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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 black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MICHIGAN CENTER FOR RURAL HEALTH Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite MSU, B-218 FEE HALL City or town, state or country, and ZIP + 4 EAST LANSING, MI 48824-1316	D Employer identification number 38-3180997
		E Telephone number 517-432-1066
		G Gross receipts \$ 1,665,847.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No NIA If "No," attach a list. (see instructions)
F Name and address of principal officer: JOHN BARNAS SAME AS C ABOVE		H(c) Group exemption number ▶ NIA
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MCRH.MSU.EDU		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE CORPORATION IS TO DEVELOP A COORDINATED RURAL HEALTH PROGRAM, TO CONDUCT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,250,641.	1,587,873.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,152.	74,124.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,333.	3,850.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,329,126.	1,665,847.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		490,000.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	324,928.	365,717.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,990,793.	788,938.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,315,721.	1,644,655.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	13,405.	21,192.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	583,835.	416,140.
	22 Net assets or fund balances. Subtract line 21 from line 20	515,106.	326,219.
		68,729.	89,921.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer JOHN BARNAS, EXECUTIVE DIRECTOR Type or print name and title	Date 2.11.10	
Paid Preparer's Use Only	Preparer's signature Stephen B. Kutas CPA	Date 2/11/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KUTAS & ASSOCIATES, P C 6017 WEST ST JOSEPH LANSING, MI 48917	EIN ▶ 38-2387719	Preparer's identifying number (see instructions)
		Phone no. ▶ 517-323-7508	

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

☒ Yes ☐ No

832001 12-18-08

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

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

915-16

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SCANNED MAR 10 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO COORDINATE, PLAN, AND ADVOCATE FOR IMPROVED HEALTH FOR MICHIGAN'S RURAL RESIDENTS AND COMMUNITIES.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

4a (Code:) (Expenses \$ 995,065. including grants of \$ 60,000.) (Revenue \$)

RH FLEXIBILITY PLAN: PROGRAM TO CREATE A SERIES OF RURAL NETWORKS THROUGH WHICH THE CRITICAL ACCESS HOSPITALS WILL BE ABLE TO IMPROVE HEALTH SERVICES WITHIN MICHIGAN RURAL COMMUNITIES.

4b (Code:) (Expenses \$ 353,294. including grants of \$ 340,000.) (Revenue \$)

SMALL HOSPITAL IMPROVEMENT PROGRAM: PROGRAM TO IMPLEMENT ACTIVITIES AND PROVIDE SERVICES FOR IMPROVING SMALL HOSPITALS IN RURAL AREAS OF MICHIGAN.

4c (Code:) (Expenses \$ 136,169. including grants of \$) (Revenue \$)

STATE OFFICE OF RURAL HEALTH: PROGRAM TO COORDINATE & NETWORK WITH OTHER HEALTH POLICY OFFICIALS ON DEVELOPMENT OF COMPREHENSIVE APPROACHES TO RURAL HEALTH CARE DELIVERY AND TO PROVIDE ASSISTANCE AND SUPPORT FOR THE DEVELOPMENT OF SERVICES IN RURAL AREAS OF MICHIGAN.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 115,880. including grants of \$ 90,000.) (Revenue \$)

4e Total program service expenses ► \$ 1,600,408. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	11	
1b Enter the number of voting members that are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JOHN BARNAS - 517-432-1066
MSU, B-218 FEE HALL, EAST LANSING, MI 48824

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AFONSO C. FERREIRA, MD VICE PRESIDENT	2.00	X						0.	0.	0.
DR. THOMAS FASBENDER IMMEDIATE PAST PRESIDENT	1.00	X						0.	0.	0.
WILLIAM J. HART, JR. SECR./TREAS.	2.00	X						0.	0.	0.
DAVID B. JAHN DIRECTOR	1.00	X						0.	0.	0.
DIANNA L. SCHAFER, MPA PRESIDENT	2.00	X						0.	0.	0.
KATE SEGAL DIRECTOR	1.00	X						0.	0.	0.
PAM YAGER DIRECTOR	1.00	X						0.	0.	0.
MARYLEE PAKIESER, MSN, R DIRECTOR	1.00	X						0.	0.	0.
JOHN HUBINGER DIRECTOR	1.00	X						0.	0.	0.
LINDA SHIVELY DIRECTOR	1.00	X						0.	0.	0.
KENDRA EVERETT DIRECTOR	1.00	X						0.	0.	0.
JOHN BARNAS EXECUTIVE DIRECTOR	40.00				X			75,000.	0.	23,017.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								23,017.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,523,676.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,197.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1587873.			
Program Service Revenue	2 a CONF. REGISTRATION	Business Code	611710	56,009.	56,009.		
	b CONSULTING		541900	11,750.	11,750.		
	c OTHER INCOME		900099	6,365.	6,365.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			74,124.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,850.			3,850.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				1665847.	74,124.	0.	3,850.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	490,000.	490,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,465.	69,904.	24,561.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	212,603.	208,421.	4,182.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,732.	10,423.	1,309.	
9 Other employee benefits	26,500.	25,044.	1,456.	
10 Payroll taxes	20,417.	17,905.	2,512.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,836.	1,362.	474.	
c Accounting	32,820.	29,166.	3,654.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	18,746.	16,184.	2,562.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	26,109.	23,521.	2,588.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,480.	47,480.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	723.	723.		
23 Insurance	2,075.	1,540.	535.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT, COMP., AND H	394,278.	394,278.		
b CAH X	204,535.	204,535.		
c CONTRACTUAL FEE	48,582.	48,582.		
d RECRUITMENT	5,500.	5,500.		
e BCBS - CONSULTANT	4,101.	4,101.		
f All other expenses	2,153.	1,739.	414.	
25 Total functional expenses. Add lines 1 through 24f	1,644,655.	1,600,408.	44,247.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	324,787.	1	351,988.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	257,239.	3	63,066.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 36,350.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 35,264.	10c 1,809.	1,086.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	583,835.	16	416,140.	
Liabilities	17 Accounts payable and accrued expenses	372,332.	17	168,864.
	18 Grants payable		18	
	19 Deferred revenue	142,774.	19	157,355.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	515,106.	26	326,219.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	68,729.	27	89,921.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	68,729.	33	89,921.
34 Total liabilities and net assets/fund balances	583,835.	34	416,140.	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ 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 exempt 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)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,196,560.	1,173,135.	1,220,456.	2,250,641.	1,587,873.	7,428,665.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1,196,560.	1,173,135.	1,220,456.	2,250,641.	1,587,873.	7,428,665.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						7,428,665.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,196,560.	1,173,135.	1,220,456.	2,250,641.	1,587,873.	7,428,665.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,664.	4,109.	5,108.	4,333.	3,850.	19,064.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						7,447,729.
12 Gross receipts from related activities, etc. (see instructions)					12	312,193.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.74	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.76	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,762.	28,676.	1,086.
e Other		6,588.	6,588.	0.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,086.

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,665,847.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,644,655.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	21,192.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	21,192.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,672,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,000.
3	Subtract line 2e from line 1	3	1,665,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,665,847.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,651,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,000.
3	Subtract line 2e from line 1	3	1,644,655.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,644,655.

Part XIV Supplemental Information

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number
38-3180997

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGAN GENERAL HOSPITAL 555 LINN ST ALLEGAN, MI 49010	38-1359180	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITIES IN ACHIEVING HEALTHY LIFESTYLES.
ASPIRUS KEWEENAW 205 OSCEOLA ST LAURIUM, MI 49913-2199	38-1443361	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
ASPIRUS ONTONAGON HOSPITAL 601 S SEVENTH ST ONTONAGON, MI 49953-1496	38-2860882	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
BARAGA COUNTY MEMORIAL HOSPITAL 770 N MAIN ST L'ANSE, MI 49946	38-2892565	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
BELL MEMORIAL HOSPITAL 901 LAKESHORE DRIVE ISHPEMING, MI 49849	38-1394903	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
BORGESS-LEE MEMORIAL HOSPITAL 420 W. HIGH ST DOWAGIAC, MI 49047	38-1490190	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

40.

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: WHEN MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES, THE ORGANIZATION'S PROCEDURES INCLUDE USING A MID-TERM REPORT AND A FINAL REPORT.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).OMB No. 1545-0047
2008**Open to Public
Inspection**

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTHEmployer identification number
38-3180997**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONSON LAKEVIEW HOSPITAL 408 HAZEN ST. PAWPAW, MI 49079-0209	38-1359218	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CARO COMMUNITY HOSPITAL 401 N HOOPER, PO BOX 435 CARO, MI 48723-0435	38-3426063	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
CARSON CITY HOSPITAL 406 E ELM STREET CARSON CITY, MI 48811	38-1490180	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CHARLEVIOX AREA HOSPITAL 14700 LAKESHORE DR CHARLEVOIX, MI 49720	75-3078034	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
CHEBOYGAN MEMORIAL HOSPITAL 748 SOUTH MAIN STREET CHEBOYGAN, MI 49721	38-1398825	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CLINTON MEMORIAL HOSPITAL 805 S OAKLAND/PO BOX 260 ST JOHNS, MI 48879-2253	38-1358172	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
DECKERVILLE COMMUNITY HOSPITAL 3559 PINE ST, PO BOX 126 DECKERVILLE, MI 48427	38-1415390	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
EATON RAPIDS MEDICAL CENTER 1500 S. MAIN ST. EATON RAPIDS, MI 48827	38-1559180	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number
38-3180997

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VIEW HEALTH SYSTEM N10561 GRAND VIEW LN IRONWOOD, MI 49938	23-2330671	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HARBOR BEACH COMMUNITY HOSPITAL 210 S FIRST ST HARBOR BEACH, MI 48441-0040	38-1565380	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HAYES GREEN BEACH MEMORIAL HOSPITAL - 121 E HARRIS ST - CHARLOTTE, MI 48813	38-2007629	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HELEN NEWBERRY JOY HOSPITAL 502 W HARRIE ST NEWBERRY, MI 49868	38-2873485	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HERRICK MEDICAL CENTER 500 POTTAWATAMIE ST TECUMSEH, MI 49286	38-3049015	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HILLS & DALES GENERAL HOSPITAL 4675 HILL ST CASS CITY, MI 48726-1099	38-1619577	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
IONIA COUNTY MEMORIAL HOSPITAL 479 LAFAYETTE ST IONIA, MI 48846	38-3218134	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
IRON COUNTY COMMUNITY HOSPITALS 1400 W ICE LAKE RD IRON RIVER, MI 49935	38-3236977	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KALKASKA MEMORIAL HEALTH CENTER 419 S CORAL ST, PO BOX 249 KALKASKA, MI 49646-9348	38-6032904	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		
MACKINAC STRAITS HOSPITAL & HEALTH CENTER - 220 BURDETTE ST - ST IGNACE, MI 49781-1792	20-8756459	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MARLETTE REGIONAL HOSPITAL 2770 MAIN ST, PO BOX 307 MARLETTE, MI 48453-0307	38-1507302	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MCKENZIE MEMORIAL HOSPITAL 120 DELAWARE ST. SANDUSKY, MI 48471-1087	38-1738615	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MERCY HEALTH PARTNERS-LAKESHORE CAMPUS - 72 SOUTH STATE STREET - SHELBY, MI 49455	38-2549295	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MERCY HEALTH SERVICES NORTH 1100 EAST MICHIGAN AVE GRAYLING, MI 49738-1398	38-2113393	501(C)(3)	18,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MIDMICHIGAN MEDICAL CENTER 515 S QUARTER ST GLADWIN, MI 48624	38-6020434	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
MUNISING MEMORIAL HOSPITAL 1500 SAND POINT RD MUNISING, MI 49862	38-1507046	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVE. FRANKFORT, MI 49635-9348	38-1415623	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		
PORTAGE HEALTH SYSTEM 500 CAMPUS DR HANCOCK, MI 49930-1576	38-1381288	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		
SCHURER HEALTHCARE NETWORK 170 N CASEVILLE RD PIGEON, MI 49755	38-1456056	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
SCHOOLCRAFT MEMORIAL HOSPITAL 500 MAIN ST MANISTIQUE, MI 49854	74-2517055	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		
SHERIDAN COMMUNITY HOSPITAL 301 N MAIN ST SHERIDAN, MI 48884-9775	38-1369796	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
SPECTRUM HEALTH - KELSEY CAMPUS 418 WASHINGTON LAKEVIEW, MI 48850	38-1297435	501(C)(3)	13,500.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.		
SPECTRUM HEALTH - REED CITY CAMPUS 300 N. PATTERSON, PO BOX 75 REED CITY, MI 49677	38-2770076	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		
ST JOSEPH HEALTH SYSTEM 200 HEMLOCK ST TAWAS CITY, MI 48764	38-4443395	501(C)(3)	8,500.	0.			IMPROVE HOSPITAL INPATIENT CARE.		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I-1 (Form 990) 2008

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No 1545-0047

Bulk

Open to Public Inspection

Employer identification number
38-3180997

MICHIGAN CENTER FOR RURAL HEALTH

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)
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[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH REGARDING RURAL HEALTH ISSUES, TO ASSIST RURAL COMMUNITIES IN
HEALTH RELATED AREAS, AND SUCH OTHER PURPOSES AS THE BOARD SHALL
DETERMINE FROM TIME TO TIME, IN GENERAL CONFORMANCE WITH THE STATUTE
AUTHORIZING THE CREATION OF THE CORPORATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NATIONAL BIOTERRORISM HOSPITAL PREPAREDENESS, PREVENTIVE HEALTH AND
HEALTH SERVICES, BLUE CROSS/BLUE SHIELD PROGRAM, CONSULTING, OTHER
CONFERENCES

EXPENSES \$ 115880. INCLUDING GRANTS OF \$ 90000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: BYLAW CHANGES TO ADD ARTICLE X
HAVING TO DO WITH CONFLICTS OF INTEREST

FORM 990, PART VI, SECTION A, LINE 10: THE AUDITOR PRESENTS THE FORM 990
TO THE FINANCE COMMITTEE FOR REVIEW; ONE WEEK LATER THE FORM 990 IS
PRESENTED BY THE AUDITOR TO THE FULL BOARD OF DIRECTORS AT THE JANUARY
BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE PERSONNEL
COMMITTEE REVIEWS MICHIGAN NONPROFIT ASSOCIATION COMPENSATION SURVEY DATA
AND THE STATE OF MICHIGAN EMPLOYEE DATA AND PRESENTS THE
INFORMATION/RECOMMENDATION TO THE FINANCE COMMITTEE FOR APPROVAL; THEN IT
IS PRESENTED TO THE FULL BOARD FOR APPROVAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

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Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

Michigan Center for Rural Health

Bylaws

Revised March 2009

ARTICLE I
Name and Purpose

- Section 1. Name. The Name of the Corporation shall be the Michigan Center for Rural Health.
- Section 2. Purpose. The Purpose of the Corporation is to develop a coordinated rural health program, to perform and conduct research regarding rural health issues, to assist rural communities in health related areas, and such other purposes as the Board of Directors shall determine from time to time, in general conformance with the statute authorizing the creation of the Corporation.

ARTICLE II
Board of Directors

- Section 1. Directorship. The Corporation shall be organized upon a directorship basis. The property, business, and affairs of the Corporation shall be managed by its Board of Directors. The Board of Directors shall annually review and establish goals and criteria for evaluating the performance of the Corporation.
- Section 2. Number and Term of Office. The number of persons sitting on the Board of Directors shall not be more than twelve; and shall consist of representatives from each of the following organizations:
1. The Michigan State Medical Society or its successor. The representative appointed under this subdivision shall be a physician practicing in a county with a population of not more than 100,000.
 2. The Michigan Osteopathic Association or its successor. The representative appointed under this subdivision shall be a physician practicing in a county with a population of not more than 100,000.
 3. The Michigan Nurses Association or its successor. The representative appointed under this subdivision shall be a nurse practicing in a county with a population of not more than 100,000.
 4. The Michigan Health & Hospital Association or its successor. The representative appointed under this subdivision shall be from a hospital in a county with a population of not more than 100,000.

Bylaws of The Michigan Center for Rural Health

5. The Michigan Primary Care Association or its successor. The representative appointed under this subdivision shall be from a primary care organization in a county with a population of not more than 100,000.
6. The Michigan Association for Local Public Health or its successor. The representative appointed under this subdivision shall be from a county health department for a county with a population of not more than 100,000, or from a district health department with at least 1 member from a county with a population of not more than 100,000.
7. The Office of the Governor.
8. The State of Michigan Department of Community Health.
9. The State of Michigan Emergency Medical Services Division.
10. The Michigan State Senate.
11. The Michigan State House of Representatives.
12. The Michigan State University. The Michigan State University representative will be ex-officio.

Section 3. Proxy Rights. Each member of the Board of Directors shall have the authority to designate an individual to represent them at Board of Directors meetings or as otherwise directed by the Board of Directors member. If a Board of Directors member designates an individual to represent them, the Board of Directors member shall notify the Board of Directors in writing prior to the next scheduled Board of Directors meeting. Unless otherwise provided by the designating Board of Directors member, the appointed representative shall have the same privileges and responsibilities of a full Board of Directors member.

Section 4. Standing Committees. In its sole discretion, the Board of Directors shall be empowered to establish standing committees consisting of voting members and non-voting members to carry out such duties as the Board of Directors shall determine to be in the best interest of the Corporation. Such committees shall be appointed by the President and approved by the Board of Directors. In addition, the following committees shall be standing Committees of the Board of Directors:

Bylaws of The Michigan Center for Rural Health

1. Executive Committee.
2. Personnel Committee.
3. Finance Committee.

Section 5. Term. Except as otherwise provided in the Articles of Incorporation, members of the Board of Directors shall serve at the pleasure of their appointing organizations. Each organization represented on the Board of Directors shall be notified sixty days prior to the annual meeting for appointment of a representative of their member organization.

Section 6. Compensation. The Board of Directors shall not receive any salary or compensation for their services as such, but, if sufficient funds are available, they shall be entitled to receive reimbursement for actual expenses incurred or to be incurred exclusively in the conduct of the business of the Corporation. Reimbursement shall be at the sole discretion of the Board of Directors.

Section 7. Meetings. Meetings of the Board of Directors shall be at the principal office of the Corporation, unless a different location is selected and approved by the Board of Directors prior to the meeting.

Section 8. General Powers as to Negotiable Paper. The Board of Directors shall, from time to time, prescribe the manner of making, signing, or endorsement of checks, notes, acceptances, bills of exchange, obligations and other negotiable paper or other instruments for the payment of money; and designate the officer or officers, agent or agents, who shall from time to time be authorized to make, sign or endorse the same on behalf of the Corporation.

Section 9. Powers as to Other Documents. Except as otherwise provided in these bylaws, the Board of Directors may authorize any officer or officers, agent or agents, to enter into any contract or execute or deliver any conveyance or other instrument in the name of the Corporation, and such authority may be general or confined to specific instances. The authorization shall be in writing and shall specify the authority of the officer or officers, agent or agents and the business to be conducted in the name of the corporation. The same may be executed on behalf of the Corporation by any two of the following: the President, Executive Director, Vice President, and attested by the Secretary/Treasurer.

Article III
Officers of the Board of Directors

- Section 1. Election or Appointment. The Board of Directors shall elect a President, Vice President, and a Secretary/Treasurer of the Corporation at each annual meeting or as determined by the Board of Directors. The Board of Directors may also appoint such other officers and agents as they may deem necessary for the transaction of the business of the Corporation.
- Section 2. Term of Office. The term of office of all officers shall commence upon their election or appointment and shall continue until the next annual meeting of the Corporation and thereafter until their respective successors are chosen or until their resignation or removal. Any officer may be removed from office at any meeting of the Board of Directors, with or without cause, by the affirmative vote of a majority of the Board of Directors, whenever in their judgment the best interests of the Corporation will be served thereby. A member of the Board of Directors may resign by written notice to the Corporation. The resignation shall be effective upon its receipt by the Corporation or at a subsequent time specified in the notice of resignation. Except as otherwise noted in these By Laws, the President may serve a two year term of office. There shall be no prohibition of an officer serving more than one term in an elected position.
- Section 3. Compensation. Members of the Board of Directors may not serve as employees or officers of the corporation in any capacity. In addition, members of the Board of Directors are not entitled to compensation for their services as a Board of Directors member except as otherwise provided by these bylaws.
- Section 4. President. The President of the Board of Directors shall be the chief executive officer of the Corporation and shall see that all orders and resolutions of the Board of Directors are carried into effect. He or she shall execute all authorized conveyances, contracts, or other obligations in the name of the Corporation except where required by law to be otherwise signed and executed and except where the signing and execution thereof shall be expressly delegated by the Board of Directors to some other officer or agent of the Corporation. He or she shall preside at meetings of the Board of Directors. In his or her absence, the Vice President shall appoint himself or herself or another Board of Directors member to preside over the Board of Directors meeting at which the President of the Board of Directors is absent.

Bylaws of The Michigan Center for Rural Health

Section 5. Vice President. The Vice President shall, in the absence or disability of the President, perform the duties and exercise the powers of the President and shall perform such other duties as the Board of Directors shall prescribe.

Section 6. Secretary/Treasurer. The Secretary/Treasurer shall attend the meetings of the Board of Directors and record all votes and the minutes of all proceedings. He or she shall give, or cause to be given, notice of all meetings of the Directors for which notice may be required, and shall perform such other duties as may be prescribed by the Directors or by the President, under whose direction he or she shall act. The Secretary/Treasurer shall execute with the President all authorized conveyances, contracts or other obligations in the name of the Corporation except as otherwise directed by the Directors. The Secretary/Treasurer, or his or her designee: shall have custody of the funds and securities of the Corporation and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Corporation; shall deposit all moneys and other valuable effects in the name and to the credit of the Corporation in such depositories as may be designated by the Board of Directors; shall disburse the funds of the Corporation as may be ordered by the Board of Directors, taking proper vouchers for such disbursements; shall render to the President and Board of Directors, at the regular meeting to the Directors, or whenever they may require it; shall account of all his or her transactions as Secretary/Treasurer and of the financial conditions of the Corporation. If required by the Board of Directors, the Secretary/Treasurer, or his or her designee, shall give the Corporation a bond in such sum and with such surety or sureties as shall be satisfactory to the Directors for the faithful performance of the duties of that office and for the restoration to the Corporation (in case of his or her death, resignation, or removal from office) of all books, papers, vouchers, money and other property of whatever kind in the Secretary/Treasurer's possession or under his or her control belonging to the Corporation. The Secretary/Treasurer shall follow standard business accounting practices and shall give a monthly accounting of receipts and expenditures. In addition, the Secretary/Treasurer shall detail outstanding receivables and expenditures on a monthly basis to the Board of Directors. The Secretary/Treasurer, upon approval of the Board of Directors by majority vote, may delegate certain business and accounting functions to the executive director of the corporation.

Section 7. Past President. The immediate Past President shall serve on the Executive Committee unless otherwise directed by the Board of Directors.

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- Section 8. Michigan State University Representative. A representative of Michigan State University shall serve on the Board of Directors as an ex-officio member. The Michigan State University Representative shall be appointed by the president of the University.

ARTICLE IV
Meetings

- Section 1. Annual Meeting. The Annual Meeting of the Board of Directors shall be held each year unless otherwise agreed upon by the majority of the Directors. At the annual meeting, the executive director shall prepare and present an annual report detailing the objectives and accomplishments of the corporation for the previous year and outline goals and objectives for the subsequent year. In addition, the annual report shall contain a detailed accounting of finances for the corporation in accordance with standard business accounting practices.
- Section 2. Directors. The annual meeting shall include the impaneling of the Board of Directors to serve during the forthcoming year and the transacting of such other business as may properly be brought and addressed at the meeting.
- Section 3. Special Meeting. Either the President of the Board of Directors or the Executive Director, in their sole discretion, may call a special meeting of the Board of Directors. The President of the Board of Directors or the Executive Director shall call a special meeting of the Board of Directors if another member of the Board of Directors shall so direct in writing, stating the purpose or purposes of the requested meeting. The business transacted at a special meeting of the Board of Directors shall be limited to the purpose or purposes of the meeting as stated in the meeting notice. The notice of the meeting shall contain the time, place, location, and purpose of the meeting and shall comply with all other provisions as specified in Article IV, Section 4.
- Section 4. Notice of the Meetings. All notices shall contain the time, place, location, and the purpose of the meeting, shall be signed by the President or his or her designee and shall be served either personally, by mail, by fax, or other means as appropriate, upon each Board of Directors member not less than 10 calendar days before the meeting; directed to each Board of Directors member-at his or her address as it appears in the records of the corporation unless he or she shall have filed with the Secretary/Treasurer, or his or her designee, thereof a written request that notices intended for him or her to be

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mailed to some other address, in which case it shall be mailed to the address designated in such request. Meetings may be held without notice if a majority of the Board of Directors vote affirmatively, are present, and if notice of the time, place, location, and purpose of such meeting is waived by writing either before or after the holding thereof, by each Board of Directors member not present at such meetings.

Section 5. Quorum. Attendance of 50% plus one of the Board of Directors then holding office shall constitute a quorum for the transaction of business and the action of the Board of Directors present at a meeting at which a quorum is present shall be the action of the Board of Directors, except as action by a majority of the Board of Directors then holding office may be specifically required by other sections of the Bylaws.

Section 6. Conduct of Meetings. Meetings of the Board of Directors shall be presided over by the President of the Board of Directors, the Vice President, their designee, or as these bylaws provide. The Secretary/Treasurer, or the Secretary/Treasurer's designee, shall act as secretary of the meeting for purposes of recording minutes and other functions as directed by the President of the Board of Directors. Records of all meetings shall be kept and maintained as directed by the Board of Directors.

Section 7. Absence. If a member of the Board of Directors exceeds three unexcused absences within one calendar year or is determined by a majority vote of the Board of Directors to have failed to have performed his or her duties as a member of the Board of Directors, the Executive Director, at the direction of the President and in writing, shall notify the organization that appointed the member of the Board of Directors of these circumstances. An organization, receiving such a notice in its discretion may determine what, if any, action it should take in respect to the Director. If the organization fails to take remedial action, the Board of Directors may, by majority vote, suspend the participation of the organization until an appropriate successor is named by the organization. If an organization is suspended, the total number of members of the Board of Directors shall be adjusted accordingly for purposes of a quorum until a successor is appointed by the member organization.

An unexcused absence is a failure to provide reasonable notice of unavailability to attend a Board of Directors meeting.

Section 8. Withdrawal. A member of the Board of Directors may withdraw by

presenting to the President of the Board of Directors a written statement of resignation. When a vacancy is created through the resignation, death, or removal of a member of the Board of Directors, the President shall direct the executive director to contact the organization that had appointed the member of the Board of Directors so that they may appoint a successor.

Section 9. Action by Unanimous Written Consent. If and when the members of the Board of Directors shall severally or collectively consent in writing to any action to be taken by the Corporation, such action shall be a valid corporate action as though it had been authorized at a meeting of the Board of Directors and the written consent shall be filed with the minutes of the proceedings of the Board of Directors.

Section 10. Electronic Conferences. A member of the Board of Directors or other officers designated by the Board of Directors may participate in a meeting of the Board of Directors by a conference telephone or other communication means by which all persons participating in the meeting may hear each other if all participants are advised of the communications equipment and the names of the participants in the conferences are divulged to all participants. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

ARTICLE V

Executive Director

Section 1. Appointment. The Board of Directors shall appoint an Executive Director. The Executive Director shall serve at the pleasure of the Board of Directors.

Section 2. Duties. The Executive Director, shall be vested with the general control and management of the Corporation's business and employees on a day-to-day basis. The Executive Director shall attend all Board of Directors meetings as an *ex officio* member, with voice but without vote.

Section 3. Meetings. The Executive Director shall attend meetings of the Board of Directors. The Executive Director may request to the President of the Board of Directors that other persons be allowed to attend Board of Director meetings. The President shall have the discretion to include or exclude non Board of Director members from meetings of the Board of Directors.

Section 4. Responsibilities. The Executive Director shall not bind, incur indebtedness,

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or obligations to the Board of Directors or the Center unless approved by the Board of Directors,

Section 5. Accounting. The Executive Director shall follow standard business accounting practices including but not limited to payroll record keeping, tax record keeping, and other matters as directed by the Board of Directors.

Section 6. Personnel. The Executive Director, upon authority granted by the Board of Directors, shall have the authority to manage employees and/or officers of the corporation. The Executive Director shall conduct an annual employee evaluation of each employee of the corporation and make recommendations to the Board of Directors for compensation and other matters as directed by the Board of Directors. The Executive Director shall create and maintain a personnel manual, which shall be annually distributed to all employees and officers of the corporation. The Executive Director shall follow standard business practices in providing employees and officers with payroll receipts and other matters as directed by the Board of Directors.

Section 7. Annual report. The Executive Director shall prepare and submit an annual report outlining the goals, objectives and accomplishments of the corporation for the previous year and outline future goals and objectives for the following year. In addition, the annual report shall contain a detailed accounting of finances for the corporation in accordance with standard business accounting practices. The annual report shall be presented to the Board of Directors at the annual meeting and copies shall be provided to all employees and officers of the corporation upon request.

ARTICLE VI
Indemnification

Section 1. Indemnification and Insurance. The Corporation shall, to the fullest extent now or hereafter permitted by law and by regulations and rulings issued by the Internal Revenue Service, indemnify any Director or officer or the Corporation (and, to the extent provided in a resolution of the Board of Directors or by contract, may indemnify any employee or agent of the Corporation) who was or is a party or threatened to be made a party to any threatened, pending, or completed civil action, suit or proceeding by reason of the fact that such person is or was a Director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee or agent of another corporation,

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partnership, joint venture, trust or other enterprise, whether for profit or not for profit, against expenses (other than taxes, penalties, or expenses of the correction) including attorney's fees (which expenses may be paid by the Corporation in advance of the final disposition of such action, suit or proceeding as provided by law), actually and reasonably incurred by such person in connection with such action, suit or proceeding if such person acted (or refrained from acting) in good faith and in a manner such person reasonably believed to be in or not opposed to the best interests of the Corporation and such person is either successful in his or her defense or the proceeding is terminated by settlement, and such person has not acted willfully and without reasonable cause with respect to the Corporation duties concerned. The Corporation may purchase and maintain insurance on behalf of any such person against any liability (including penalties, taxes, expenses of correction, judgment, settlements or expenses) asserted against him or her and incurred by him or her in any such capacity or arising out of his or her status as such, whether or not the Corporation would have the power to indemnify him or her against such liability under the provisions of this Article under the provisions of Section 561 through 565 of the Michigan Nonprofit Corporation Act.

Section 2. Rights to Continue. The indemnification herein provided for shall continue as to a person who has ceased to be a Director or officer of the Corporation and, to the extent provided in a resolution of the Board of Directors or in any contract between the Corporation and such person, may continue as to a person who has ceased to be an employee or agent of the Corporation. Any indemnification of a person who has been entitled to indemnification after such person ceased to be a Director, officer, employee or agent of the Corporation shall inure to the benefit of the heirs, personal representatives and administrators of such person.

ARTICLE VII

Fiscal Year; Notices

Section 1. Fiscal Year. The fiscal year of the Corporation shall begin on the 1st day of October each year and end on the 30th day of September following.

Section 2. Notices. Any notice required by statute or by these Bylaws to be given to the Board of Directors or any officer of the Corporation, unless otherwise provided herein or in any statute, shall be sufficient if given by depositing the same in a United States Post Office box or receptacle in a sealed, postmarked

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envelope, addressed to such Board of Directors or officer at his or her last address as the same appears on the records of the Corporation, and such notice shall be deemed to have been given at the time of such mailing.

ARTICLE VIII

Audit

Section 1. Audit. The books, records and accounts of the Corporation shall be audited on an annual basis by such person(s) or organization(s) as selected and designated by the Board of Directors. The audit findings shall be presented to the Board of Directors at the annual meeting or as directed by the Board of Directors.

ARTICLE IX

Amendments

Section 1. Amendments. These Bylaws may be altered or repealed or new Bylaws may be adopted in lieu thereof by the affirmative vote of a majority of the Board of Directors then in office at any regular or special meeting of the Board of Directors, if a notice of the proposed alteration, repeal or substitution is contained in the notice of such meeting.

ARTICLE X

Conflict of Interest

Section 1. **APPLICATION OF POLICY**
This policy applies to members of the Michigan Center for Rural Health Board of Directors. It prohibits any of these persons with a conflict of interest, as defined herein, from influencing organizational decisions. A copy of this policy shall be provided annually to all board members and to each new board member as they are added to the Board.

DUTY OF GOOD FAITH

The Michigan Center for Rural Health Board of Directors strives to maintain the highest ethical standards in all policies, procedures and programs in its charitable giving and to avoid conflicts of interest. All Board members and officers shall exercise good faith, openness, honesty, and fair dealing in all transactions touching upon their duties to the Michigan Center for Rural Health and its property. They shall not use their positions or knowledge gained from their positions in a way that conflict may arise between their own personal interest and that of the

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Michigan Center for Rural Health. Where a Board member is affiliated with an organization seeking to provide services, equipment or facilities to the Michigan Center for Rural Health, the Board shall use reasonable efforts, such as obtaining comparability data, to ascertain that a more beneficial arrangement could not have been obtained.

DEFINITION OF CONFLICTS OF INTEREST

Conflicts of interest may be of different forms or scope and may be actual or apparent. Conflicts of interest include, but are not limited to: transaction that violate the self-dealing rules of the Internal Revenue Code, transactions that are unfair to the Michigan Center for Rural Health (further an individual's interests at the expense of the Michigan Center for Rural Health, and transactions that create the appearance of a conflict of interest (risking a public perception that may damage the reputation of the Michigan Center for Rural Health or its Board or management, even where the person with an interest in both organizations- "duality of interest" – can act in the interest of both).

DISCLOSURE

When a Board member is affiliated with an organization seeking to provide services, equipment or facilities to the Michigan Center for Rural Health or seeking to obtain funding from the Michigan Center for Rural Health, or when such an individual has any duality of interest or possible conflict of interest, real or apparent, such an affiliation or conflict of interest should be disclosed and made a matter of record at the time it is known that the interest may or will become a matter of Board action. An affiliation with an organization will be considered to exist when a Board member or a member of his or her immediate family or close relative is an officer, director, trustee, partner, employee, or agent of the organization, or has any other substantial interest of dealings with the organization.

VOTING

Any Board member having a duality of interest or possible conflict of interest on any matter should not vote or use his or her personal influence on the matter. The minutes of the meeting should reflect that the disclosure was made, that the interested Board members abstained from voting, that his or her presence was not counted in determining a quorum, and if necessary, to avoid the conflict, the basis, such as obtaining comparability data, used by the Board for making the decision

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STATEMENT OF POSITION

The foregoing requirements should not be construed to prevent a Board member, officer, or volunteer from stating his or her position on the matter under consideration, nor from answering questions of other Board members, officers, volunteers, or staff relating to the matter.