ONE OF ONLY TWO POISON CONTROL CENTERS IN THE STATE OF MICHIGAN, FOCUSED ON POISON PREVENTION, EDUCATION, TRIAGE AND TREATMENT THE POISON CONTROL CENTER ANSWERS MORE THAN 6,000 CALLS PER MONTH THE RONALD MCDONALD HOUSE IS ON THE CAMPUS OF CHILDREN'S HOSPITAL OF MICHIGAN, AVAILABLE TO FAMILIES OF SICK CHILDRÉN SO THAT THEY CAN SPEND THE NIGHT CLOSE TO THEIR CHILD

4b (Code) (Expenses \$ 31,000,170 including grants of \$) (Revenue \$ 29,298,472)

ONCOLOGY - THE DIVISION OF HEMATOLOGY/ONCOLOGY AT THE CHILDREN'S HOSPITAL OF MICHIGAN IS A NATIONAL AND INTERNATIONAL LEADER IN THE FIELD IN 2008, PEDIATRIC HEMATOLOGY AND ONCOLOGY SPECIALISTS SAW 1530 INPATIENT CASES, RESULTING IN 6,497 PATIENT DAYS IN HOSPITAL THE OLDEST PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM IN MICHIGAN, THE DIVISION COMBINES STATE-OF-THE-ART DIAGNOSIS AND TREATMENT OPTIONS WITH COMPASSIONATE CARE BY 13 BOARD-CERTIFIED PEDIATRIC SPECIALISTS AND MORE THAN 75 SUPPORT STAFF DIVISION SPECIALISTS WORK CLOSELY WITH OTHER PEDIATRIC SUBSPECIALISTS TO PROVIDE THE HIGHEST LEVEL OF COORDINATED, MULTIDISCIPLINARY CARE OVER THE YEARS, THE PROGRAM HAS MADE MAJOR CONTRIBUTIONS TO THE UNDERSTANDING AND TREATMENT OF PEDIATRIC BLOOD DISEASES AND CANCER SERVICES PROVIDED IN THIS DIVISION ARE FOR CHILDREN SUFFERING FROM BLOOD AND CANCER RELATED DISEASES AND DISORDERS AMONG THESE SERVICES ARE OUR SICKLE CELL CLINIC AND BONE MARROW TRANSPLANT PROGRAM AND DEDICATED UNIT AS FACULTY MEMBERS AT WAYNE STATE UNIVERSITY, THE PHYSICIANS ARE INVOLVED IN EXTENSIVE CLINICAL, TRANSLATIONAL AND BENCH RESEARCH IN PEDIATRIC BLOOD DISEASES, COAGULATION AND BLEEDING DISORDERS AND CANCER/LEUKEMIA MUCH OF THIS RESEARCH IS FUNDED BY THE NATIONAL INSTITUTES OF HEALTH, NATIONAL CANCER INSTITUTE AND OTHER AGENCIES, INCLUDING THE LEUKEMIA AND LYMPHOMA SOCIETY AND THE NATIONAL HEMOPHILIA FOUNDATION

4c (Code) (Expenses \$ 26,490,362 including grants of \$) (Revenue \$ 30,742,188)

SURGERY (GENERAL) - IN 2008, PEDIATRIC SURGICAL SPECIALISTS AT THE CHILDREN'S HOSPITAL OF MICHIGAN CONDUCTED 13,860 INPATIENT AND OUTPATIENT SURGICAL PROCEDURES OR OPERATIONS ON CHILDREN OF ALL AGES, RESULTING IN 3,316 INPATIENT CASES AND 17,684 DAYS OF HOSPITAL CARE FROM APPENDECTOMIES TO HEART TRANSPLANTS, CHILDREN'S OFFERS A WIDE RANGE OF PEDIATRIC SURGERY OPTIONS WITH A MULTIDISCIPLINARY TEAM OF SURGEONS AND OTHER HEALTH CARE PROVIDERS DELIVERING AN UNPARALLELLED LEVEL OF PEDIATRIC SURGICAL CARE PEDIATRIC SURGERY SUBSPECIALISTS AT CHILDREN'S INCLUDE THOSE IN THE FOLLOWING SPECIALISES ANESTHESIOLOGY, CARDIOVASCULAR SURGERY INCLUDING HEART TRANSPLANTS, CLEFT AND CRANIOFACIAL SURGERY, DENTAL AND ORAL SURGERY, EAR NOSE AND THROAT SURGERY, KIDNEY TRANSPLANTS, NEUROSURGERY INCLUDING BRAIN TUMOR REMOVAL, ORTHOPEDIC SURGERY, PEDIATRIC SURGERY INCLUDING BURN AND TRAUMA SURGERY, EYE SURGERY AND PLASTIC AND RECONSTRUCTIVE SURGERY, UROLOGICAL SURGERY AMONG OTHER SERVICES IF A CHILD REQUIRES SURGERY WHERE MULTIDISCIPLINARY CARE IS REQUIRED, CHILDREN'S PEDIATRIC SUBSPECIALTY SURGEONS WORK TOGETHER TO PROVIDE THE BEST CARE TO CHILDREN WITH COMPLEX INJURIES OR CONGENITAL ANOMOLIES THE AVAILABILITY OF THESE MULTIDISCIPLINARY PEDIATRIC SURGICAL TEAMS IS ONE OF THE MANY ADVANTAGES OF TREATMENT AT THE CHILDREN'S HOSPITAL OF MICHIGAN

(Code) (Expenses \$ 193,490,052 including grants of \$) (Revenue \$ 216,869,955)

NEUROSURGERY - 2,878 TOTAL CASES, 5,274 INPATIENT DAYS, 1,883 OUTPATIENT REGISTRATIONS THORACIC SURGERY - 367 TOTAL CASES, 3,632 INPATIENT DAYS, 138 OUTPATIENT REGISTRATIONS EMERGENCY MEDICINE - 74,197 TOTAL CASES, 63 INPATIENT DAYS, 74,175 OUTPATIENT REGISTRATIONS NEONATOLOGY - 1,351 TOTAL CASES, 5,908 INPATIENT DAYS, 853 OUTPATIENT REGISTRATIONS

4d Other program services (Describe in Schedule O)

(Expenses \$ 193,490,052 including grants of \$) (Revenue \$ 216,869,955)

4e Total program service expenses \$ 302,975,190 Must equal Part IX, Line 25, column (B).

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
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		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
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		No
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		Νο
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		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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			
	1/	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI **			

Form	990 (2008)			Page 5
Pa	rt V 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. Information Returns. Enter -0- if not applicable	200		
_		390		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	598		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	330		
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2b	Yes	_
Ju	return?	. 3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibite Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	ıfts 6b		
7	were not tax deductible?	60		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a	Yes	
	more?	74	1 103	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to 7c		l No
d	If "Yes," indicate the number of Forms 8282 filed during the year	. –		110
<u>.</u>	The state of the manufaction of the state of			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		No
8	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, he excess business holdings at any time during the year?	ave 8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from 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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	<u> </u>	<u>L</u> _
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

2

3

4

5

7a

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe th	e cır	cumst	ances,
1a	Enter the number of voting members of the governing body	1a				43
b	Enter the number of voting members that are independent	1b				29
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness • •	relatı	onsh •	nip with	n any

3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	
1	Did the organization make any significant changes to its organizational documents since the prior Form 990	was

5 Did the organization become aware during the year of a material diversion of the organization's assets? .		
	•	

	Does the organizat	tion	have	mer	nber	sor	stock	noid	ers ·	•	•	•	•	•	•		•	•	•			•	•	•	
1	Does the organizat	tıon	have	mer	nber	s, st	ockho	lder	s, o	r oth	erp	erso	ons	who	may	elec	ton	e o	r mo	ore	mer	nbei	rs of	fthe	
	governing body?																								

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	9

	Did the organization (. 0111	em	pore	illec	usi	y u	, cui	пеп	L LII	e III	eeti	iiy s	Heli	u Oi	44111	LLEII	acı	.1011	s ui	iuei	Lake	en u	uiiii	y tii	E
	year by the following																									
а	the governing body?	_	_		_	_		_	_		_	_	_	_	_	_	_	_	_		_	_	_	_	_	_

b	each committee with authority to act on behalf of the governing body?						-
ı	Does the organization have local chapters, branches, or affiliates? .						

ь	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

Was a copy of the Form 990 provided to the organization's governing body before it was filed? A	ll organı	zatio	ons	
must describe in Schedule O the process, if any, the organization uses to review the Form 990				

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	e re:	ache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

Yes	
Yes	
	No
	Yes Yes Yes

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 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. 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 Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

 JO SEPH SCALLEN

 3901 BEAUBIEN BLVD

 DETROIT, MI 48201

 (313) 745-3280

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) and key employees 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) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received up the capacity as a former director or trustee of the

					k al	I				
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	a Institutional Trustee	Office		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HERMAN B GRAY JR MD	53			х				454,681	0	81,45
ONY ANTONE	1	X						0		
ELAINE BAKER	1	X						0		
OHN D BAKER MD	3	Х		х				0	0	
ROBERT H BLUESTEIN FRANK COUZENS JR	1	X		X				0		
DOUGLAS M ETKIN	1	X		_				0		
OANNE B FAYCURRI	1	х						0	0	
CYNTHIA FORD MAXINE FRANKEL	2			Х				0		
THE HONORABLE BERNARD A FRIEDMAN	1	X						0		
MATTHEW FRIEDMAN	1							0	0	
THE HONORABLE HILDA GAGE	1	Х						0	0	
ERICA WARD GERSON OHN GINOPOLIS	1	X						0	0	
ROSANNE GJOSTEIN	1	X						0	0	
PATRICIA HEFTLER		Х						0	0	
ESLIE HELPPIE		Х						0	0	
REVEREND NICHOLAS HOOD OSEPH G HORONZY		X						0	0	
ARTHUR BUHL HUDSON		x						0	0	
GILBERT HUDSON		Х						0	0	
ANE IACOBELLI WINE-MARIE ICE MD		Х						0	0	
OSEPHINE KESSLER		X						0	0	
IICK KHOURY		Х						0	0	
MICHAEL D KLEIN MD		х						0	0	
SUSAN K KLEINPELL INDA JACOB KOWALSKI		X						0	0	
DWARD C LEVY JR		X						0	0	
ohn G Levy		Х						0	0	
CAROL MARANTETTE		Х						0	0	
ELORINE MARK		X						0	0	
ANE E MILLS		X						0	0	
INDA O'BRIEN		Х						0	0	
DAVID K PAGE ESSICA S PELLEGRINO		Х						0	0	
MICHAEL C PORTER		X						0	0	
GLORIA W ROBINSON		X						0		
BRUCE H ROSEN		Х						0	0	
DEREK SARAFA ASHOK SARNAIK MD		Х						0	0	
ARON SHERBIN		X						0	0	
THOMAS L SLOVIS MD		X						0		
BONITA F STANTON MD		х						0	0	
YLE M WOLBERG NAN R WOODLIFF		X						0	_	
GEORGE W WRIGLEY		X						0	0	
OSEPH T SCALLEN JR	50			Х				294,167	0	58,53
UANE EWALD RICHARD REYNOLDS	50			Х				189,695		
RHONDA FOSTER	70 50				X			840,615 224,762		31,75 49,61
CHAD GRANT	50				X			208,458		
HAWN LEVITT	50				Х			160,775	0	57,01
IENRY WALTERS III EALPH DELIUS	50					X		989,221	0	,
VALID YASSIR	50			-		X		756,445 638,754	0	
RIC JONES	64					X		637,724		
EFFREY DEVRIES	50					Х		324,529	0	70,78
ATRICK R KELLY	50			_			Х	299,882	0	33,44
	1		<u> </u>	_		<u> </u>	<u> </u>			
						-	-			

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
			-	\vdash						
			+	\vdash			\vdash			
1b Total							>	6,019,708	3	589,014

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►71

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			
	remarks to the organization 1, 765, complete seneages 76, such person 1	5		Νo

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

(A) Name and business address	(B) Description of services	(C) Compensation
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	PHYSICIAN SVCS	3,807,146
UNIVERSITY PEDIATRICIANS 5885 S MAIN ST 7 CLARKSTON, MI 48346	PHYSICIAN SVCS	1,318,380
INO THERAPEUTICS LLC PO BOX 642509 PITTSBURGH, PA 152642509	THERAPY SVCS	1,207,509
HENRY FORD HEALTH SYSTEM 1 FORD PLACE 5E DETROIT, MI 482023450	PEDIATRIC SVCS	663,987
DMCARE EXPRESS INC PO BOX 79001 DETROIT, MI 482791260	TRANSPORATION	380,394
2 Total number of independent contractors (including those in 1) who from the organization	. ,	- 31

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	mpaigns 1a	237,929		Kevellue		512, 513, 01 514
¥ ¥	ь		lues					
Contributions, gifts, grants and other similar amounts			1b					
ΩĔ	С	Fundraising e	vents 1c	167,033				
£ ï	d	Related organ	izations					
%. <u>E</u>	e		nts (contributions) 1e					
કું.≌	f	_	tions, gifts, grants, and	6,342,711				-
至声	'	sımılar amounts	not included above					
골핑		Noncach cont	1f ributions included in					
<u> </u>	g	lines 1a-1f \$						
O 4	h		es 1a-1f)		11,092,577			
-				Business Code				+
<u>e</u>	2a	PATIENT SERVIC	E DEVENITE	Dusiliess Code	241 417 225	241 417 225		
E E					341,417,325	341,417,325		
æ	Ь		ARMACY REVENUE		5,860,264	5,860,264		
မှ	С	PET, KIDS HEAR			296,561	296,561		
55 25	d	EDUCATION PRO	GRAM REVENUE		115,131	115,131		
ൾ ⊆	e	PROGRAM SERVI	CE RENTAL INC		36,626	36,626		
Ta Ta	f	All other prog	ram service revenue					
Program Service Revenue		T	2- 21					_
<u>a</u>	g	Total. Add lin ★ \$ 347,725,9	es 2a-2f 907					
	3		ncome (including divi	dends, interest				
			amounts)		23,290,245			23,290,245
	4		estment of tax-exempt b	•	40,582			40,582
	•	211001110 110111 11111		• • • • • • • • • • • • • • • • • • •	,			
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents	51,592					
	Ь	Less rental expenses						
	С	Rental income	51,592					
	d	or (loss) Net rental inc	ome or (loss)		51,592			51,592
				<u> </u>				
		Gross amount	(ı) Securities 41,827,601	(II) O ther				
	7a	from sales of	41,827,001					
		assets other than inventory						
	ь	Less cost or other basis and	48,336,033					
		sales expenses						
	c	Gain or (loss)	-6,508,432					
	d	Net gain or (lo		▶	-6,508,432			-6,508,432
	8a		from fundraising	·				+
		events (not in	cluding					
άs		¥	91,912 ns reported on line					
ž		1c) See Part						
क ≥			le G ıf total exceeds					
æ			a	167,033				
<u> </u>	Ь		xpensesb		,,			
Other Revenue	С	Net income oi	r (loss) from fundrais	ıng events ▶-	-42,443			-42,443
.	9a	Gross income						
		activities Sec Complete Sche	e part IV , line 19					
		exceeds \$15,0						
			а					
	ь		xpensesb					
	С		r (loss) from gamıng	activities •				
	10a	Gross sales o	f inventory, less					+
	-	returns and al						
			а					
	ь		goods sold b					
	С		r (loss) from sales of					
		Miscellaneou	us Revenue	Business Code				
	11a	PARKING RE	VENUE		440,720			440,720
	ь	VENDING MA			55,702			55,702
		COMMISSIO	NS					
	C							
	d	All other reve	nue					
	е	Total. Add lin	es 11a-11d					
	12	Total Devenue	e. Add lines 1h, 2g, 3	\$ 496,422 3 4 5 6d 7d	376,146,450	347,725,907		17,327,966
		8c,			,,	, -,		, =1,133
	_	9c, 10c, and	11e	. ►				
								Form 990 (2008)

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgoid Il other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
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	2,301,235	1,710,696	512,593	77,946
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	124,208,558	122,802,046		1,406,512
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	552,797	501,710		51,087
9	Other employee benefits	14,532,908	14,412,858		120,050
10	Payroll taxes	8,104,199	8,007,785		96,414
11	Fees for services (non-employees)				
а	Management	836,607	836,607		
ь	Legal	26,919	26,919		
c	Accounting	628	628		
d	Lobbying				
e	Professional fundraising See Part IV, line 17	76,197			76,197
f	Investment management fees				
g	Other	32,412,943	32,164,207	48,000	200,736
12	Advertising and promotion	2,147,563	1,895,247		252,316
13	Office expenses	1,346,322	1,301,238		45,084
14	Information technology	4,481	4,481		
15	Royalties				
16	Occupancy	7,411,614	7,411,614		
17	Travel	605,369	588,148		17,221
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		,		· · · · · ·
19	Conferences, conventions and meetings	303,681	255,974		47,707
20	Interest	3,190,064	3,190,064		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,459,590	11,459,590		
23	Insurance	3,954,005	3,954,005		
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)				
а	SUPPLIES - MEDICAL	37,768,101	37,768,101		
b	DMC SUPPORT SERVICES	22,197,841	, , , , , , , , , , , , , , , , , , , ,	21,742,813	455,028
c	DMC SUPPORT SVS - MIS	18,186,893	10,159,671	8,027,222	, -
d	BAD DEBT EXPENSE	10,712,692	10,712,692	. , -	
e	DMC SUPPORT SVS - LAB	8,666,472	8,666,472		
_	All other expenses	25,183,594	25,144,437		39,157
25	Total functional expenses. Add lines 1 through 24f	336,191,273	302,975,190	30,330,628	2,885,455
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	223,232,23	302,313,230	33,233,923	2,550,100

Parity Balance Sheet	Part X	Ralance	Sheet
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			(A)		(B)
	1	Cash—non-interest-bearing	Beginning of year 9,271	1	End of year 25,814,956
	2	Savings and temporary cash investments	0,271	2	20,014,000
	3	Pledges and grants receivable, net	2,285,120		3,093,520
	4	Accounts receivable, net	25,872,544	4	18,768,236
	5	Receivables from current and former officers, directors, trustees, key employees or	20,072,044		10,700,200
		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	
	7	Notes and loans receivable, net	362,058,938	7	397,729,016
	8	Inventories for sale or use	3,697,329	8	6,030,387
\$	9	Prepaid expenses and deferred charges	870,483	9	1,500,500
Assets	10a	Land, buildings, and equipment cost basis			
⋖	_	10a 289,963,633			
	ь	Less accumulated depreciation Complete Part VI of Schedule D	84,910,978	10c	85,376,874
	11	Investments—publicly traded securities		11	· · ·
	12	Investments—other securities See Part IV, line 11 Complete Part VII of		12	
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part VIII		12	
	14	of Schedule D . Intangible assets		13 14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	158,186,250		117,840,575
		D	,,	15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	637,890,913	16	656,154,064
	17	Accounts payable and accrued expenses .	25,271,770	17	20,464,248
	18	Grants payable		18	
	19	Deferred revenue		19	17,572,907
46	20	Tax-exempt bond liabilities	32,998,852	20	31,598,567
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,003,862	23	3,914,244
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	7,584,551	25	10,094,890
	26	Total liabilities. Add lines 17 through 25	71,859,035	26	83,644,856
es		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	457,993,494	27	493,026,755
<u>8</u>	28	Temporarily restricted net assets	60,455,335	28	31,662,403
	29	Permanently restricted net assets	47,583,049		47,820,050
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete	,		,
or F		lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	566,031,878	33	572,509,208
_	34	Total liabilities and net assets/fund balances	637,890,913	34	656,154,064
Pa	rt XI	Financial Statements and Reporting			

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

h

Public Charity Status and Public Support

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

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

2008

Open to Public Inspection

Service

Name of the organization
CHILDREN'S HOSPITAL OF MICHIGAN

38-1357994 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) $\overline{\mathbf{v}}$ 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))	organization in col (i) listed in your governing document?		organization in col (i) listed in your governing the organization in col (i) of your support?		on lines 1-9 organization in the organization organization in col (i) listed in in col (i) of your col (i) organized ructions)) your governing support? in the U.S.?			ation in rganized	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
Total											

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(iii)

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)									
	ction A. Public Support		_	,						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
2	include any "unusual grants ") Gross receipts from admissions,									
2	merchandise sold or services performed,									
	or facilities furnished in any activity that									
	is related to the organization's tax-									
	exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business under									
	section 513									
4	Tax revenues levied for the									
	organization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the									
_	organization without charge									
6	Total Add lines 1-5									
7a	A mounts included on lines 1, 2, and 3									
	received from disqualified persons Amounts included on lines 2 and 3									
D	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									
С	Total of lines 7a and 7b									
8	Public Support (Substract line 7c from									
_	line 6)									
То	tal Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
9	A mounts from line 6									
10a	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties and income from similar									
	sources									
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses									
	acquired after 30 June, 1975		+							
С	Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included in 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 IV)									
13	Total Support (Add lines 9, 10c, 11 and									
	12)									
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,			
	check this box and stop here						▶ □			
	manufaction of Dublic Compact Days									
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T				
			•	.orumin (1))		15				
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16				
		D								
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17				
				-	"	17				
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18				

19a 33 1/3% 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 **33 1/3% Tests - 2007.** 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

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 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493317030269

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** CHILDREN'S HOSPITAL OF MICHIGAN 38-1357994 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes **▽** No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 If the organization elected, as permitted under SFAS 116, 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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

-\$

Part	IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	asures	, or Othe	<u>r Simila</u>	r Ass€	ts (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing tha	t are a s	significant us	se of its c	ollectio	ו	
a j	Public exhibition		d	\vdash	Loan or	exchang	je programs				
ь	Scholarly research		e	Γ	Other						
c l	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further t	he oraar	nization's ex	empt purp	ose in		
	Part XIV				,						
	During the year, did the organization solicit o							ılar	_		
	assets to be sold to raise funds rather than t							anad IIVa		Yes	✓ No
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						auon answ	ereu re	י נט דנ	ל ווו ול	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?						her assets r	not	Г	Yes	√ No
Ь	If "Yes," explain why in Part XIV and comple	te the following tabl	e								
									A mou	ınt	
c	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	√ No
b :	If "Yes," explain the arrangement in Part XIV										
Part	Endowment Funds. Complete										
		(a)Current Year	(E)Prior	Year ((c) Two Ye	ears Back (d)	Three Years	Back (e)Four Y	ears Back
	Beginning of year balance	84,514,698									
	Contributions	590,119									
	Investment earnings or losses	-23,680,398									
	Grants or scholarships	4 003 005									
	Other expenditures for facilities and programs	-4,903,085									
	Administrative expenses										
g	End of year balance	56,521,334									
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
	Board designated or quasi-endowment	11 000 %									
	Permanent endowment - 81 000 %										
	Term endowment > 8 000 %										
	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held a	nd admıı	nistered for	the			
	organization by									Yes	No
1	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(ii), are the related organizatio	•							3b		No
4 Part	Describe in Part XIV the intended uses of the VI Investments—Land, Buildings					Dort V	/ line 10				
rait	111Vestillents—Land, Buildings	s, and Equipmen	III. S			· I	•				
	Description of investment				Cost or oth s (investme		Cost or other asıs (other)	(c) Depre	ciation	(d) Bo	ok value
	and		•					i			
	uildings		•				148,591,567		996,426	5	5,595,141
	easehold improvements		•				277,879		277,879		
	quipment		•				137,658,145)25,378		6,632,767
	ther						3,436,042		287,076		3,148,966
IOTAL	And unes la-le // olumn (d) should equal Fo							🕨		-	5,376,874

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation 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. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of ella-of-	year market value
Table (Californ (b) should appel Four OOO Dark V ask(D) beautiful.			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
See Additional Data Table	•		• •
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		117,840,575
Part X Other Liabilities. See Form 990, Part			· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PRO FESSIO NAL LIA BILITY	6,565,682		
DUE TO AFFILIATES	2,166,669		
L/T LIABILITY PENSION	726,713		
ADVANCES FROM 3RD PARTY PAYORS	362,427		
EST LIAB TO 3RD PARTY PAYORS	273,399		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	10,094,890		

1 1

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c	
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, $Part\ V, line\ 4, Part\ XI, Part\ XII, line\ 8, Part\ XII, lines\ 2d\ and\ 4b, and\ Part\ XIII, lines\ 2d\ and\ 4b$

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION		THE ENDOWMENTS SUPPORT PATIENTS' WELL-BEING BY PROVIDING OUTREACH SERVICES IN CHILD LIFE, TRAUMA-RELATED INJURIES AND PEDIATRIC PATIENT CARE EDUCATION THEY SUPPORT RESEARCH IN OPHTHALMOLOGY, ONCOLOGY, HEMATOLOGY, COMMUNICATION DISORDERS, NEPHROLOGY, RHEUMATOLOGY, UROLOGY, ETC THEY PROVIDE FOR EQUIPMENT PURCHASES AND COMMUNITY AND HOSPITAL EDUCATION FOR THE NURSES, PEDIATRICIANS AND OTHER HOSPITAL STAFF MEMBERS ENDOWMENTS SUPPORT NINE CHAIRS AT WAYNE STATE UNIVERSITY IN SURGERY, UROLOGY, NEUROSCIENCE, OTORHINOLARYNGOLOGY, ONCOLOGY, HEMATOLOGY AND NEUROPSYCHIATRY ENDOWMENTS SUPPORT THREE PROFESSORSHIPS AT WAYNE STATE UNIVERSITY IN URBAN HEALTH, PEDIATRIC NURSING AND PEDIATRIC NEUROSURGERY

Part XIV Supplemental Inf	ormation(continued)	
Ident if ier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE ENDOWMENTS SUPPORT PATIENTS' WELL-BEING BY PROVIDING OUTREACH SERVICES IN CHILD LIFE, TRAUMA-RELATED INJURIES AND PEDIATRIC PATIENT CARE EDUCATION THEY SUPPORT RESEARCH IN OPHTHALMOLOGY, ONCOLOGY, HEMATOLOGY, COMMUNICATION DISORDERS, NEPHROLOGY, RHEUMATOLOGY, UROLOGY, ETC THEY PROVIDE FOR EQUIPMENT PURCHASES AND COMMUNITY AND HOSPITAL EDUCATION FOR THE NURSES, PEDIATRICIANS AND OTHER HOSPITAL STAFF MEMBERS ENDOWMENTS SUPPORT NINE CHAIRS AT WAYNE STATE UNIVERSITY IN SURGERY, UROLOGY, NEUROSCIENCE, OTORHINOLARYNGOLOGY, ONCOLOGY, HEMATOLOGY AND NEUROPSYCHIATRY ENDOWMENTS SUPPORT THREE PROFESSORSHIPS AT WAYNE STATE UNIVERSITY IN URBAN HEALTH, PEDIATRIC NURSING AND PEDIATRIC NEUROSURGERY

Additional Data

Software ID: Software Version:

EIN: 38-1357994

Name: CHILDREN'S HOSPITAL OF MICHIGAN

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
PERM RESTRICTED ASSETS	47,697,501
TEMP RESTRICTED ASSETS	29,807,200
FUNDED DEPRECIATION	26,263,182
FUNDS FUNCTIONING AS ENDOWMENT	5,858,330
FUNDS HELD - BOND AGREEMENT	3,944,402
ESTIMATED 3RD PARTY SETTLEMENT	1,627,160
OTHER RECEIVABLES	964,639
DEFERRED DEBT ISSUANCE	778,776
OTHER BOARD DESIGNATED FUNDS	419,231
OTHER ASSETS	259,781
INVESTMENT IN AHPF	132,760
DUE FROM AFFILIATES	59,663
INVESTMENT IN DMCIC	27,950

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

Department of the

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493317030269

Supplemental Information Regarding Fundraising or Gaming Activities

🟲 Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Treasury Internal Revenue Service	lines 17, 18, or 19, and	by organizations that en	iter more than \$15,000 on For	m 990-EZ, line 6a.	Inspection
Name of the organization CHILDREN'S HOSPITAL	OF MICHIGAN			Employer iden 38-1357994	tification number
Part I Fundraisin	ng Activities. Complete	e if the organizat	ion answered "Yes" t		. line 17.
<u> </u>	e organization raised funds s ns ons		following activities Che	eck all that apply non-government grants government grants	
or key employees list b If "Yes," list the ten	n have a written or oral agrested in Form 990, Part VII highest paid individuals or at least \$5,000 by the orga) or entity in connection entities (fundraise	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fun	
(i) Name of individu or entity (fundraise	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
CHR COMMUNICATION	ANNUAL RPT S	No		31,345	-31,345
DEVELOPMENT SERVIC ASSOCIATES	PL GIV REV	No		10,000	-10,000
STANTON ORSER	PROPOS DEV	No		7,750	-7,750
FAMILY WEALTH CONSULTANTS	DONOR MOTI	No		7,500	-7,500
MARTI BENEDETTI	WRITING	No	20,949	5,100	15,849

Total

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

Par	t II	Fundraising Events. Comp more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or 000.	report	ed
		· · ·	(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	tal Eve	
			VISTEON & CHM G	CHILDREN'S HEAL	2	(Add col	(a) th I (c))	rough
			(event type)	(event type)	(total number)			
IXLE	1	Gross receipts	157,000	48,660	53,285		25	8,945
Revenue	2	Less Charitable contributions	125,965	22,348	18,720		16	7,033
	3	Gross revenue (line 1 minus line 2)	31,035	26,312	34,565		9	1,912
	4	Cash Prizes		30	142			172
ses	5	Non-cash Prizes		6,843	4,800		1	1,643
Expenses	6	Rent/Facility costs	64,269				6	4,269
ă Ħ	7	Other direct expenses	979	26,312	30,980		5	8,271
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			13	4,355
	9	Net income summary Combine lir	nes 3 and 8 in column (d))			-4:	2,443
Par	H	Gaming. Complete if the ore \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
ŭ	1	Gross revenue						
	2	Cash prizes						
pens.	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	•			
9		er the state(s) in which the organiza the organization licensed to operate:					Yes	No
a b		No," Explain	gaming activities in each	Torthese states.		• 9a		
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

OMB No 1545-0047

Open to Public

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

 \blacktriangleright Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization CHILDREN'S HOSPITAL OF MICHIGAN Employer identification number

38-1357994

P	art I Charity Care and	d Certain O	ther Com	munity Benefits a	t Cost (Optional for	r 2008)			
				, = = = = = =	(- p	,		Yes	No
1a	Does the organization have a	a charity care	policy? If "N	lo," skip to question 6a			1a		
b	If "Yes," is it a written policy	¹⁷					1b		
2			ındıcate whi	ch of the following best	describes application	of the charity			
	care policy to the various ho			_					
	Applied uniformly to all h Generally tailored to indi	-	ıls	Applied uniformly	y to most hospitals				
3	Answer the following based o	•		ty criteria that annlies	to the largest number	of the			
,	organization's patients	on the charity	care engioni	ty Criteria that applies	to the largest number	or the			
а	Does the organization use Fe								
	income individuals? If "Yes,"					for free care	3a		
	Γ100% Γ150%	, Га	200%	「 O ther	<u>%</u>				
b	Does the organization use FF								
	"Yes," indicate which of the f	following is the	e family inco	me limit for eligibility f	or discounted care .		3b		
	Γ _{200%} Γ _{250%}	Г 300	о% Г	350% — 400	0%	%			
_	If the organization does not i	usa FPG to do	termine eliai	hility describe in Part	VI the income based	rriteria for			
•	determining eligibility for free	e or discounte	d care Inclu	ıde in the description v	whether the organization				
	test or other threshold, regar	rdless of incor	me, to deterr	nine eligibility for free o	or discounted care				
4	Does the organization's police						4		
5a							5a		
	If "Yes," did the organization	•	•	_			5b		
C	If "Yes" to line 5b, as a resu care to a patient who was eli						5c		
	Does the organization prepar						6a		
6b	If "Yes," does the organization						6b		
	Complete the following table worksheets with the Schedul	-	ksheets prov	vided in the Schedule H	I instructions Do not	submit these			
7	Charity Care and Certain (Other Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero	
а	Charity care at cost (from worksheets 1 and 2)	, , , , , , , , , , , , , , , , , , ,							
b	Unreimbursed Medicaid (from worksheet 3, column a)								
С	Unreimbursed costs—other means-tested government programs (from worksheet 3,								
d	column b)								
	Other Benefits								
е	Community health improve- ment services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
i	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits Total (line 7d and 71)								
ĸ	1014 UDB 70 200 71)	•		i .	i				

	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense	y (d)		ct offso	etting	(e) Net comm building expe	,		rcent of expense
1	Physical improvements and housing											
2	Economic development											
3	Community support											
4	· · ·											
5	Environmental improvements Leadership development and training											
	for community members											
	Coalition building Community health improvement											
	advocacy											
8 9	Workforce development											
10	Other Total											
	t IIII Bad Debt, Medicar	e. & Colle	ction Prac	tices (Optional	or 2008)				l			
				(- <i>p</i>								
Sect	ion A. Bad Debt Expense										Yes	No
1	Does the organization report b			dance with Heathca	re Financi	al M	1 anag	jeme	ent Association	1		
2	Enter the amount of the organi			e (at cost)		٠,	. 2	İ		<u> </u>	+	+
3	Enter the estimated amount of		-	•	t)	r	_					
	attributable to patients eligible		_			L	3			_		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	ng methodolo	gy used in d	etermining the amo								
Sect	ion B. Medicare							ı				
5	Enter total revenue received fi		-	-		·	5					
6	Enter Medicare allowable cost					•	6			_		
7 8	Enter line 5 less line 6—surpl Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho					•			
	Cost accounting system	Гс	ost to charge	e ratio	┌ O the	r						
Sect	ion C. Collection Practices											
9a	Does the organization have a	written debt c	ollection pol	ıcy?						9a		
9b	If "Yes," does the organization									O.		
Dа	patients who are known to qua rt IV Management Com						rt V I	•	<u> </u>	9b		<u> </u>
	(a) Name of entity			on of primary	(c) O r	ganı % c		ck	(d) Officers, directors trustees, or key employees' profi % or stock ownership%	profi	Physic t % or nershi	stock
1									<u> </u>			
2										-		
3												
4												
5												
										+		
6												
7												
8												
9										+		
10		<u> </u>										
11												
12												
]				
13												
13												

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2008))		_		_		_		
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CHILDREN'S HOSPITAL OF MICHIGAN									
3901 BEAUBIEN BLVD DETROIT, MI 48201	X	X	X	Х		Х	X		
BETROTT, MT 40201									
									·

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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As Filed Data -

DLN: 93493317030269

Schedule J

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** CHILDREN'S HOSPITAL OF MICHIGAN 38-1357994 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Nο 6b Any related organization? Νo

ın Part III

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 6a or 6b, describe in Part III

7

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
HERMAN B GRAY JR MD	(ı) (ıı)		86,231	13,623	64,790	16,665	536,136	
JOSEPH T SCALLEN JR	(ı) (ıı)		56,264	6,356	45,397	13,141	352,705	
LUANE EWALD	(ı) (ıı)		36,824	-1,594	30,355	24,081	244,131	
RICHARD REYNOLDS	(ı) (ıı)		192,486	143,129	9,200	22,554	872,369	
RHONDA FOSTER	(ı) (ıı)		45,172	-6,268	35,351	14,259	274,372	
CHAD GRANT	(I)		41,536	3,179	40,512	20,192	269,162	
SHAWN LEVITT	(ı) (ıı)			-2,169	36,585	20,429	217,789	
HENRY WALTERS III	(ı) (ıı)			-3,086	9,200	5,803	1,004,224	
RALPH DELIUS	(ı) (ıı)			676	9,200	6,370	772,015	
WALID YASSIR	(ı) (ıı)		92,308	57,984	9,200	25,460	673,414	
ERIC JONES	(ı) (ıı)		46,154	106,955	9,200	16,841	663,765	
JEFFREY DEVRIES	(ı) (ıı)		63,989	-2,740	48,745	22,042	395,316	
PATRICK R KELLY	(ı) (ıı))	49,595	-4,677	9,200	24,242	333,324	
	(ii)							
	(i) (ii)			+				
	()							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional Da	ta rable	
Ident if ier	Ret urn Ref erence	Explanation
OTHER ADDITIONAL INFORMATION	PART III	SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION, INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE THIS INCLUDES, BUT IS NOT LIMITED TO, ADMINISTRATIVE STIPENDS, MOONLIGHTING AND ON CALL PAY FOR PHYSICIANS, CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES THESE AMOUNTS ARE ALSO OFFSET BY SEC 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2 PART I, LINE 1A UNDER THE 2008 EXECUTIVE TOTAL COMPENSATION PROGRAM ADMINISTERED BY CHILDREN'S HOSPITAL OF MICHIGAN'S PARENT ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC), ELIGIBLE EXECUTIVES WITH A TITLE OF VP AND ABOVE ARE PROVIDED WITH REIMBURSEMENT OF TAX RETURN PREPARATION FEES THERE WAS ONE INDIVIDUAL WHO RECEIVED REIMBURSEMENT IN 2008 ALL REIMBURSEMENTS ARE TAXABLE AND SUBJECT TO TAX WITHHOLDING APPROPRIATE DOCUMENTATION UNDER AN ACCOUNTABLE PLAN TO SUPPORT THE REIMBURSEMENT MUST BE SUBMITTED WITH THE REIMBURSEMENT REQUEST PART I, LINE 3 THE COMPENSATION OF THE PRESIDENT OF CHILDREN'S HOSPITAL OF MICHIGAN IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC) THE DMC USES THE FOLLO WING PROCEDURES TO ESTABLISH SUCH COMPENSATION 1 ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE HOSPITAL'S PARENT ORGANIZATION, DMC THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL 2 PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL THIS WAS LAST DONE IN DECEMBER 2006 DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES
	+	
	+	_
	+	
	+	
	+	

Software ID: Software Version:

EIN: 38-1357994

Name: CHILDREN'S HOSPITAL OF MICHIGAN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
HERMAN B GRAY JR MD	(I) (II)	354,827	86,231	13,623	64,790	16,665	536,136	
JOSEPH T SCALLEN JR	(ı) (ıı)	231,547	56,264	6,356	45,397	13,141	352,705	
LUANE EWALD	(ı) (ıı)	154,465	36,824	-1,594	30,355	24,081	244,131	
RICHARD REYNOLDS	(ı) (ıı)	505,000	192,486	143,129	9,200	22,554	872,369	
RHONDA FOSTER	(ı) (ıı)	185,858	45,172	-6,268	35,351	14,259	274,372	
CHAD GRANT	(ı) (ıı)	163,743	41,536	3,179	40,512	20,192	269,162	
SHAWN LEVITT	(ı) (ıı)	162,944		-2,169	36,585	20,429	217,789	
HENRY WALTERS III	(ı) (ıı)	992,307		-3,086	9,200	5,803	1,004,224	
RALPH DELIUS	(ı) (ıı)	755,769		676	9,200	6,370	772,015	
WALID YASSIR	(ı) (ıı)	488,462	92,308	57,984	9,200	25,460	673,414	
ERIC JONES	(ı) (ıı)	484,615	46,154	106,955	9,200	16,841	663,765	
JEFFREY DEVRIES	(ı) (ıı)	263,280	63,989	-2,740	48,745	22,042	395,316	
PATRICK R KELLY	(ı) (ıı)	254,964	49,595	-4,677	9,200	24,242	333,324	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	PART III	SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION, INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE THIS INCLUDES, BUT IS NOT LIMITED TO, ADMINISTRATIVE STIPENDS, MOONLIGHTING AND ON CALL PAY FOR PHYSICIANS, CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES THESE AMOUNTS ARE ALSO OFFSET BY SEC 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2 PART I, LINE 1A UNDER THE 2008 EXECUTIVE TOTAL COMPENSATION PROGRAM ADMINISTERED BY CHILDREN'S HOSPITAL OF MICHIGAN'S PARENT ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC), ELIGIBLE EXECUTIVES WITH A TITLE OF VP AND ABOVE ARE PROVIDED WITH REIMBURSEMENT OF TAX RETURN PREPARATION FEES THERE WAS ONE INDIVIDUAL WHO RECEIVED REIMBURSEMENT IN 2008 ALL REIMBURSEMENTS ARE TAXABLE AND SUBJECT TO TAX WITHHOLDING APPROPRIATE DOCUMENTATION UNDER AN ACCOUNTABLE PLAN TO SUPPORT THE REIMBURSEMENT MUST BE SUBMITTED WITH THE REIMBURSEMENT REQUEST PART I, LINE 3 THE COMPENSATION OF THE PRESIDENT OF CHILDREN'S HOSPITAL OF MICHIGAN IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC) THE DMC USES THE FOLLOWING PROCEDURES TO ESTABLISH SUCH COMPENSATION 1 ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE HOSPITAL'S PARENT ORGANIZATION, DMC THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL 2 PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL THIS WAS LAST DONE IN DECEMBER 2006 DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANDOUS MINUTES

DLN: 93493317030269

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** CHILDREN'S HOSPITAL OF MICHIGAN 38-1357994 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization... Part II Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)O riginal principal default? by board or agreement? (d)Balance due organization? purpose amount committee? From Yes No Yes Nο Yes No **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons

(e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes No MICHIGAN PEDIATRIC SURGERY SEE SCHEDULE O 2,943,796 PROF SVS ARRANGEMNT Νo ASSOC MARGARET KLEIN SEE SCHEDULE O 33,159 EMPLOYMENT Νo DR L REYNOLDS ASSOC PC SEE SCHEDULE O 1,473,921 RADIOLOGY SERVICES Νo ETKIN EQUITY SEE SCHEDULE O 250,000 BUILDING RENTAL Νo

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

lam	ne of the organization DREN'S HOSPITAL OF MICHIGAN				Employer identificat	ion nu	mber	
, ITL	DKEN S HOSPITAL OF MICHIGAN				38-1357994			
Pā	Irt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	3		VALUE BY DONOR			
	Art—Historical treasures .				THE STATE OF THE S			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	<u> </u>	3	99,977	FMV ON DAY RECE	IVED		
	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other (describe TOYS)	X	2	10,000	VALUE BY DONOR			
26	CLOTHS, Other (describe QUILTS)	X	712	255,002	VALUE BY DONOR			
27	Other (describe)							
28	•							
29	Number of Forms 8283 received which the organization complete			ar for contributions for	29			
	Acknowledgement		•				Yes	No
30a	During the year, did the organization bold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		163	
	least three years from the date	of the initial	contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem			<u>,</u>		3.4		
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
	If the organization did not report	rovonuos	un Column (c) for a type of r	roperty for which Column (a) 1c			i

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation THIRD PARTY USED TO PROCESS SCHEDULE M, PAGE 1, PART I, SMITH BARNEY SELLS SECURITIES THAT WERE DONATED NONCASH CONTRIBUTIONS LINE 32B TO CHILDREN'S HOSPITAL OF MICHIGAN

Employer identification number

38-1357994

SCHEDULE 0 (Form 990)

Department of the

Internal Revenue

Treasury

Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047 Inspection

Service Name of the organization CHILDREN'S HOSPITAL OF MICHIGAN

Return

Reference

Identifier

ALL OTHER

DESCRIPTION

OFFICERS

Identifier

Identifier

ELECTION OF MEMBERS AND

DECISIONS SUBJECT TO

APPROVAL OF MEMBERS

Identifier

ORGANIZATION'S PROCESS

USED TO REVIEW FORM 990

Identifier

Identifier

VI, LINE 12C

Return

Reference

Return

Reference

A CHIEV EMENTS

FORM 990,

LINE 4D

PAGE 2, PART III,

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	THE CHILDRENS HOSPITAL OF MICHIGAN TREATED NEARLY 89,000 CHILDREN IN ITS EMERGENCY DEPARTMENT IN 2008 WHILE MOST HOSPITALS HAVE EMERGENCY ROOMS THAT SEE BOTH ADULT AND CHILDREN. THE EMERGENCY DEPARTMENT AT THE CHILDREN'S HOSPITAL OF MICHIGAN IS COMPLETELY DEDICATED TO SERVING CHILDREN AND THEIR CHILDHOOD ILLINESSES AND INJURIES. THE CHILDREN'S HOSPITAL OF MICHIGANS DEPARTMENT OF PEDIATRIC SYSTEM OF THE CHILDREN'S HOSPITAL OF MICHIGANS DEPARTMENT OF PEDIATRIC SAW 8,060 INPATIENT CASES. THE CHILDREN'S HOSPITAL OF MICHIGAN'S DEPARTMENT OF PEDIATRICS SAW 8,060 INPATIENT CASES. RESULTING IN 32,794 DAYS OF PEDIATRIC INPATIENT MEDICAL CARE FOR CHILDREN THROUGHOUT OUR STATE THE CHILDREN'S HOSPITAL HAS VIRTUALLY EVERY PEDIATRIC SAWS. 8,060 INPATIENT CASES. RESULTING IN 32,794 DAYS OF PEDIATRIC INPATIENT MEDICAL CARE FOR CHILDREN THROUGHOUT OUR STATE THE CHILDREN'S HOSPITAL HAS VIRTUALLY EVERY PEDIATRIC MEDICAL SUBSPECIALTY AND SERVICE DESIGNED TO MEET FOR EVERY MIND FROM THEATMENT OF FEDIATRIC MEDICAL CARE FOR CHILDREN THROUGHOUT OUR STATE THE CHILDREN'S HOSPITAL HAS VIRTUALLY EVERY PEDIATRIC MEDICAL SUBSPECIALTY AND SERVICE DESIGNED TO MEET FOR EVERY MIND FROM THEATMENT OF SAVA ILABLE AT THE CHILDREN'S HOSPITAL INCLUDE BUT ARE NOT LIMITED TO PEDIATRIC MEDICINE, ADOLESCENT MEDICINE, ALLERGY, CRITICAL CARE, CARDIOLOGY, MERPEROLOGY, AND REDIATRIC MEDICINE, ADOLESCENT MEDICINE, ALLERGY, CRITICAL CARE, CARDIOLOGY, METHOLOGY, NEUROPENCY CARE, ENDOCRINOLOGY, GASTROENTIFEOLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEWFIROLOGY, NEUROPENCY CARE, ENDOCRINOLOGY, GASTROENTIFEOLOGY, INFECTIOUS DISEASE, NEONATOLOGY, NEWFIROLOGY, NEUROPENCY CARE, SEDIENTS, SPECIALISTS AND FELLOWS IN TRAINING AT CHILDREN'S HOSPITAL OF MICHIGAN AT ANY GIVEN TIME, GRADUATE MORE THAN 30 PEDIATRICANS AND PEDIATRIC SPECIALISTS EACH YEAR, MAKING OURS THE LARGEST PEDIATRIC RESIDENCY PROGRAM IN MICHIGAN THE FIRST TIME USING A COMBINATION OF NEAR-INFRARED LIGHT, THIS ADVANCED TECHNOLOGY PROJECTS MAGES OF VENS AND THE LOUSE VENWEWERF TECHNOLOGY TO A

ldentifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	OTHER PEDIATRIC SUBSPECIALISTS TO PROVIDE THE HIGHEST LEVEL OF COORDINATED, MULTIDISCIPLINARY CARE OVER THE YEARS, THE PROGRAM HAS MADE MAJOR CONTRIBUTIONS TO THE UNDERSTANDING AND TREATMENT OF PEDIATRIC BLOOD DISEASES AND CANCER SERVICES PROVIDED IN THIS DIVISION ARE FOR CHILDREN SUFFERING FROM BLOOD AND CANCER RELATED DISEASES AND DISORDERS AMONG THESE SERVICES ARE OUR SICKLE CELL CLINIC AND BONE MARROW TRANSPLANT PROGRAM AND DEDICATED UNIT AS FACULTY MEMBERS AT WAYNE STATE UNIVERSITY, THE PHYSICIANS ARE INVOLVED IN EXTENSIVE CLINICAL, TRANSLATIONAL AND BENCH RESEARCH IN PEDIATRIC BLOOD DISEASES, COAGULATION AND BLEEDING DISORDERS AND CANCER/LEUKEMIA MUCH OF THIS RESEARCH IS FUNDED BY THE NATIONAL INSTITUTES OF HEALTH, NATIONAL CANCER INSTITUTE AND OTHER AGENCIES, INCLUDING THE LEUKEMIA AND LYMPHOMA SOCIETY AND THE NATIONAL HEMOPHILIA FOUNDATION

AVAILABLE TO FAMILIES OF SICK CHILDREN SO THAT THEY CAN SPEND THE NIGHT CLOSE TO THEIR CHILD

Explanation

SUBSPECIALISTS AT CHILDREN'S INCLUDE THOSE IN THE FOLLOWING SPECIALTIES ANESTHESIOLOGY, CARDIOVASCULAR SURGERY INCLUDING HEART TRANSPLANTS, CLEFT AND CRANIOFACIAL SURGERY,

NEUROSURGERY - 2,878 TOTAL CASES, 5,274 INPATIENT DAYS, 1,883 OUTPATIENT

ANTONE DEREK SARAFA TRUSTEE TRUSTEE BUSINESS RELATIONSHIP

TO APPROVAL BY ITS SOLE MEMBER

REGISTRATIONS THORACIC SURGERY - 367 TOTAL CASES, 3,632 INPATIENT DAYS, 138

OUTPATIENT REGISTRATIONS EMERGENCY MEDICINE - 74,197 TOTAL CASES, 63 INPATIENT DAYS,

Explanation

Explanation

THE ORGANIZATION'S GOVERNING BODY APPOINTMENTS ARE SUBJECT TO

DECISIONS OF THE ORGANIZATION'S GOVERNING BODY ARE SUBJECT

Explanation

THE ORGANIZATION'S FORM 990 WAS REVIEWED WITH ITS CFO, PRESIDENT,

BOARD FINANCE COMMITTEE AND BOARD EXECUTIVE COMMITTEE PRIOR TO

POLICY PROVISION RESPONSES ARE THOROUGHLY REVIEWED AND ANY APPARENT CONFLICTS

Explanation

Explanation

74,175 OUTPATIENT REGISTRATIONS NEONATOLOGY - 1,351 TOTAL CASES, 5,908 INPATIENT

THIRD A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	NEURC INCLUE SURGE MULTIE TOGET ANOM	L AND ORAL SURGERY, EAR NOSE AND THROAT SURGERY, KIDNEY TRANSPLANTS, ISURGERY INCLUDING BRAIN TUMOR REMOVAL, ORTHOPEDIC SURGERY, PEDIATRIC SURGERY DING BURN AND TRAUMA SURGERY, EYE SURGERY AND PLASTIC AND RECONSTRUCTIVE BRY, UROLOGICAL SURGERY AMONG OTHER SERVICES IF A CHILD REQUIRES SURGERY WHERE DISCIPLINARY CARE IS REQUIRED, CHILDREN'S PEDIATRIC SUBSPECIALTY SURGEONS WORK HER TO PROVIDE THE BEST CARE TO CHILDREN WITH COMPLEX INJURIES OR CONGENITAL DILIES THE AVAILABILITY OF THESE MULTIDISCIPLINARY PEDIATRIC SURGICAL TEAMS IS ONE OF ANY ADVANTAGES OF TREATMENT AT THE CHILDREN'S HOSPITAL OF MICHIGAN
ldentifier Refere			Explanation

DAYS, 853 OUTPATIENT REGISTRATIONS						
ldentifier	Return Reference	Explanation				
RELATED PARTY INFORMATION AMONG	FORM 990, PAGE 6, PART VI, LINE 2	FRANK COUZENS, JR CAROL MARANTETTE TRUSTEE TRUSTEE FATHER/DAUGHTER BERNARD FRIEDMAN MATTHEW FRIEDMAN TRUSTEE TRUSTEE FATHER/SON TONY				

CLASSES OF MEMBERS OR STOCKHOLDERS		THE ORGANIZATION IS A MEMBERSHIP CORPORATION WHOSE SOLE MEMBER IS THE DETROIT MEDICAL CENTER

Return Reference

Return Reference

FORM 990, PAGE 6, PART

VI, LINE 7B

FORM 990, PAGE 6,

PART VI, LINE 10

Return

FORM 990, PAGE 6, PART

THEIR RIGHTS	VI, LINE 7A	APPROVAL BY ITS SOLE MEMBER
ldentifier	Return Reference	Explanation

identiller	Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 9B	THE ORGANIZATION'S POLICIES APPLY NOT ONLY TO ITS HEALTHCARE OPERATIONS LOCATED IN THE HOSPITAL FACILITIES BUT ALSO TO ITS HEALTHCARE OPERATIONS LOCATED IN OFFSITE FACILITIES WITHIN THE COMMUNITY SERVED BY THE ORGANIZATION
ldentifier	Return Re	eference Explanation

ldenti	fier	Return Reference	Explanation
ENFORCEM CONFLICTS		FORM 990, PAGE 6, PART	CHILDREN'S HOSPITAL OF MICHIGAN CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH IT'S CONFLICT OF INTEREST POLICY BY DISTRIBUTING AN ANNUAL QUESTIONNAIRE TO TRUSTEES, OFFICERS AND KEY EMPLOYEES WHICH INCLUDES QUESTIONS RELATED TO EACH

ARE INVESTIGATED AND APPROPRIATE ACTION IS TAKEN

FILING WITH THE IRS

COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	CHILDREN'S HOSPITAL OF MICHIGAN USES THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF ITS PRESIDENT (TOP MANAGEMENT OFFICIAL) 1 ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE HOSPITAL'S PARENT COMPANY, THE DETROIT MEDICAL CENTER (DMC) THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL 2 PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL THIS WAS LAST DONE IN DECEMBER 2006 DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES
	Г	

COMPENSATIOI PROCESS FOR OFFICERS		FORM 990, PAGE 6, PA VI, LINE 15E	'
ldentifier	1	turn	Explanation

	11212101100	
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART V, LINE 8 - SECTION 501(C)(3) AND OTHER SPONSORING ORGANIZATIONS MAINTAINING DONOR ADVISED FUNDS AND SECTION 509(A)(3) SUPPORTING ORGANIZATIONS THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS FORM 990, PART VI, LINE 19 - ORGANIZATIONS' GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCAL STATEMENTS MADE AVAILABLE TO THE PUBLIC THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE STATE OF MICHIGAN WEBSITE HTTP //WWW DLEG STATE MI US/BCS_CORP/SR_CORP ASP BY ENTERING THE ORGANIZATION NAME THE BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THE FINANCAL STATEMENTS ARE INCLUDED IN THE ORGANIZATION'S FORM 990 AND AVAILABLE UPON REQUEST VIA THE IRS PUBLIC INSPECTION PROCESS THE FILING ORGANIZATION PROVIDES MONTHLY INTERNAL UNAUDITED INCOME STATEMENTS AND STATISTICAL INFORMATION DIRECTLY TO CREDITORS INCLUDING RATING AGENCIES, BOND HOLDERS, BROKERS AND INVESTORS IN ADDITION, THESE MONTHLY INTERNAL STATEMENTS AND INFORMATION ARE ALSO PROVIDED TO THE MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (MSHFA) WHO WILL PROVIDE UPON REQUEST FORM 990, PART VII, SECTION A, 1A, (B) ESTIMATED HOURS WORKED AT RELATED ORGANIZATIONS NAME HOURS GRAY, HERMAN B, JR, MD 2 SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS COLUMN (A) MICHIGAN PEDIATRIC SURGERY ASSOC COLUMN (B) TRUSTEE, MICHAEL KLEIN, IS OFFICER AND SHAREHOLDER COLUMN (A) MARGARET KLEIN COLUMN (B) TRUSTEE, MICHAEL KLEIN, IS SPOUSE COLUMN (A) DR L REYNOLDS ASSOC, PC COLUMN (B) TRUSTEE, THOMAS SLOVIS, IS EXECUTIVE VICE PRESIDENT AND SHAREHOLDER COLUMN (A) ETKIN EQUITY COLUMN (B) TRUSTEE, BOUGLAS ETKIN, IS MANAGING PARTNER
For Paperwork R	eduction Act	Notice, see the Instructions for Form 990. Cat No 51056K Schedule O (Form 990) 2008

OMB No 1545-0047

2008 Open to Public

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection

Employer identification number

CHILDREN'S HOSPITAL OF MICHIGAN				38-1357994	
Part I Identification of Disregarded Entities				•	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CHILDREN'S AMBULATORY SERVICES LLC 3901 BEAUBIEN DETROIT, MI 48201 33-1149647	BILLING	MI	64,930		CHM CHILDREN'S HOSPITAL OF MICHIGAN
Part II Identification of Related Tax-Exempt Organizati	ons				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity
See Additional Data Table					
For Danarwork Reduction Act Notice, see the Instructions for Form 990	1	Cat No 50135	· ·	•	Schedule P (Form 990) 2009

Schedule R (Form 990) 2008													Pag	e 2
Part III Identification of Re	elated Organizati	ons Taxal	ole as	a Partne	rship									
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Dire	(D) ct controlling entity	(E) Predomir income(rel investme unrelate	ated, ent,	(I Share of to	F) tal income	(G) Share of end-of-yea assets	(F Disproj alloca	prtionate	(I) Code V—UBI amount on Box 20 of K-1	Gene	J) eral or aging ner?
										Yes	No		Yes	No
ASC DEVELOPMENT LLC 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN46256 42-1690550	SURGERY	MI	NA N/A								No			No
DMC PARTNERSHIP IMAGING LLC														
3990 JOHN R DETROIT, MI48201 16-1750127	HOLDING CO	MI	NA N/A								No			No
NOVI REGIONAL IMAGING LLC														
3901 BEAUBIEN SUITE 2B105 DETROIT, MI48201 45-0595233	DIAGNOSTIC	MI	NA N/A								No			No
MICHIGAN REGIONAL IMAGING LLC														
3990 JOHN R DETROIT, MI48201 56-2517225	MRI SRVCS	MI	NA N/A								No			No
Part IV Identification of Re	elated Organizati	ons Taxal	ole as	a Corpor	ation or T	rust		1						
(A) Name, address, and EIN of related organiz	ation (B) Primary activity	,		Legal ((sta fore	C) domicile te or eign ntry)	Direct	(D) controlling entity	(E) Type of e (C corp, S or trus	entity Snare or total corp,		(G) Share of Ind-of-year assets	ear ownership		
See Additional Data Table														

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Yes
4 Downsthater was diddle assessment as a second of the following terror with an assessment as second or bed in Down II IVO	

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
-5 1h		No
1i		No
1j	Yes	
1k	Yes	
1 l	Yes	
1m		No
1n		No
1o		No
1 p		No
1 q		No
1r		No

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Part VI Unrelated Organizations Taxable as a Partnership

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

								1	_	
(A) Name, address, and EIN of entity	(A) (B) Primary activity (B) Primary activity (State or foreign country) (C) Are all partners section 501(c)(3) organizations?		s?	(E) Share of end-of-year assets (F) Disproprtionate allocations?			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?		
			Yes	No		Yes	No		Yes	No
			-	-	-	-	-	Schodule	R (Form	000) 2009

Software ID: Software Version:

EIN: 38-1357994

Name: CHILDREN'S HOSPITAL OF MICHIGAN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	lax-Exempt Organiza	tions 		1	I
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CHILDREN'S HOSPITAL OF MICHIGAN AUX					
3901 BEAUBIEN DETROIT, MI48201 38-2119027	AUXILIARY	MI	501	11C	СНМ
DET MED CENTER COOPERATIVE SERVICES					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 23-7083832	BILLING	MI	501	3	DMC
DETROIT MEDICAL CENTER GUILD 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2480730	AUXILIARY	MI	501	11C	DMC
DETROIT METRO CARE					
3990 JOHN R DETROIT, MI48201 56-2402607	MCAID HMO	MI	501	11C	DMC
DETROIT RECEIVING HOSPITAL & UHC 4201 ST ANTOINE BOULEVARD DETROIT, MI48201 38-2320476	HEALTHCARE	MI	501	3	DMC
DMC CENTERS INC					
41935 WEST TWELVE MILE ROAD NOVI, MI48377 _38-3021666	HEALTHCARE	MI	501	11A	DMC
DMC NURSING HOMES INC					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2562709	HEALTHCARE	MI	501	3	DMC
DMC PRIMARY CARE SERVICES II					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2578447	HEALTHCARE	MI	501	11A	DMC
HARPER-HUTZEL HOSPITAL					
3990 JOHN R DETROIT, MI48201 38-2391907	HEALTHCARE	MI	501	3	DMC
HEALTHSOURCE					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-6095454	HEALTHCARE	MI	501	11C	DMC
HURON VALLEY HOSPITAL INC					
1 WILLIAM CARLS DRIVE COMMERCE TOWNSHIP, MI48382 38-2155995	HEALTHCARE	MI	501	3	DMC
REHABILITATION INSTITUTE INC					D.M.G.
261 MACK BOULEVARD DETROIT, MI48201 38-1417366	HEALTHCARE	MI	501	3	DMC
RHHC INC					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2086422	HEALTHCARE	MI	501	11C	DMC
SINAI HOSPITAL OF GREATER DETROIT					2.4.6
6071 WEST OUTER DRIVE DETROIT, MI48235 38-1416522	HEALTHCARE	MI	501	3	DMC
THE DETROIT MEDICAL CENTER					
3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2571767	HEALTHCARE	MI	501	11A	DMC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 330, Schedule K, Part IV - Ident	incation of Ke	Flateu Organizar	finis layable as	a corporation (71 IIust		,
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R DETROIT, MI48201 38-3318267	COST REIMB	MI	N/A	C CORP			
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2648666	MED SRVCS	MI	N/A	C CORP			
DMC INSURANCE CO LTD C/O MARSH MGT SRVCS CYMN BOX 1051 GEORGETOWN, CAYMAN ISLANDS, BWI CJ 98-0198240	LIABINS		N/A	C CORP			
METRO TPA SERVICES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 56-2402607	HEALTHCARE	MI	N/A	C CORP			
MULTI-CARE MEDICAL SERVICES & SUPPL 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2179342	HEALTHCARE	MI	N/A	C CORP			
PHYX INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-3559445	HEALTHCARE	MI	N/A	C CORP			
RADIUS HEALTH CARE SYSTEMS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2282743	HEALTHCARE	MI	N/A	C CORP			
RADIUS REAL ESTATE INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2646917	HEALTHCARE	MI	N/A	C CORP			
THE MEDICAL PROVIDER ORGANIZATION 3990 JOHN R DETROIT, MI48201 38-2833100	ADMIN SVCS	MI	N/A	C CORP			

Form	990, Schedule R, Part V - Transactions with Related Organizations (A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	SINAI HOSPITAL OF GREATER DETROIT	К	4,000
(2)	DETROIT MEDICAL CENTER	A	1,059,000
(3)	DETROIT MEDICAL CENTER	J	309,000
(4)	DETROIT MEDICAL CENTER	L	61,022,000
(5)	DETROIT RECEIVING HOSPITAL	J	228,000
(6)	DETROIT RECEIVING HOSPITAL	К	4,000
(7)	DETROIT RECEIVING HOSPITAL	L	345,000
(8)	HARPER-HUTZEL HOSPITAL	L	1,075,000
(9)	HARPER-HUTZEL HOSPITAL	J	174,000
(10)	HARPER-HUTZEL HOSPITAL	К	539,000
(11)	HARPER-HUTZEL HOSPITAL	L	31,000
(12)	HURON VALLEY HOSPITAL	J	12,000
(13)	MICHIGAN REGIONAL IMAGING	L	88,000
(14)	DMC PRIMARY CARE SERVICES II	J	55,000
(15)	REHABILITATION INSTITUTE INC	J	200,000
(16)	REHABILITATION INSTITUTE INC	L	48,000
(17)	SINAI HOSPITAL OF GREATER DETROIT	L	29,000

Additional Data

Software ID: Software Version:

EIN: 38-1357994

Name: CHILDREN'S HOSPITAL OF MICHIGAN

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIEN	NT SERVICE REVENUE		341,417,325	341,417,325		
b OUTPA	TIENT PHARMACY REVENUE		5,860,264	5,860,264		
c PET, KI	DS HEAR AIDS, EEG, ETC		296,561	296,561		
d EDUCA	TION PROGRAM REVENUE		115,131	115,131		
e PROGR	AM SERVICE RENTAL INC		36,626	36,626		