**Return of Organization Exempt From Income Tax**

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

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

**For the 2007 calendar year, or tax year beginning** and ending

**B** Name of organization

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**C** Number and street (or P.O. box if mail is not delivered to street address)

**2436 WOODLAKE CIRCLE**

**D** City or town, state or country, and ZIP + 4

**OKemos, MI 48864**

**E** Employer identification number

**8-02963835**

**G** Website: [WWW.MPHI.ORG](http://WWW.MPHI.ORG)

**J** Organization type (check one only) [X] 501(c)(3) [ ] 501(c)(4) [ ] 501(c)(5) [ ] 501(c)(6) [ ] 4947(a)(1) or [ ] 527

**K** Check here □ if the organization is not a 501(c)(3) supporting organization and its gross receipts are normally more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**28,903,911.**

---

### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Contributions, gifts, grants, and similar amounts received:</td>
<td>211,330.</td>
</tr>
<tr>
<td>1b</td>
<td>Contributions to donor advised funds</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Direct public support (not included on line 1a)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Indirect public support (not included on line 1a)</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government contributions (grants) (not included on line 1a)</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Total (add lines 1a through 1d)</td>
<td>211,330.</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts (from Part VII, line 9a)</td>
<td>27,391,189.</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Interest on savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dividends and interest from securities</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Net rental income or (loss), Subtract line 6b from line 6a</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other investment income (describe) ▶</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Gain or (loss) (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>8d</td>
<td>Net gain or (loss). Combine line 8c, columns (A) and (B)</td>
<td>53,851.</td>
</tr>
<tr>
<td>9</td>
<td>Special events and activities (attach schedule), If any amount is from gambling, check here □</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross revenue (including not contributions reported on line 1b)</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses other than fundraising expenses</td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from special events. Subtract line 9b from line 9a</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Gross profit or (loss), sales of inventory (attach schedule), Subtract line 10b from line 10a</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (from Part VII, line 10a)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11</td>
<td>27,916,308.</td>
</tr>
<tr>
<td>13</td>
<td>Program services (from line 44, column (B))</td>
<td>24,360,957.</td>
</tr>
<tr>
<td>14</td>
<td>Management and general (from line 44, column (C))</td>
<td>3,295,845.</td>
</tr>
<tr>
<td>15</td>
<td>Fundraising (from line 44, column (D))</td>
<td>7,544.</td>
</tr>
<tr>
<td>16</td>
<td>Payments to affiliates (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 15 and 44, column (A)</td>
<td>27,664,346.</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year. Subtract line 17 from line 12</td>
<td>251,962.</td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 12, column (A))</td>
<td>3,457,130.</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>128,063.</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18, 19, and 20</td>
<td>3,837,155.</td>
</tr>
</tbody>
</table>

---

*For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*
<table>
<thead>
<tr>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants paid from donor advised funds</td>
<td>178,097</td>
<td>153,436</td>
<td>21,306</td>
</tr>
<tr>
<td>Compensation of current officers, directors, key employees, etc. listed in Part V-A</td>
<td>652,959</td>
<td>553,869</td>
<td>99,090</td>
</tr>
<tr>
<td>Salaries and wages of employees not included on lines 25a, b, and c</td>
<td>10,029,274</td>
<td>8,640,534</td>
<td>1,386,192</td>
</tr>
<tr>
<td>Employee benefits not included on lines 25a - 27</td>
<td>1,870,407</td>
<td>1,587,204</td>
<td>282,766</td>
</tr>
<tr>
<td>Payroll taxes</td>
<td>830,652</td>
<td>704,886</td>
<td>125,766</td>
</tr>
<tr>
<td>Professional fundraising fees</td>
<td>42,100</td>
<td>33,379</td>
<td>8,721</td>
</tr>
<tr>
<td>Legal fees</td>
<td>28,982</td>
<td>22,978</td>
<td>6,004</td>
</tr>
<tr>
<td>Supplies</td>
<td>617,775</td>
<td>467,814</td>
<td>149,792</td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage and shipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td>878,232</td>
<td>552,440</td>
<td>324,955</td>
</tr>
<tr>
<td>Equipment rental and maintenance</td>
<td>168,139</td>
<td>88,774</td>
<td>79,365</td>
</tr>
<tr>
<td>Printing and publications</td>
<td>100,302</td>
<td>95,721</td>
<td>4,581</td>
</tr>
<tr>
<td>Travel</td>
<td>470,684</td>
<td>431,584</td>
<td>39,100</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
<td>371,200</td>
<td>354,101</td>
<td>17,099</td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation, depletion, etc.</td>
<td>86,243</td>
<td>86,243</td>
<td></td>
</tr>
<tr>
<td>Other expenses not covered above (itemize):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment rental and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Costs. Check if you are following SOP 98-2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total functional expenses</td>
<td>11,339,300</td>
<td>10,674,237</td>
<td>664,865</td>
</tr>
<tr>
<td>27,664,346</td>
<td>24,360,957</td>
<td>3,295,845</td>
<td>7,544</td>
</tr>
</tbody>
</table>

Are any print costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If Yes, enter (i) the aggregate amount of these print costs $ N/A; (ii) the amount allocated to Program services $ N/A; (iii) the amount allocated to Management and general $ N/A; and (iv) the amount allocated to Fundraising $ N/A.
Form 990 (2007)  MICHIGAN PUBLIC HEALTH INSTITUTE  38-2963835  Page 3

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

**IMPROVE PUBLIC HEALTH AND ENHANCE QUALITY OF LIFE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a</th>
<th>SEE STATEMENT 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b</th>
<th>SEE STATEMENT 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td>896,086.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c</th>
<th>SEE STATEMENT 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td>1,340,233.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d</th>
<th>SEE STATEMENT 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td>2,537,619.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e</th>
<th>Other program services (attach schedule) SEE STATEMENT 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td>1,406,807.</td>
</tr>
</tbody>
</table>

| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 18,180,212. |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Program Service Expenses (should equal line 44, column (B), Program services)</td>
<td>24,360,957.</td>
</tr>
</tbody>
</table>

Form 990 (2007)
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>800.45</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>3,505,213.46</td>
</tr>
<tr>
<td>47</td>
<td>a Accounts receivable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>a Pledges receivable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>4,406,609.49</td>
</tr>
<tr>
<td>50</td>
<td>a Receivables from current and former officers, directors, trustees, and key employees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Receivables from other disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>a Other notes and loans receivable</td>
<td>51a</td>
</tr>
<tr>
<td></td>
<td>b Less: allowance for doubtful accounts</td>
<td>51b</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>429,438.53</td>
</tr>
<tr>
<td>54</td>
<td>a Investments - publicly-traded securities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Investments - other securities</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>a Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
</tr>
<tr>
<td></td>
<td>b Less: accumulated depreciation</td>
<td>55b</td>
</tr>
<tr>
<td>56</td>
<td>Investments - other</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>a Land, buildings, and equipment: basis</td>
<td>1,342,431.57a</td>
</tr>
<tr>
<td></td>
<td>b Less: accumulated depreciation</td>
<td>978,559.57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments (describe ▶)</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74). Add lines 45 through 58</td>
<td>10,249,488.59</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>3,158,080.60</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>2,769,414.61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>790,246.62</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>a Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Mortgages and other notes payable</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe ▶ NOTES PAYABLE)</td>
<td>74,618.65</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>6,792,358.66</td>
</tr>
<tr>
<td>74</td>
<td>Organizations that follow SFAS 117, check here ▶ and complete lines 67 through 69 and lines 73 and 74.</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>3,388,357.67</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68,773.68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</td>
<td>3,457,130.73</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>10,249,488.74</td>
</tr>
</tbody>
</table>
Part IV-A | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| a | Total revenue, gains, and other support per audited financial statements | 27842666 |
| b | Amounts included on line a but not on Part I, line 12: | |
| b1 | Not unrealized gains on investments | -73,642 |
| b2 | Donated services and use of facilities | |
| b3 | Recoveries of prior year grants | |
| b4 | Other (specify): | |
| b | Add lines b1 through b4 | |
| c | Subtract line b from line a | -73,642 |
| d | Amounts included on Part I, line 12, but not on line a: | |
| d1 | Investment expenses not included on Part I, line 6b | |
| d2 | Other (specify): | |
| d | Add lines d1 and d2 | 0 |
| e | Total revenue (Part I, line 12). Add lines c and d | 27916308 |

Part IV-B | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| a | Total expenses and losses per audited financial statements | 27664346 |
| b | Amounts included on line a but not on Part I, line 17: | |
| b1 | Donated services and use of facilities | |
| b2 | Prior year adjustments reported on Part I, line 20 | |
| b3 | Losses reported on Part I, line 20 | |
| b4 | Other (specify): | |
| b | Add lines b1 through b4 | 0 |
| c | Subtract line b from line a | 27664346 |
| d | Amounts included on Part I, line 17, but not on line a: | |
| d1 | Investment expenses not included on Part I, line 6b | |
| d2 | Other (specify): | |
| d | Add lines d1 and d2 | 0 |
| e | Total expenses (Part I, line 17). Add lines c and d | 27664346 |

Part V-A | Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter 0)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 11</td>
<td>159,725. 18,372. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V-A**

Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings: 15

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75d If "Yes," attach a statement that includes the information described in the instructions.

**Part V-B**

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>NONE</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
</table>

**Part VI**

Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

78b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

81a Did the organization file Form 1120-POL for this year?

81b Enter direct and indirect political expenditures. (See line 81 instructions.)

...
82 a. Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
   
   Yes No

82 b. If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.

83 a. Did the organization comply with the public inspection requirements for returns and exemption applications?

83 b. Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

84 a. Did the organization solicit any contributions or gifts that were not tax deductible?

84 b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

85 a. 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?

85 b. Did the organization make only in-house lobbying expenditures of $2,000 or less?

85 c. Does the organization elect to pay the section 6033(e) tax on the amount on line 85g?

85 d. If section 6033(e)(1)A dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

86 501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on

86 a. line 12

86 b. Gross receipts, included on line 12, for public use of club facilities

87 501(c)(12) organizations. Enter: a. Gross income from members or shareholders

87 a. b. Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

88 a. At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

88 b. If "Yes," complete Part IX

88 c. At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI

89 a. 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:

89 b. section 4911

89 c. section 4912

89 d. section 4955

89 e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89 f. All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89 g. For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90 a. List the states with which a copy of this return is filed

90 b. MI

91 a. The books are in care of

91 b. TRACY Y. LITZINGER, CPA, CFO

91 c. Telephone no. (517) 324-8318

91 d. Located at

91 e. 2436 WOODLAKE CIRCLE, STE. 300, OKEMOS, MI

91 f. ZIP + 4 48864

91 g. 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)?

91 h. If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
### Part VI Other Information (continued)

**t.** At any time during the calendar year, did the organization maintain an office outside of the United States? [Yes] [No] **X**

**92.** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year **N/A**

### Part VII Analysis of Income-Producing Activities

*See the instructions.*

<table>
<thead>
<tr>
<th>Unrelated Business Income</th>
<th>Excluded by Section 512, 513, or 514</th>
<th>Related or Exempt Function Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Business Code</td>
<td>(B) Amount</td>
<td>(C) Exclusion Code</td>
</tr>
<tr>
<td><strong>CONF./TRAINING FEES</strong></td>
<td>90,378.</td>
<td></td>
</tr>
<tr>
<td><strong>FEES/CONTRACTS-PND/OTH</strong></td>
<td>2,559,388.</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION MATERIALS</strong></td>
<td>7,898.</td>
<td></td>
</tr>
<tr>
<td><strong>NCH PATIENT PAYS</strong></td>
<td>10,043.</td>
<td></td>
</tr>
<tr>
<td><strong>f.</strong> Medicare/Medicaid payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g.</strong> Fees and contracts from government agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>94.</strong> Membership dues and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>95.</strong> Interest on savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>96.</strong> Dividends and interest from securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>97.</strong> Net rental income or (loss) from real estate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong> Debt financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Not debt financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>98.</strong> Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>99.</strong> Other investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>100.</strong> Gain or (loss) from sales of assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other than inventory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>101.</strong> Net income or (loss) from special events</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>102.</strong> Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>103.</strong> Other revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>104.</strong> Subtotal (add columns (B), (D), and (E))</td>
<td>0.</td>
<td>313,789.</td>
</tr>
<tr>
<td><strong>105.</strong> Total (add line 104, columns (B), (D), and (E))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

### Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

*See the instructions.*

**Line No. ▼**

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**SEE STATEMENT 12**

### Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

*See the instructions.*

- **WINLOW TECHNOLOGY, INC. - 2436 WOOLLAKE**
- **CIRCLE, SUITE 300, OKEMOS, MI 48864 - TECHNOLOGY RESEARCH**

### Part X Information Regarding Transfers Associated with Personal Benefit Contracts

*See the instructions.*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [Yes] [No] **X**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [Yes] [No] **X**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).
### Part XI: Information Regarding Transfers To and From Controlled Entities

**Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

106. Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

107. Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

108. Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Yes | No**

---

**Signature of officer**

TRACY Y. LITZINGER, CFO

**Date**

9-17-08

---

**Preparer's signature**

MANER, COSTERISAN & ELLIS, PC

544 CHERBOURG DRIVE, SUITE 200

LANING, MI 48917-5010

**EIN**

(517)323-7500

---

Form 990 (2007)
### Part I: Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Average Hours Per Week</th>
<th>Compensation</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Slonim</td>
<td>SR Prog Dir</td>
<td>40.00</td>
<td>109,051</td>
<td>20,095</td>
</tr>
<tr>
<td>Jeffrey Allison</td>
<td>SR Proj Mgr</td>
<td>40.00</td>
<td>100,243</td>
<td>20,676</td>
</tr>
<tr>
<td>Cynthia Cameron</td>
<td>SR Prog Dir</td>
<td>40.00</td>
<td>108,540</td>
<td>11,918</td>
</tr>
<tr>
<td>Tracy Litzinger</td>
<td>CFO</td>
<td>40.00</td>
<td>99,948</td>
<td>17,091</td>
</tr>
<tr>
<td>Larry Doole</td>
<td>Account Executive</td>
<td>40.00</td>
<td>106,825</td>
<td>18,099</td>
</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: **68**

### Part II-A: Compensation of the Five Highest Paid Independent Contractors for Professional Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Team</td>
<td>Consultant</td>
<td>85,342</td>
</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: **0**

### Part II-B: Compensation of the Five Highest Paid Independent Contractors for Other Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services: **0**
Part III Statements About Activities (See page 2 of the instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. $  ___________ $  ___________ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

   Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

   a. Sale, exchange, or leasing of property?  
   b. Lending of money or other extension of credit?  
   c. Furnishing of goods, services, or facilities?  
   d. Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?  
   e. Transfer of any part of its income or assets?  

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)  

3b Did the organization have a section 403(b) annuity plan for its employees?  

3c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? (If "Yes," attach a detailed statement.)  

3d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.  

4b Did the organization make any taxable distributions under section 4966?  

4c Did the organization make a distribution to a donor, donor advisor, or related person?  

4d Enter the total number of donor advised funds owned at the end of the tax year  

4e Enter the aggregate value of all donor advised funds owned at the end of the tax year  

4f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts  

4g Enter the aggregate value of all funds or accounts included on line 4f at the end of the tax year.
**Part IV**

**Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(viii). Enter the hospital's name, city, and state ▶

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(ix).

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public.

11 b A community trust. Section 170(b)(1)(A)(xii). (Also complete the Support Schedule in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

- Type I
- Type II
- Type III-Functionally Integrated
- Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Employer identification number (EIN)</th>
<th>(c) Type of organization (described in lines 5 through 12 above or IRC section)</th>
<th>(d) Is the supported organization listed in the supporting organization's governing documents?</th>
<th>(e) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

Total

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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*Schedule A (Form 990 or 990-EZ) 2007*

16290820 755317 06263 2007 06000 MICHIGAN PUBLIC HEALTH INST 06263_1
### Schedule A (Form 990 or 990-EZ) 2007

**Michigan Public Health Institute** 38-2963835

**Page 4**

#### Part IV-A: Support Schedule

Complete only if you checked a box on line 10, 11, or 12. Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)</td>
<td>88,926.</td>
<td>80,975.</td>
<td>53,418.</td>
<td>129,735.</td>
<td>353,054.</td>
</tr>
<tr>
<td>Membership fees received.</td>
<td>28397157.</td>
<td>29531275.</td>
<td>32130899.</td>
<td>35427190.</td>
<td>125486521.</td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose</td>
<td>217,926.</td>
<td>137,482.</td>
<td>41,466.</td>
<td>26,218.</td>
<td>423,092.</td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 18</td>
<td>28704009.</td>
<td>29749732.</td>
<td>32225783.</td>
<td>35583143.</td>
<td>126262667.</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td>26a 15,523.</td>
<td>20b 0.</td>
<td>26c 776,146.</td>
<td>26d 423,092.</td>
<td>26e 353,054.</td>
</tr>
<tr>
<td>The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.</td>
<td>26f 45,4881/4.</td>
<td>27a 18</td>
<td>27b 19</td>
<td>27c N/A</td>
<td>27d N/A</td>
</tr>
<tr>
<td>Enter line 26a plus line 26b</td>
<td>27a 18</td>
<td>27b 19</td>
<td>27c N/A</td>
<td>27d N/A</td>
<td>27e N/A</td>
</tr>
<tr>
<td>Add: Amounts from columns (a) and (e)</td>
<td>27f N/A</td>
<td>28a 15,523.</td>
<td>28b 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support (line 26c minus line 26d total)</td>
<td>27g N/A</td>
<td>28e 353,054.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage (line 26e numerator divided by line 26c denominator)</td>
<td>27h N/A</td>
<td>28f 45,4881/4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations described on lines 10 or 11:

- For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of these amounts for each year:
  - (2006) N/A
  - (2005) N/A

- For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
  - (2006) N/A
  - (2005) N/A

- Enter: Amounts from column (e) for lines:
  - 15 18 |
  - 16 20 |
  - 17 21 |

- Public support (line 27c total and line 27d total) |

- Total support for section 509(a)(2) test: Enter amount on line 23, column (e) |

- Public support percentage (line 27e numerator divided by line 27f denominator) |

- Investment income percentage (line 18, column (e) numerator divided by line 27g denominator) |

#### Unusual Grants:

For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

---

16290820 755817 06263 2007.06000 Michigan Public Health Inst 06263_1
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; please describe; if &quot;No,&quot; please explain. (If you need more space, attach a separate statement.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Does the organization maintain the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Records indicating the racial composition of the student body, faculty, and administrative staff?</td>
<td>32a</td>
<td></td>
</tr>
<tr>
<td>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</td>
<td>32b</td>
<td></td>
</tr>
<tr>
<td>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</td>
<td>32c</td>
<td></td>
</tr>
<tr>
<td>d Copies of all material used by the organization or on its behalf to solicit contributions?</td>
<td>32d</td>
<td></td>
</tr>
<tr>
<td>If you answered &quot;No&quot; to any of the above, please explain. (If you need more space, attach a separate statement.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Does the organization discriminate by race in any way with respect to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Students' rights or privileges?</td>
<td>33a</td>
<td></td>
</tr>
<tr>
<td>b Admissions policies?</td>
<td>33b</td>
<td></td>
</tr>
<tr>
<td>c Employment of faculty or administrative staff?</td>
<td>33c</td>
<td></td>
</tr>
<tr>
<td>d Scholarships or other financial assistance?</td>
<td>33d</td>
<td></td>
</tr>
<tr>
<td>e Educational policies?</td>
<td>33e</td>
<td></td>
</tr>
<tr>
<td>f Use of facilities?</td>
<td>33f</td>
<td></td>
</tr>
<tr>
<td>g Athletic programs?</td>
<td>33g</td>
<td></td>
</tr>
<tr>
<td>h Other extracurricular activities?</td>
<td>33h</td>
<td></td>
</tr>
<tr>
<td>If you answered &quot;Yes&quot; to any of the above, please explain. (If you need more space, attach a separate statement.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34a Does the organization receive any financial aid or assistance from a governmental agency?</td>
<td>34a</td>
<td></td>
</tr>
<tr>
<td>b Has the organization's right to such aid ever been revoked or suspended?</td>
<td>34b</td>
<td></td>
</tr>
<tr>
<td>If you answered &quot;Yes&quot; to either 34a or b, please explain using an attached statement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If &quot;No,&quot; attach an explanation</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>
### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>N/A</td>
</tr>
<tr>
<td>37 Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>N/A</td>
</tr>
<tr>
<td>38 Total lobbying expenditures (add lines 36 and 37)</td>
<td>N/A</td>
</tr>
<tr>
<td>39 Other exempt purpose expenditures</td>
<td>N/A</td>
</tr>
<tr>
<td>40 Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>N/A</td>
</tr>
<tr>
<td>41 Lobbying nontaxable amount. Enter the amount from the following table:</td>
<td></td>
</tr>
<tr>
<td>If the amount on line 40 is:</td>
<td>N/A</td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $2,000,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Over $2,000,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

### 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 instructions for lines 45 through 50 on page 13 of the instructions.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) 2006</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) 2005</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) 2004</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e) Total</td>
<td></td>
</tr>
<tr>
<td>45 Lobbying nontaxable amount</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>46 Lobbying ceiling amount (150% of line 45(e))</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>47 Total lobbying expenditures</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>48 Grassroots nontaxable amount</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>49 Grassroots ceiling amount (160% of line 48(e))</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50 Grassroots lobbying expenditures</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Paid staff or management (Include compensation in expenses reported on lines c through h)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Media advertisements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Mailings to members, legislators, or the public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Publications, or published or broadcast statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grants to other organizations for lobbying purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Direct contact with legislators, their staff, government officials, or a legislative body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Total lobbying expenditures (Add lines c through h)</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

   a  Transfers from the reporting organization to a noncharitable exempt organization of:
       (i) Cash  
       (ii) Other assets  
       b  Other transactions:
       (i) Sales or exchanges of assets with a noncharitable exempt organization  
       (ii) Purchases of assets from a noncharitable exempt organization  
       (iii) Rental of facilities, equipment, or other assets  
       (iv) Reimbursement arrangements  
       (v) Loans or loan guarantees  
       (vi) Performance of services or membership or fundraising solicitations  
       c  Sharing of facilities, equipment, mailing lists, other assets, or paid employees

   d  If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line no.</td>
<td>Amount involved</td>
<td>Name of noncharitable exempt organization</td>
<td>Description of transfers, transactions, and sharing arrangements</td>
</tr>
</tbody>
</table>

52 a  Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  

   b  If "Yes," complete the following schedule:

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of organization</td>
<td>Type of organization</td>
<td>Description of relationship</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2007

Name of organization

MICHIGAN PUBLIC HEALTH INSTITUTE

Employer identification number

38-2963835

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule:

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules:

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received non-exclusively religious, charitable, etc., contributions of $5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

21290820 755817 06263
200706000 MICHIGAN PUBLIC HEALTH INST 06263_1
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate Contributions</th>
<th>Type of Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$6,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$15,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$100,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$7,500</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$5,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$20,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Aggregate contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------</td>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$35,300</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
### MICHIGAN PUBLIC HEALTH INSTITUTE

**Part II: Noncash Property (See Specific Instructions.)**

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>$35,300.</td>
<td>11/05/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FORM 990
#### GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL CITY #56H18039004</td>
<td>1,041,454.</td>
<td>987,603.</td>
<td>0.</td>
<td>53,851.</td>
</tr>
<tr>
<td>TO FORM 990, PART I, LINE 8</td>
<td>1,041,454.</td>
<td>987,603.</td>
<td>0.</td>
<td>53,851.</td>
</tr>
</tbody>
</table>

### FORM 990
#### OTHER CHANGES IN NET ASSETS OR FUND BALANCES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED LOSS ON INVESTMENTS</td>
<td>-73,642.</td>
</tr>
<tr>
<td>TRANSFER OF REMAINING EQUITY - WINSLOW TECHNOLOGY</td>
<td>201,705.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990, PART I, LINE 20</td>
<td>128,063.</td>
</tr>
</tbody>
</table>

### FORM 990
#### OTHER EXPENSES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>(A) TOTAL</th>
<th>(B) PROGRAM SERVICES</th>
<th>(C) MANAGEMENT AND GENERAL</th>
<th>(D) FUNDRAISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTUAL PROFESSIONAL SERVICES</td>
<td>9,312,995.</td>
<td>9,311,676.</td>
<td>1,319.</td>
<td></td>
</tr>
<tr>
<td>MARKETING</td>
<td>733.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>55,958.</td>
<td>35,383.</td>
<td>20,575.</td>
<td></td>
</tr>
<tr>
<td>CONTRIBUTIONS</td>
<td>3,205.</td>
<td>405.</td>
<td>2,800.</td>
<td></td>
</tr>
<tr>
<td>INSURANCE</td>
<td>143,437.</td>
<td>46,743.</td>
<td>96,694.</td>
<td></td>
</tr>
<tr>
<td>HONORARIA</td>
<td>41,949.</td>
<td>41,749.</td>
<td>200.</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td>229,864.</td>
<td>166,728.</td>
<td>62,938.</td>
<td>198.</td>
</tr>
<tr>
<td>INCENTIVES</td>
<td>28,505.</td>
<td>12,832.</td>
<td>15,673.</td>
<td></td>
</tr>
<tr>
<td>TOTAL TO FM 990, LN 43</td>
<td>11,339,300.</td>
<td>10,674,237.</td>
<td>664,865.</td>
<td>198.</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PROGRAM SERVICE ONE

COLLABORATIVE PROJECTS - THE GRANTS AND CONTRACTS OFFICE PROVIDES COLLABORATIVE PROGRAM SERVICES FOR STATE AGENCIES (MDCH) & (OHSP), FEDERAL AGENCIES (CMS) & (NHTSA) AND FOUNDATIONS (RWJ) THROUGH A MASTER CONTRACTING PROCESS. MPHI IS THE PRIME CONTRACTOR ON THESE PROJECTS AND ISSUES SUBCONTRACTS TO A VARIETY OF AGENCIES WHOSE SPECIALIZED EXPERTISE IS UNIQUE TO THE AGENCY. MPHI COLLABORATES WITH CLIENTS TO JOINTLY MONITOR PROGRESS OF THESE PROJECTS AND PROVIDES HIGH QUALITY FISCAL MANAGEMENT.

TO FORM 990, PART III, LINE A

<table>
<thead>
<tr>
<th>GRANTS</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>896,086.</td>
</tr>
</tbody>
</table>

16290820 755817 06263
2007.06000 MICHIGAN PUBLIC HEALTH INST 06263__1
DESCRIPTION OF PROGRAM SERVICE TWO

THE CENTER FOR COLLABORATIVE RESEARCH IN HEALTH OUTCOMES AND POLICY (CCRHP) OFFERS CLIENTS A VARIETY OF SKILLS AND CAPACITIES RELATED TO PROGRAM, EVALUATION, POLICY ANALYSIS, SURVEY RESEARCH, RESEARCH DESIGN, DATA ACQUISITION, MANAGEMENT AND ANALYSIS, WEB HOSTING AND WEBSITE DESIGN, WEB-BASED DATA COLLECTION DESIGN DEVELOPMENT AND PROGRAMMING, INFORMATION REPORTING, AND A WIDE RANGE OF TRAINING PROGRAMS.

TO FORM 990, PART III, LINE B

<table>
<thead>
<tr>
<th>Grants</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,340,233</td>
</tr>
</tbody>
</table>

16290820 755817 06263
2007.06000 MICHIGAN PUBLIC HEALTH INST 06263__1
DESCRIPTION OF PROGRAM SERVICE THREE

THE HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM (HPDP) FOCUSES ON THE AREAS OF ASTHMA, NUTRITION, PHYSICAL ACTIVITY, OBESITY, DEMENTIA, DIABETES, OSTEOPOROSIS, CANCER EPIDEMIOLOGY AND EVALUATION, MANAGED CARE, AND TOBACCO. DISCIPLINES INCLUDE RESEARCHERS, EVALUATORS, PROFESSIONAL COUNSELORS, PUBLIC HEALTH ADMINISTRATORS, DIETITIANS/NUTRITIONISTS, HEALTH EDUCATORS, COMMUNICATION EXPERTS, PSYCHOLOGISTS, EPIDEMIOLOGISTS, AND INTERNATIONAL HEALTH/COMMUNITY DEVELOPMENT EXPERTS.

TO FORM 990, PART III, LINE C

<table>
<thead>
<tr>
<th>GRANTS</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,537,619.</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PROGRAM SERVICE FOUR

THE CANCER CONTROL SERVICES PROGRAM PROVIDES TECHNICAL ASSISTANCE AND SUPPORT FOR THE COORDINATION OF CANCER CONTROL ACTIVITIES FOR THE STATE OF MICHIGAN AND ITS PARTNERS. AREAS OF FOCUS INCLUDE TECHNICAL ASSISTANCE AND CONSULTATION ON PUBLIC HEALTH PROGRAM MATTERS RELATIVE TO PREVENTION, SCREENING, REFERRAL, TRACKING AND FOLLOW-UP; PARTNERSHIP AND COALITION DEVELOPMENT; QUALITY ASSURANCE AND IMPROVEMENT; PROFESSIONAL EDUCATION, PUBLIC EDUCATION, SURVEILLANCE, PLANNING, ADMINISTRATION, AND EVALUATION. DISCIPLINES INCLUDE COMMUNICATION AND TECHNOLOGY EXPERTS, HEALTH EDUCATORS, QUALITY ASSURANCE SPECIALISTS, FINANCIAL ANALYSTS, DATA ANALYSTS, NURSES, AND PUBLIC HEALTH CONSULTANTS AND ADMINISTRATORS.

GRANTS EXPENSES

TO FORM 990, PART III, LINE D

1,406,807.

FORM 990 OTHER PROGRAM SERVICES

DESCRIPTION OF OTHER PROGRAM SERVICES

THE SYSTEMS REFORM PROGRAM FACILITATES THE REFORM OF HUMAN SERVICES SYSTEMS IN ORDER TO INCREASE THE EFFECTIVENESS OF SERVICES FOR CHILDREN AND FAMILIES. SYSTEMS REFORM STAFF ASSIST COLLABORATIVE GROUPS TO USE OUTCOMES-BASED STRATEGIC PLANNING, IMPLEMENTATION OF BEST PRACTICE STRATEGIES, AND EVALUATION TO DRIVE THEIR HEALTH, HUMAN SERVICES AND EDUCATION PROGRAMS. THE CHILD AND ADOLESCENT HEALTH PROGRAM (CAH) PROVIDES TECHNICAL ASSISTANCE TO NATIONAL, STATE, AND LOCAL PARTNERS IN THE DESIGN, IMPLEMENTATION AND EVALUATION OF INNOVATIVE, MULTIDISCIPLINARY AND COMMUNITY-BASED PROGRAMS THAT STRENGTHEN ASSETS AND REDUCE RISKY BEHAVIORS, LEADING TO IMPROVEMENTS IN THE HEALTH, SAFETY AND WELL-BEING OF CHILDREN AND THEIR FAMILIES. CURRENT FOCUS AREAS INCLUDE CHILD AND INFANT MORTALITY, ABSTINENCE PROMOTION, ANTIBIOTIC
RESISTANCE, INJURY PREVENTION AND HOME BASED SERVICES FOR HIGH RISK FAMILIES.

INTERACTIVE SOLUTIONS GROUP (ISG)—HELPS HEALTHCARE ORGANIZATIONS AND PUBLIC-SECTOR AGENCIES OPERATE MORE EFFICIENTLY AND EFFECTIVELY BY REDESIGNING BUSINESS PROCESSES AND AUTOMATING INFORMATION EXCHANGE. OUR PROJECT MANAGERS, BUSINESS ANALYSTS, SUBJECT MATTER EXPERTS, AND TECHNICAL STAFF ARE SKILLED AT LEVERAGING ELECTRONIC DATA INTERCHANGE (EDI), INTERNET/WEB TECHNOLOGY, AND LEARNING MANAGEMENT SYSTEMS ON BEHALF OF OUR CLIENTS. OUR COMPREHENSIVE APPROACH COMBINES INFORMATION TECHNOLOGY, PROJECT MANAGEMENT METHODOLOGY, AND TRAINING/OUTREACH PROCESSES TO HELP OUR CLIENTS MANAGE CHANGE AND MORE EFFECTIVELY INTERACT WITH THEIR BUSINESS PARTNERS AND CONSTITUENTS.

THE CENTER FOR ADVANCING COMMUNITY HEALTH (CACH) IS AN AFFILIATED PROGRAM FOR WHICH MPH PROVIDES MANAGEMENT SUPPORT SERVICES. THE CENTER SUPPORTS HEALTH CARE POLICY EFFORTS AT THE COMMUNITY, STATE, AND NATIONAL LEVELS. CURRENT PROJECTS INCLUDE THE NURSING AGENDA FOR MICHIGAN PROJECT, THE MICHIGAN HEALTH INSURANCE ACCESS ADVISORY COUNCIL, THE DETROIT WAYNE COUNTY HEALTH AUTHORITY, AND CONSULTATION ON A VARIETY OF OTHER HEALTH CARE POLICY ISSUES.

THE CENTER FOR TOBACCO USE PREVENTION AND RESEARCH IS AN AFFILIATED PROGRAM FOR WHICH MPH PROVIDES MANAGEMENT SUPPORT SERVICES. THIS CENTER IS FOCUSING ON COLLECTING, PRESERVING AND ANALYZING DEPOSITIONS, AND TRIAL TESTIMONY FROM TOBACCO LAWSUITS TO FACILITATE RESEARCH ASSESSING WHAT THEY REVEAL IN AREAS SUCH AS NICOTINE ADDICTION AND PHARMACOLOGY, THE HEALTH CONSEQUENCES OF TOBACCO USE, TOBACCO-PRODUCT DESIGN AND MANUFACTURING, TOBACCO ADVERTISING AND PROMOTION, YOUTH SMOKING INITIATION, AND TOBACCO USE CESSATION. IN ADDITION, THE DOCUMENTS ARE BEING DIGITIZED AND PLACED IN A PERMANENT ARCHIVE, THE AMERICAN LEGACY TOBACCO DOCUMENT LIBRARY, UNIVERSITY OF CALIFORNIA SAN FRANCISCO, WHERE THEY ARE ACCESSIBLE ON THE INTERNET TO SCHOLARS, HEALTH ADVOCATES, AND THE GENERAL PUBLIC.

THE CENTER FOR APPLIED EPIDEMIOLOGICAL RESEARCH IS AN AFFILIATED PROGRAM FOR WHICH MPH PROVIDES MANAGEMENT SUPPORT SERVICES. THIS CENTER IS FOCUSING ON EPIDEMIOLOGICAL RESEARCH-RELATED PROJECTS, INCLUDING ASTHMA SURVEILLANCE, REGIONAL PLANNING FOR THE NATIONAL PHARMACEUTICAL STOCKPILE, HIV/AIDS SURVEILLANCE TO ASSESS THE LEVEL AND QUALITY OF HIV DISEASE AND CARE IN MICHIGAN, STD SURVEILLANCE, AND VACCINE PREVENTABLE DISEASE SURVEILLANCE.

THE CENTER FOR LABORATORY SYSTEMS IS AN AFFILIATED PROGRAM FOR WHICH MPH PROVIDES MANAGEMENT SUPPORT SERVICES. THIS CENTER IS FOCUSING ON PUBLIC HEALTH...
LABORATORY PROJECTS THAT ARE ESSENTIAL COMPONENTS OF THE PUBLIC HEALTH INFRASTRUCTURE. PROJECTS INCLUDE CHEMISTRY AND TOXICOLOGY LABORATORY ANALYSIS, ANTIBIOTIC RESISTANCE ENHANCEMENT/QA MICROBIOLOGY, NATIONAL LABORATORY SYSTEM EMERGENCY PREPAREDNESS, AND PUBLIC HEALTH LABORATORY BIOMONITORING. THE MISCELLANEOUS AFFILIATED PROGRAMS ARE AFFILIATED PROJECTS FOR WHICH MPH1 PROVIDES MANAGEMENT SUPPORT SERVICES BUT ARE NOT YET OF SUFFICIENT SIZE OR QUANTITY TO WARRANT SETTING UP A CENTER. THE CENTER FOR HEALTHCARE EXCELLENCE (CHE) WORKS COLLABORATIVELY WITH ITS PARTNERS TO TRANSFORM PUBLIC HEALTH SYSTEMS AND IMPROVE THE HEALTH OF COMMUNITIES. CHE'S STAFF ARE EXPERIENCED IN A WIDE VARIETY OF AREAS RELATED TO PUBLIC HEALTH AND HEALTHCARE, AND PROVIDE CLIENTS WITH RESEARCH, EVALUATION, AND TECHNICAL ASSISTANCE SERVICES. THE EDUCATION AND TRAINING PROGRAM PROVIDES EVENT PLANNING EXPERTISE AND CONSULTING SERVICES. THESE SERVICES INCLUDE, LOGISTICAL EVENT PLANNING AND COORDINATION, SPEAKER SEARCH, SPONSOR/EXHIBITOR SOLICITATION, CONTINUING EDUCATION MANAGEMENT, ONLINE EVENT REGISTRATION SERVICES, ONSITE EVENT STAFFING, GRAPHIC DESIGN, VIDEO CONFERENCE/WEB-CASTING SERVICES, EDUCATION AND TRAINING EVALUATION, FOCUS GROUP FACILITATION AND REPORTING, GRANT PROPOSAL WRITING AND GRANTEE CONSULTATION, AND BUSINESS/MARKETING PLANNING.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>COST OR OTHER BASIS</th>
<th>ACCUMULATED DEPRECIATION</th>
<th>BOOK VALUE</th>
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</thead>
<tbody>
<tr>
<td>SOFTWARE</td>
<td>1,238,694.</td>
<td>875,005.</td>
<td>363,689.</td>
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<tr>
<td>EQUIPMENT</td>
<td>80,392.</td>
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<tr>
<td>FURNITURE &amp; FIXTURES</td>
<td>23,345.</td>
<td>23,162.</td>
<td>183.</td>
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<tr>
<td>TOTAL TO FORM 990, LN 57</td>
<td>1,342,431.</td>
<td>978,559.</td>
<td>363,872.</td>
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FORM 990  NON-GOVERNMENT SECURITIES  STATEMENT 10

<table>
<thead>
<tr>
<th>SECURITY DESCRIPTION</th>
<th>COST/FMV</th>
<th>CORPORATE STOCKS</th>
<th>CORPORATE BONDS</th>
<th>OTHER PUBLICLY TRADED SECURITIES</th>
<th>TOTAL NON-GOV'T SECURITIES</th>
</tr>
</thead>
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<tr>
<td>NATIONAL CITY</td>
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<td>1,630,102.</td>
<td>1,630,102.</td>
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<tr>
<td>INVESTMENTS</td>
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<tr>
<td>TO FORM 990, LINE 54A, COL B</td>
<td></td>
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<td>1,630,102.</td>
<td>1,630,102.</td>
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</table>

FORM 990  PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES  STATEMENT 11

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVRG HRS/WK</th>
<th>COMPENSATION</th>
<th>EMPLOYEE BEN PLAN CONTRIB</th>
<th>EXPENSE ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFFREY R. TAYLOR, PH.D.</td>
<td>EXEC. DIRECTOR 40.00</td>
<td>159,725.</td>
<td>18,372.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OKemos, MI 48864</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JEAN CHABUT</td>
<td>PRESIDENT 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OKemos, MI 48864</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MATTHEW L. BOULTON</td>
<td>VICE PRESIDENT 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
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</tr>
<tr>
<td>OKemos, MI 48864</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENISE HOLMES</td>
<td>SECRETARY/TREASURER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OKemos, MI 48864</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>KAREN ALDRIDGE-EASON, MPA</td>
<td>DIRECTOR 0.50</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>OKemos, MI 48864</td>
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</tr>
<tr>
<td>JANET OLSZEWSKI</td>
<td>DIRECTOR 0.50</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
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</tr>
<tr>
<td>OKemos, MI 48864</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>JACQUELYNNE BORDEN-CONEYERS</td>
<td>DIRECTOR 1.00</td>
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<td>0.</td>
</tr>
<tr>
<td>2436 WOODLAKE CIRCLE, STE. 300</td>
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<tr>
<td>OKemos, MI 48864</td>
<td></td>
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</tr>
</tbody>
</table>
MICHIGAN PUBLIC HEALTH INSTITUTE
MICHIGAN.

38-2963835
**Form 4562**  
**Depreciation and Amortization**  
(Including Information on Listed Property)  
*See separate instructions. Attach to your tax return.*

### Part I  
**Election To Expense Certain Property Under Section 179**
- Note: if you have any listed property, complete Part V before you complete Part I.

1. Maximum amount. See the instructions for a higher limit for certain businesses  
   - (a) Description of property  
   - (b) Cost (business use only)  
   - (c) Declared cost  
   -  
   - (d) Allowable deduction  
   - 125,000.

2. Total cost of section 179 property placed in service (see instructions)  
   -  
   - 500,000.

3. Threshold cost of section 179 property before reduction in limitation  
   -  
   -  

4. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0.  
   -  
   -  

5. Carryover limitation for tax year. Subtract line 4 from line 1. If zero or less, enter 0.  
   -  
   -  

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II  
**Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14. Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulose biomass ethanol plant property placed in service during the tax year  
   -  
   -  

15. Property subject to section 168(l)(1) election  
   -  
   -  

16. Other depreciation (including ACRS)  
   -  
   - 84,299.

### Part III  
**MACRS Depreciation (Do not include listed property.)**

#### Section A

17. MACRS deductions for assets placed in service in tax years beginning before 2007  
   -  
   -  

18. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  
   -  

#### Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>c 7-year property</td>
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<tr>
<td>d 10-year property</td>
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<tr>
<td>e 15-year property</td>
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<td></td>
<td></td>
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<tr>
<td>f 20-year property</td>
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<tr>
<td>g 25-year property</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real property</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c 40-year</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Part IV  
**Summary**

21. Listed property. Enter amount from line 28  
   -  
   -  

22. Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (b), and line 21.  
   - Enter here and on the appropriate lines of your return, Partnerships and S corporations - see instructions  
   -  

23. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  
   -  
   -  

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2007)

16290820 755817 06263 2007.06000 MICHIGAN PUBLIC HEALTH INST 06263_1
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a. Do you have evidence to support the business/investment use claimed?  Yes  ☐  No  ☐  24b. If "Yes," is the evidence written?  Yes  ☐  No  ☐

25. Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use:  25

26. Property used more than 50% in a qualified business use:

27. Property used 50% or less in a qualified business use:

28. Add amounts in column (f), lines 25 through 27. Enter here and on line 21, page 1:  28

29. Add amounts in column (f), line 26, Enter here and on line 7, page 1:  29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30. Total business/investment miles driven during the year (do not include commuting miles):  30

31. Total commuting miles driven during the year:  31

32. Total other personal (noncommuting) miles driven:  32

33. Total miles driven during the year.
Add lines 30 through 32:  Yes  No  33

34. Was the vehicle available for personal use during off-duty hours?:  Yes  No  34

35. Was the vehicle used primarily by a more than 5% owner or related person?:  Yes  No  35

36. Is another vehicle available for personal use?:  Yes  No  36

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?:  Yes  No  37

38. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners:  Yes  No  38

39. Do you treat all use of vehicles by employees as personal use?:  Yes  No  39

40. Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?:  Yes  No  40

41. Do you meet the requirements concerning qualified automobile demonstration use?:  Yes  No  41

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI - Amortization

42. Amortization of costs that begins during your 2007 tax year:
SOFTWARE 11,050.7  35,000.0  167  36 MO.  1,944.

43. Amortization of costs that began before your 2007 tax year:

44. Total, Add amounts in column (f), See the instructions for where to report:  44

16290820 755817 06263  2007.06000 MICHIGAN PUBLIC HEALTH INST 06263_1
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning ____________ 2007, and ending ____________ 2007.

Do not send to the IRS. Keep for your records.

See instructions.

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶ N/A

Name of exempt organization
MICHIGAN PUBLIC HEALTH INSTITUTE

Name and title(s) of officer
TRACY Y. LITZINGER
CFO

Employer identification number 38-2963835

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [X] b Total revenue, if any (Form 990, line 12) ................................................. 1b 27916308
2a Form 990-EZ check here ▶ [ ] b Total revenue, if any (Form 990-EZ, line 9) ................................................. 2b
3a Form 1120-POL check here ▶ [ ] b Total tax (Form 1120-POL, line 22) ................................................. 3b
4a Form 990-PF check here ▶ [ ] b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .................. 4b
5a Form 990 check here ▶ [ ] b Balance Due (Form 990, line 3c) ..................................................... 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MANER, COSTERISAN & ELLIS, PC to enter my PIN 12345

ERO firm name
do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 38015723465
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above, I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ Date ▶

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To The IRS Unless Requested To Do So

LHA, For Paperwork Reduction Act Notice, see instructions.

72395-00 12-01-07

16290820 755817 06263 2007.06000 MICHIGAN PUBLIC HEALTH INST 06263_1
Application for Extension of Time To File an Exempt Organization Return

Form 8868  
(Ret. March 2008)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.  
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part III unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I  
Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 990-EZ, or 990-T, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/affiliates and click on e-file for Charities & Nonprofits.

Name of Exempt Organization: MICHIGAN PUBLIC HEALTH INSTITUTE  
Employer identification number: 38-2963835

Flat by the due date for this return.See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

OKEemos, MI 48864

Check type of return to be filed (file a separate application for each return):

- X Form 990  
- Form 990-BL  
- Form 990-EZ  
- Form 990-PF  
- Form 990-T (corporation)  
- Form 990-T (sec. 401(a) or 408(a) trust)  
- Form 1041-A  
- Form 5227  
- Form 8870

Telephone No.: (517) 324-8318  
FAX No.:  

- If the organization does not have an office or place of business in the United States, check this box.  
- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover.

1  
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:  
- X calendar year 2007 or  
- tax year beginning ____________, and ending ____________.

2  
If this tax year is for less than 12 months, check reason:  
- Initial return  
- Final return  
- Change in accounting period

3a  
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8283, enter the tentative tax, less any nonrefundable credits. See instructions.  
3a $ ____________

3b  
If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  
3b $ ____________

3c  
Balance Due. Subtract line 3a from line 3b. Include your payment with this form, or, if required, deposit with FTZD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  
3c $ N/A

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8870-EO for payment instructions.

LHA  
For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
Form 8868 (Rev. 3-2008)

73001  
03-8-08
Part II—Additional (Not Automatic) 3-Month Extension of Time. You must file the original and one copy.

Name of Exempt Organization:

MICHIGAN PUBLIC HEALTH INSTITUTE

Number, street, and room or suite no. If a P.O. box, see instructions.

2436 WOODLAKE CIRCLE, NO. 300

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

OKemos, MI 48864

Employer identification number

38-2963835

Check type of return to be filed (File a separate application for each return):

X Form 990

Form 990-EZ

Form 990-T (sec. 401(a) or 408(a) trust)

Form 1041-A

Form 5227

Form 3670

Form 990-BL

Form 990-PF

Form 990-T (trust other than above)

Form 4720

Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of: TRACY Y. LITZINGER, CPA, CFP

Telephone No. (517) 324-8318

Fax No. □

- If the organization does not have an office or place of business in the United States, check this box □

- If this is for a Group Return, enter the organization’s four-digit Group Exemption Number (GEN) □

If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

4 Calendar year 2007, or other tax year beginning ( ), and ending ( ).

5 If this tax year is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period.

6 If you request an additional 3-month extension of time until NOVEMBER 15, 2008.

7 State in detail why you need the extension.

MORE TIME NEEDED TO COMPLETE A FULL AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a $ 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b $

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to sign this form.

Signature □ Title □ CPA Date □

Form 8868 (Rev. 4-2008)

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