DLN: 93493228036856

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A Forth	e 2015 cal	endar year, or tax year begi	inning 01-01-2015 , and ending 12-3	1-2015				
	c If applicable C Name of organization SEIU HEALTHCARE MICHIGAN					D Employer identification number		
Address change		SELO REALITICARE MICHIGAN			01-0	01-0897469		
Name change Initial return Final return/terminated Amended return		Number and street (or P O box if mail is not delivered to street address) Room/suite 2604 FOURTH STREET City or town, state or province, country, and ZIP or foreign postal code						
					E Telepl	E Telephone number (313) 963-3847		
					(313			
Application pending		DETROIT, MI 482012546			G Gross	G Gross receipts \$ 7,448,495		
		F Name and address of	f principal officer	H(a)	Is this a grou	p return f	or	
		DETROIT, MT 482012546			subordinates? Yes No Are all subordinates Yes No			
					included?	linates	□Yes □No	
					If "No," attach a list (see instructions)			
	te:► N/A) = (IIISELL IIIO) +347(a)(1) (II 327	— H(c)	Group exemp	tion num	ber ►	
	<u>, , , , , , , , , , , , , , , , , , , </u>		_			1		
Form of o		Corporation Trust Asso	ciation Other 🟲	L Yea	ar of formation 2	.007 M S	itate of legal domicile M	
		.	sion or most significant activities					
	•	-	URS AND WORKING CONDITIONS	FOR ITS ME	MBERS			
<u> </u>								
2								
2	Check th	s box 🚩 if the organizatio	n discontinued its operations or dispo	sed of more t	han 25% of its	s net ass	ets	
	Numbero	f voting members of the gov	verning body (Part VI, line 1a)			3	29	
			ers of the governing body (Part VI, line			4	5	
5	Total nun	nber of individuals employed	d ın calendar year 2015 (Part V, lıne 2	a)		5	250	
			e if necessary)			6	0	
			m Part VIII, column (C), line 12			7a	0	
D	Net unreia	ted business taxable incom	e from Form 990-T, line 34	· · ·	Prior Year	7b 	Current Year	
8	Contril	rogram service revenue (Part VIII, line 1h)			11101 1 Cu1	0	(
∄ 9					5,398,383		5,446,45	
9 10					-70,890		754,814	
							1,247,230	
12	12)				8,347,855		7,448,49!	
13	Grants	ants and similar amounts paid (Part IX, column (A), lines 1–3)			21,500		8,000	
14	Benefits paid to or for members (Part IX, column (A), line 4)				0		(
g 15	5-10)	es, other compensation, employee benefits (Part IX, column (A), lines) ssional fundraising fees (Part IX, column (A), line 11e)			4,238,787		4,000,317	
%	Profes					0		
ਨੂੰ ਾ		ndraising expenses (Part IX, colum						
		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			4,704,166		3,537,359	
18 19		nue less expenses Subtract line 18 from line 12			8,964,453 -616,598		7,545,676	
					ning of Current		End of Year	
Secondary 20 21 22	.							
型 20 型 21		l assets (Part X, line 16)			1,099,147		1,428,543 2,889,306	
E 22							-1,460,765	
Part II		ature Block			·		· · · · · ·	
y knowle		pelief, it is true, correct, and	e examined this return, including accol complete Declaration of preparer (otl					
	****	*** 20 ature of officer D						
ign	I							
lere		GARET ROBINSON PRESIDENT or print name and title						
	P	rınt/Type preparer's name	Preparer's signature	Date	Check f	PTIN		
Paid Preparer		ARY A KUSHNERCPA	GARY A KUSHNERCPA		self-employed P00034735			
					-	n's EIN > 26-1482899 ne no (248) 626-5258		
Jse Or	าly ်ˈ	m's address ► 28580 ORCHARD			rnone no (24	ø) 626-525	00	

FARMINGTON HILLS, MI 48334

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No