

# Return of Organization Exempt From Income Tax

OMB No. 1545-

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)** Do not enter social security numbers on this form as it may be made public.

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

0047  
2024

## Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024**

|                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                       |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SEIU Healthcare Michigan                                                 |                                                                                                                                                                                                                                                                                                                    | <b>D</b> Employer identification number<br>01-0897469 |                                             |
|                                                                                                                                                                                                                                                                                                            | % KIMBERLY EVON                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                       |                                             |
|                                                                                                                                                                                                                                                                                                            | Doing business as                                                                                         |                                                                                                                                                                                                                                                                                                                    |                                                       |                                             |
|                                                                                                                                                                                                                                                                                                            | Number and street (or P.O. box if mail is not delivered to street address)<br>3031 W Grand Blvd Suite 555 |                                                                                                                                                                                                                                                                                                                    | Room/suite                                            |                                             |
|                                                                                                                                                                                                                                                                                                            |                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>Detroit, MI 48202                                                                                                                                                                                                                      |                                                       | <b>E</b> Telephone number<br>(866) 734-8466 |
|                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                       | <b>G</b> Gross receipts \$ 5,024,832        |
| <b>F</b> Name and address of principal officer:<br>KIMBERLY EVON<br>3031 W Grand Blvd Suite 555<br>Detroit, MI 48202                                                                                                                                                                                       |                                                                                                           | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><b>H(c)</b> Group exemption number |                                                       |                                             |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                       |                                             |
| <b>J</b> Website: <a href="https://www.seiuhealthcaremi.org/">https://www.seiuhealthcaremi.org/</a>                                                                                                                                                                                                        |                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                                       |                                             |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                           | <b>L</b> Year of formation: 2007                                                                                                                                                                                                                                                                                   |                                                       | <b>M</b> State of legal domicile: MI        |

## Part I Summary

|                                                                                      |                                                                                                                                                                                                                        |                                                                                |                           |              |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance                                                              | 1 Briefly describe the organization's mission or most significant activities:<br>TO SECURE IMPROVED WAGES, HOURS AND WORKING CONDITIONS FOR ITS MEMBERS THROUGH ORGANIZING,<br>NEGOTIATIONS AND COLLECTIVE BARGAINING. |                                                                                |                           |              |
|                                                                                      |                                                                                                                                                                                                                        |                                                                                |                           |              |
|                                                                                      |                                                                                                                                                                                                                        |                                                                                |                           |              |
|                                                                                      | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                              |                                                                                |                           |              |
|                                                                                      | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                          | 3                                                                              | 3                         |              |
|                                                                                      | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                              | 4                                                                              | 1                         |              |
|                                                                                      | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .                                                                                                                               | 5                                                                              | 46                        |              |
| 6 Total number of volunteers (estimate if necessary) . . . . .                       | 6                                                                                                                                                                                                                      | 0                                                                              |                           |              |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .    | 7a                                                                                                                                                                                                                     | 0                                                                              |                           |              |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11            | 7b                                                                                                                                                                                                                     | 0                                                                              |                           |              |
| Revenue                                                                              |                                                                                                                                                                                                                        |                                                                                | Prior Year                | Current Year |
|                                                                                      | 8 Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                              | 0                                                                              | 0                         |              |
|                                                                                      | 9 Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                               | 3,467,758                                                                      | 3,714,708                 |              |
|                                                                                      | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                            | 132                                                                            | 140                       |              |
|                                                                                      | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                            | 732,860                                                                        | 1,309,984                 |              |
|                                                                                      | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                    | 4,200,750                                                                      | 5,024,832                 |              |
|                                                                                      | Expenses                                                                                                                                                                                                               | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . | 0                         | 0            |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .           |                                                                                                                                                                                                                        | 142,400                                                                        | 0                         |              |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |                                                                                                                                                                                                                        | 2,057,255                                                                      | 2,861,500                 |              |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .          |                                                                                                                                                                                                                        | 0                                                                              | 0                         |              |
| b Total fundraising expenses (Part IX, column (D), line 25) 0                        |                                                                                                                                                                                                                        |                                                                                |                           |              |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .            |                                                                                                                                                                                                                        | 1,772,525                                                                      | 1,897,679                 |              |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         |                                                                                                                                                                                                                        | 3,972,180                                                                      | 4,759,179                 |              |
| 19 Revenue less expenses. Subtract line 18 from line 12 . . . . .                    |                                                                                                                                                                                                                        | 228,570                                                                        | 265,653                   |              |
| Net Assets or Fund Balances                                                          |                                                                                                                                                                                                                        |                                                                                | Beginning of Current Year | End of Year  |
|                                                                                      | 20 Total assets (Part X, line 16) . . . . .                                                                                                                                                                            | 655,375                                                                        | 925,679                   |              |
|                                                                                      | 21 Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                       | 610                                                                            | 40,646                    |              |
|                                                                                      | 22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .                                                                                                                                                | 654,765                                                                        | 885,033                   |              |

## Part II Signature Block

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

|                               |                                                                    |  |                      |                                                 |                |
|-------------------------------|--------------------------------------------------------------------|--|----------------------|-------------------------------------------------|----------------|
| <b>Sign Here</b>              | Signature of officer<br>KIMBERLY EVON HEAD TRUSTEE                 |  |                      | 2025-11-15                                      |                |
|                               | Type or print name and title                                       |  |                      | Date                                            |                |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                         |  | Preparer's signature |                                                 | Date           |
|                               | Firm's name WITHUMSMITHBROWNPC                                     |  |                      | Check <input type="checkbox"/> if self-employed | PTIN P00234075 |
|                               | Firm's address 1800 TYSONS BOULEVARD SUITE 800<br>TYSONS, VA 22102 |  |                      | Firm's EIN<br>Phone no. (301) 272-6000          |                |

May the IRS discuss this return with the preparer shown above? See Instructions. . . . ☒ Yes ☐ No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 11282Y

Form **990** (2024)

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization’s mission:  
TO SECURE IMPROVED WAGES, HOURS AND WORKING CONDITIONS FOR ITS MEMBERS THROUGH ORGANIZING, NEGOTIATIONS AND COLLECTIVE BARGAINING.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4

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

4a

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
THE ORGANIZATION SECURED IMPROVED WAGES, HOURS AND WORKING CONDITIONS FOR ITS MEMBERS THROUGH ORGANIZING, NEGOTIATIONS AND COLLECTIVE BARGAINING.

4b

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

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

4e

Total program service expenses

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                             | Yes | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                               | 1   | No  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .                                                                                                                                                                                                  | 2   | No  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🗳️                                                                                                                   | 3   | No  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                             | 4   |     |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🗳️ . . . . .                                                                         | 5   | Yes |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🗳️. . . . .                                        | 6   | 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   | No  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗳️ . . . . .                                                                                                                                            | 8   | No  |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 🗳️          | 9   | No  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🗳️ . . . . .                                                                                        | 10  | No  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                         |     |     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗳️ . . . . .                                                                                                                                                         | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗳️ . . . . .                                                                                        | 11b | No  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗳️ . . . . .                                                                                        | 11c | No  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗳️ . . . . .                                                                                                         | 11d | Yes |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗳️ . . . . .                                                                                                                                                                        | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?                                                                                                  | 11f | No  |
| 12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗳️ . . . . .                                                                                                   | 12a | No  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗳️                                                                        | 12b | No  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | 13  | No  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                   | 14a | No  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                                 | 15  | No  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                           | 16  | No  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .                                                                                    | 17  | No  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                 | 18  | No  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                                           | 19  | No  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                   | 20a | No  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | 20b |     |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .                                                                                  | 21  | No  |

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|    |                                                                                                                                                                    |     |     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                    | Yes | No  |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                       | 1a  | 42  |
| b  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0   |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |

|                                                                                                                                                                                                                                               |                                                                       |     |    |     |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----|----|-----|----|--|
| Part V                                                                                                                                                                                                                                        | Statements Regarding Other IRS Filings and Tax Compliance (continued) |     |    |     |    |  |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                    |                                                                       | 2a  | 46 |     |    |  |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              |                                                                       | 2b  |    | Yes |    |  |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                      |                                                                       | 3a  |    |     | No |  |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .                                                                                                                         |                                                                       | 3b  |    |     |    |  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |                                                                       | 4a  |    |     | No |  |
| b If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                |                                                                       |     |    |     |    |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                |                                                                       | 5a  |    |     | No |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |                                                                       | 5b  |    |     | No |  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                |                                                                       | 5c  |    |     |    |  |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .                            |                                                                       | 6a  |    |     | No |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                     |                                                                       | 6b  |    |     |    |  |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                               |                                                                       |     |    |     |    |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                   |                                                                       | 7a  |    |     |    |  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                   |                                                                       | 7b  |    |     |    |  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                              |                                                                       | 7c  |    |     |    |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                 |                                                                       | 7d  |    |     |    |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |                                                                       | 7e  |    |     |    |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |                                                                       | 7f  |    |     |    |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                  |                                                                       | 7g  |    |     |    |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                |                                                                       | 7h  |    |     |    |  |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     |                                                                       |     |    |     |    |  |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                   |                                                                       |     |    |     |    |  |
| a Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          |                                                                       | 9a  |    |     |    |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                   |                                                                       | 9b  |    |     |    |  |
| 10 Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                    |                                                                       |     |    |     |    |  |
| a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                          |                                                                       | 10a |    |     |    |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 |                                                                       | 10b |    |     |    |  |
| 11 Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                   |                                                                       |     |    |     |    |  |
| a Gross income from members or shareholders . . . . .                                                                                                                                                                                         |                                                                       | 11a |    |     |    |  |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               |                                                                       | 11b |    |     |    |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |                                                                       |     |    |     |    |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |                                                                       | 12b |    |     |    |  |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |                                                                       |     |    |     |    |  |
| a Is the organization licensed to issue qualified health plans in more than one state? . . . . .                                                                                                                                              |                                                                       | 13a |    |     |    |  |
| Note. See the instructions for additional information the organization must report on Schedule O.                                                                                                                                             |                                                                       |     |    |     |    |  |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                         |                                                                       | 13b |    |     |    |  |
| c Enter the amount of reserves on hand . . . . .                                                                                                                                                                                              |                                                                       | 13c |    |     |    |  |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                      |                                                                       | 14a |    |     | No |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .                                                                                                                             |                                                                       | 14b |    |     |    |  |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .                                                                       |                                                                       | 15  |    |     | No |  |
| 16 Is the organization a trust that is not a charitable trust and is not a section 4968 excise tax on net investment income? . . . . .                                                                                                        |                                                                       | 16  |    |     | No |  |
| b If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                   |                                                                       |     |    |     |    |  |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .                                |                                                                       | 17  |    |     |    |  |
| If "Yes," complete Form 6069.                                                                                                                                                                                                                 |                                                                       |     |    |     |    |  |

Part VI

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                                                                                                        | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| 1b | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                     |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                  |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                    |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                       |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                             |     | No |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                     | Yes |    |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                     |     | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                              |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                      |     |    |
| 8a | a The governing body?                                                                                                                                                                                                                                                                                  |     | No |
| 8b | b Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                |     | No |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                           |     | No |

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

|     | Yes                                                                                                                                                                                                                                                                                            | No  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                             | No  |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                     |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                    | Yes |
|     | b Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                        | Yes |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |
| 12c | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                                                                                                                                           | No  |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                      | Yes |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                 | 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?                                                                           |     |
| 15a | a The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | No  |
| 15b | b Other officers or key employees of the organization                                                                                                                                                                                                                                          | No  |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                             |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                          | No  |
| 16b | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
KIMBERLY EVON 3031 W GRAND BLVD SUITE 555 DETROIT, MI 48202 (313) 963-3847

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

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

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

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

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

[illegible]



Part VIII

Statement of Revenue

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

|                                         |  | (A)<br>Total revenue                                                                                                                                                                                                                                                                                                                                                        | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Contributions, Gifts, Grants, and Other |  | 1a<br>Federated campaigns . .<br>1b<br>Membership dues . .<br>1c<br>Fundraising events . .<br>1d<br>Related organizations<br>1e<br>Government grants (contributions)<br>1f<br>All other contributions, gifts, grants,<br>and similar amounts not included<br>above<br>1g<br>Noncash contributions included in<br>lines 1a - 1f:\$<br>1h<br>Total. Add lines 1a-1f . . . . . | 1a                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1b                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1c                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1d                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1e                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1f                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             | 1g                                                 |                                         |                                                                    |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                         |                                                                    |
| Amt Similar Amounts                     |  | 0                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                         |                                                                    |

|                         |                                      |               |           |           |  |  |
|-------------------------|--------------------------------------|---------------|-----------|-----------|--|--|
| Program Service Revenue | 2a DUES AND FEES                     | Business Code |           |           |  |  |
|                         |                                      | 900099        | 3,638,308 | 3,638,308 |  |  |
|                         | b TRAINING RESOURCE GRANT            | 900099        | 76,400    | 76,400    |  |  |
|                         |                                      |               |           |           |  |  |
|                         | c                                    |               |           |           |  |  |
|                         | d                                    |               |           |           |  |  |
|                         | e                                    |               |           |           |  |  |
|                         | f All other program service revenue. |               |           |           |  |  |
|                         | g Total. Add lines 2a-2f.            | 3,714,708     |           |           |  |  |

|               |                                                                                                                       |                |               |   |   |     |
|---------------|-----------------------------------------------------------------------------------------------------------------------|----------------|---------------|---|---|-----|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts)                                        |                | 140           |   | 0 | 140 |
|               | 4 Income from investment of tax-exempt bond proceeds                                                                  |                | 0             |   |   |     |
|               | 5 Royalties                                                                                                           |                | 0             |   |   |     |
|               | 6a Gross rents                                                                                                        | (i) Real       | (ii) Personal |   |   |     |
|               |                                                                                                                       | 6a             |               |   |   |     |
|               |                                                                                                                       | 6b             |               |   |   |     |
|               | b Less: rental expenses                                                                                               | 6b             |               |   |   |     |
|               | c Rental income or (loss)                                                                                             | 6c             | 0             |   |   |     |
|               | d Net rental income or (loss)                                                                                         |                |               | 0 |   |     |
|               | 7a Gross amount from sales of assets other than inventory                                                             | (i) Securities | (ii) Other    |   |   |     |
|               |                                                                                                                       | 7a             |               |   |   |     |
|               |                                                                                                                       | 7b             |               |   |   |     |
|               | b Less: cost or other basis and sales expenses                                                                        | 7b             |               |   |   |     |
|               | c Gain or (loss)                                                                                                      | 7c             |               |   |   |     |
|               | d Net gain or (loss)                                                                                                  |                |               | 0 |   |     |
|               | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a             | 0             |   |   |     |
|               |                                                                                                                       | 8b             | 0             |   |   |     |
|               | b Less: direct expenses                                                                                               | 8b             | 0             |   |   |     |
|               | c Net income or (loss) from fundraising events                                                                        |                |               | 0 |   |     |
|               | 9a Gross income from gaming activities. See Part IV, line 19                                                          | 9a             | 0             |   |   |     |
|               |                                                                                                                       | 9b             | 0             |   |   |     |
|               | b Less: direct expenses                                                                                               | 9b             | 0             |   |   |     |
|               | c Net income or (loss) from gaming activities                                                                         |                |               | 0 |   |     |
|               | 10a Gross sales of inventory, less returns and allowances                                                             | 10a            | 0             |   |   |     |
|               |                                                                                                                       | 10b            | 0             |   |   |     |
|               | b Less: cost of goods sold                                                                                            | 10b            | 0             |   |   |     |
|               | c Net income or (loss) from sales of inventory                                                                        |                |               | 0 |   |     |

|                     |                                    |               |         |           |           |       |
|---------------------|------------------------------------|---------------|---------|-----------|-----------|-------|
| OtherRevenueMiscAmt | 11a SUBSIDIES                      | Business Code |         |           |           |       |
|                     |                                    | 900099        | 968,292 | 968,292   |           |       |
|                     | b REBATES                          | 900099        | 207,747 | 207,747   |           |       |
|                     |                                    |               |         |           |           |       |
|                     | c MISC INCOME                      | 900099        | 133,945 | 133,945   |           |       |
|                     |                                    |               |         |           |           |       |
|                     | d All other revenue                |               |         |           |           |       |
|                     | e Total. Add lines 11a-11d         |               |         | 1,309,984 |           |       |
|                     | 12 Total revenue. See instructions |               |         | 5,024,832 | 5,024,692 | 0 140 |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21<br>. . . . .                                                                                                                        | 0                     |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.<br>. . . . .                                                                                           | 0                     |                                 |                                        |                             |
| 4 Benefits paid to or for members<br>. . . . .                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 201,354               |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)<br>. . . . .                                                                               | 0                     |                                 |                                        |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                       | 1,733,859             |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)<br>. . . . .                                                                                                                          | 277,002               |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                        | 456,477               |                                 |                                        |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                 | 192,808               |                                 |                                        |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                          | 14,297                |                                 |                                        |                             |
| c Accounting . . . . .                                                                                                                                                                                                                     | 98,026                |                                 |                                        |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                               | 57,360                |                                 |                                        |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                     | 3,752                 |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                               | 144,500               |                                 |                                        |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                        | 197,695               |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                     | 253,340               |                                 |                                        |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                        | 88,644                |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                | 0                     |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        | 48,881                |                                 |                                        |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                      | 146                   |                                 |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                        | 853,774               |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 40,088                |                                 |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                     | 42,358                |                                 |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |                                        |                             |
| a DUES REIMBURSEMENTS                                                                                                                                                                                                                      | 4,026                 |                                 |                                        |                             |
| b LOST WAGES                                                                                                                                                                                                                               | 50,792                |                                 |                                        |                             |
| c                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e All other expenses                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 4,759,179             |                                 |                                        |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                               |                                                                                                                                                                                                                           |         | (A)<br>Beginning of year |         | (B)<br>End of year |        |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------|---------|--------------------|--------|
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                       |         | 522,201                  | 1       | 806,160            |        |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                          |         | 0                        | 2       | 8,414              |        |
|                             | 3                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                              |         | 0                        | 3       | 0                  |        |
|                             | 4                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                        |         | 0                        | 4       | 0                  |        |
|                             | 5                                                                                                                             | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |         | 0                        | 5       | 0                  |        |
|                             | 6                                                                                                                             | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               |         | 0                        | 6       | 0                  |        |
|                             | 7                                                                                                                             | Notes and loans receivable, net . . . . .                                                                                                                                                                                 |         | 0                        | 7       | 0                  |        |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                     |         | 0                        | 8       | 0                  |        |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           |         | 0                        | 9       | 0                  |        |
|                             | 10a                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                       | 10a     | 905,292                  |         |                    |        |
|                             | b                                                                                                                             | Less: accumulated depreciation                                                                                                                                                                                            | 10b     | 819,930                  | 98,550  | 10c                | 85,362 |
|                             | 11                                                                                                                            | Investments—publicly traded securities . . . . .                                                                                                                                                                          |         | 0                        | 11      | 0                  |        |
|                             | 12                                                                                                                            | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                              |         | 0                        | 12      | 0                  |        |
|                             | 13                                                                                                                            | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                               |         | 0                        | 13      | 0                  |        |
|                             | 14                                                                                                                            | Intangible assets . . . . .                                                                                                                                                                                               |         | 0                        | 14      | 0                  |        |
|                             | 15                                                                                                                            | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                              |         | 34,624                   | 15      | 25,743             |        |
| 16                          | Total assets: Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                           | 655,375 | 16                       | 925,679 |                    |        |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                           |         | 0                        | 17      | 0                  |        |
|                             | 18                                                                                                                            | Grants payable . . . . .                                                                                                                                                                                                  |         | 0                        | 18      | 0                  |        |
|                             | 19                                                                                                                            | Deferred revenue . . . . .                                                                                                                                                                                                |         | 0                        | 19      | 0                  |        |
|                             | 20                                                                                                                            | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                     |         | 0                        | 20      | 0                  |        |
|                             | 21                                                                                                                            | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                           |         | 0                        | 21      | 0                  |        |
|                             | 22                                                                                                                            | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .      |         | 0                        | 22      | 0                  |        |
|                             | 23                                                                                                                            | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                  |         | 0                        | 23      | 0                  |        |
|                             | 24                                                                                                                            | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                    |         | 0                        | 24      | 0                  |        |
|                             | 25                                                                                                                            | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .                                         |         | 610                      | 25      | 40,646             |        |
|                             | 26                                                                                                                            | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                      |         | 610                      | 26      | 40,646             |        |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |                                                                                                                                                                                                                           |         |                          |         |                    |        |
|                             | 27                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                           |         | 654,765                  | 27      | 885,033            |        |
|                             | 28                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                              |         | 0                        | 28      | 0                  |        |
|                             | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |                                                                                                                                                                                                                           |         |                          |         |                    |        |
|                             | 29                                                                                                                            | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                              |         |                          | 29      |                    |        |
|                             | 30                                                                                                                            | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                 |         |                          | 30      |                    |        |
|                             | 31                                                                                                                            | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                |         |                          | 31      |                    |        |
|                             | 32                                                                                                                            | Total net assets or fund balances . . . . .                                                                                                                                                                               |         | 654,765                  | 32      | 885,033            |        |
|                             | 33                                                                                                                            | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                  |         | 655,375                  | 33      | 925,679            |        |

Part XI

Reconciliation of Net Assets

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

|    |                                                                                                                |    |           |
|----|----------------------------------------------------------------------------------------------------------------|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 5,024,832 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 4,759,179 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 265,653   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 654,765   |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |           |
| 6  | Donated services and use of facilities                                                                         | 6  |           |
| 7  | Investment expenses                                                                                            | 7  |           |
| 8  | Prior period adjustments                                                                                       | 8  | -35,385   |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  |           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 885,033   |

Part XII

Financial Statements and Reporting

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

|                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                        |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | No |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                                                                                                                                                                                           |     | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      |     |    |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SEIU Healthcare Michigan | Employer identification number<br>01-0897469 |
|------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                                                                                               |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." |    |
| 2 | Political campaign activity expenditures. See instructions                                                                                                                    | \$ |
| 3 | Volunteer hours for political campaign activities. See instructions                                                                                                           |    |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | \$                                                       |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | \$                                                       |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV.                                                          |                                                          |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                                                       |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                       |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                       |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                       |                                                                                                                                              |
| 2        |             |         |                                                                       |                                                                                                                                              |
| 3        |             |         |                                                                       |                                                                                                                                              |
| 4        |             |         |                                                                       |                                                                                                                                              |
| 5        |             |         |                                                                       |                                                                                                                                              |
| 6        |             |         |                                                                       |                                                                                                                                              |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| c Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| d Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table> |                                                    | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The lobbying nontaxable amount is:                 |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20% of the amount on line 1e.                      |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$100,000 plus 15% of the excess over \$500,000.   |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$175,000 plus 10% of the excess over \$1,000,000. |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,000,000.                                       |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| i Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period      |          |          |          |          |           |
|-----------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)               | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount                             |          |          |          |          |           |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                             |          |          |          |          |           |
| d Grassroots nontaxable amount                            |          |          |          |          |           |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                        |          |          |          |          |           |

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2024

## Additional Data

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Software ID:

Software Version:

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SEIU Healthcare Michigan | Employer identification number<br>01-0897469 |
|------------------------------------------------------|----------------------------------------------|

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

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

|   |                                                                                                                                                                                                                                                                               |                              |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                       | (b) Funds and other accounts |
| 1 | Total number at end of year . . . . .                                                                                                                                                                                                                                         |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                             |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                  |                              |
| 4 | Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                              |

Part II Conservation Easements.

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

|   |                                                                                                                                                                                                                                                                                                              |    |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply).                                                                                                                                                                                                                        |    |
|   | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area                                                                                                                                    |    |
|   | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure                                                                                                                                                                               |    |
|   | <input type="checkbox"/> Preservation of open space                                                                                                                                                                                                                                                          |    |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                          |    |
| a | Total number of conservation easements . . . . .                                                                                                                                                                                                                                                             | 2a |
| b | Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                 | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) . . . . .                                                                                                                                                                                                                 | 2c |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .                                                                                                                                                     | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶                                                                                                                                                                      |    |
| 4 | Number of states where property subject to conservation easement is located ▶                                                                                                                                                                                                                                |    |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .                                                                                                                         |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶                                                                                                                                                                  |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$                                                                                                                                                                     |    |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .                                                                                                                                                      |    |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |    |

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

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

|    |                                                                                                                                                                                                                                                                                                                                                                                 |      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |      |
| b  | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:                                                      |      |
|    | (i) Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                   | ▶ \$ |
|    | (ii) Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                              | ▶ \$ |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                                                          |      |
| a  | Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                       | ▶ \$ |
| b  | Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                                   | ▶ \$ |

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance . . . . .

d Additions during the year . . . . .

e Distributions during the year . . . . .

f Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- ...
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

- |                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                     |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                  |                                      | 41,665                          | 35,416                       | 6,250          |
| d Equipment . . . . .                                                                                     |                                      | 863,627                         | 784,515                      | 79,112         |
| e Other . . . . .                                                                                         |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 85,362         |

**Part VII**

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

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

**Part VIII**

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

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

**Part IX**

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

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

**Part X**

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            | 0              |
| PAYROLL TAX DEDUCTIONS PAYABLE                                      | 14,473         |
| CREDIT CARD PAYABLE                                                 | 18,653         |
| DUE TO THIRD PARTY                                                  | 7,520          |
|                                                                     |                |
|                                                                     |                |
|                                                                     |                |
|                                                                     |                |
|                                                                     |                |
|                                                                     |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 40,646         |

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                           |    |    |  |
|---|-------------------------------------------------------------------------------------------|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .        |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |    |  |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a |    |  |
| b | Donated services and use of facilities . . . . .                                          | 2b |    |  |
| c | Recoveries of prior year grants . . . . .                                                 | 2c |    |  |
| d | Other (Describe in Part XIII.) . . . . .                                                  | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                         |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                    |    | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |    |  |
| b | Other (Describe in Part XIII.) . . . . .                                                  | 4b |    |  |
| c | Add lines 4a and 4b . . . . .                                                             |    | 4c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | 5  |  |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                            |    |    |  |
|---|--------------------------------------------------------------------------------------------|----|----|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                       |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |    |  |
| a | Donated services and use of facilities . . . . .                                           | 2a |    |  |
| b | Prior year adjustments . . . . .                                                           | 2b |    |  |
| c | Other losses . . . . .                                                                     | 2c |    |  |
| d | Other (Describe in Part XIII.) . . . . .                                                   | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                          |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                     |    | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                         |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |    |  |
| b | Other (Describe in Part XIII.) . . . . .                                                   | 4b |    |  |
| c | Add lines 4a and 4b . . . . .                                                              |    | 4c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | 5  |  |

Part XIII

Supplemental Information

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

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Schedule J  
(Form 990)  
  
(Rev. January 2025)  
  
Department of the Treasury  
Internal Revenue Service

Compensation Information  
  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
Open to Public  
Inspection

Name of the organization  
SEIU Healthcare Michigan

Employer identification number  
01-0897469

Part I

Questions Regarding Compensation

1a

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b

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

2

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

3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4

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

a

Receive a severance payment or change-of-control payment? . . . . .

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5

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

a

The organization? . . . . .

b

Any related organization? . . . . .  
If "Yes," on line 5a or 5b, describe in Part III.

6

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

a

The organization? . . . . .

b

Any related organization? . . . . .  
If "Yes," on line 6a or 6b, describe in Part III.

7

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

8

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

9

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

Yes

No

1b

2

4a

No

4b

No

4c

No

5a

5b

6a

6b

7

8

9

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

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

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

[illegible]

**Part III**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  
SEIU Healthcare Michigan

**Employer identification number**  
  
01-0897469

| Return Reference       | Explanation                                                                                                                                                                                                                                                                                                                          |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 6:       | THE ORGANIZATION CONSISTS OF DUES PAYING MEMBERS.                                                                                                                                                                                                                                                                                    |
| PART VI, LINE 7A & 7B: | The organization is currently under Service Employees International Union (SEIU) trusteeship and all decisions for the organization are made by the trustees in accordance with SEIU trusteeship rules.                                                                                                                              |
| PART VI, LINE 8a & 8b: | The organization is under the administration of the Service Employees International Union (SEIU). All decisions for the organization are made by the trustees in accordance with SEIU trusteeship rules. Accordingly, there are no meetings held and no other committees exist that may act on behalf of the reporting organization. |
| PART VI, LINE 11:      | THE ORGANIZATIONS FORM 990 IS AVAILABLE FOR REVIEW BY THE TRUSTEES PRIOR TO FILING AT THE ORGANIZATIONS OFFICES. THE FORM 990 IS REVIEWED BY THE TRUSTEE AT THE TIME OF SIGNING.                                                                                                                                                     |
| PART VI, LINE 19:      | NO DOCUMENTS AVAILABLE TO THE PUBLIC.                                                                                                                                                                                                                                                                                                |
| Part IV, Line 12:      | The organization's audited financial statements will not be completed prior to the return's filing due date. Therefore, this form 990 includes unaudited numbers and upon completion of the audited financials, we will review them to determine if an amended return is needed for filing.                                          |

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE R
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service
Name of the organization
SEIU Healthcare Michigan

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number
01-0897469

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)SEIU HEALTHCARE MICHIGAN 401K PLA<br>3031 W GRAND BLVD SUITE 555<br><br>DETROIT, MI 48202<br>01-0897469         | PENSION PLAN            | MI                                               | 401(K)                     |                                                     | NA                               |                                              | No |
| (2)Service Employees International Union<br>1800 Massachusetts Avenue NW<br><br>Washington, DC 20036<br>36-0852885 | labor union             | DC                                               | 501((c)(5)                 |                                                     | N/A                              |                                              | No |
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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.

[illegible]

**Part VII**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**