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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SPECTRUM HEALTH FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 MICHIGAN AVE NE

City or town, state or country, and ZIP + 4
GRAND RAPIDS, MI 495032560

D Employer identification number
38-2752328

E Telephone number
(616) 774-7322

G Gross receipts $ 18,989,087

F Name and address of principal officer
LARRY B JONGEKRIJG
25 MICHIGAN AVE NE
GRAND RAPIDS, MI 495032560

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SPECTRUM-HEALTH ORG/GIVE

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1987 | **M** State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SAVING LIVES AND ADVANCING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THROUGH PHILANTHROPY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,524,320	14,011,134
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,597,163	1,099,223
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,660,440	2,440,790
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,587,597	17,551,147
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,710,051	78,083,195
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,412,853	2,062,092
16a	Professional fundraising fees (Part IX, column (A), line 11e)	17,100	17,100
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,415,721		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,415,697	1,231,957
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,555,701	81,394,344
19	Revenue less expenses Subtract line 18 from line 12	-11,968,104	-63,843,197

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	147,529,467	91,966,286
21	Total liabilities (Part X, line 26)	10,007,816	13,323,813
22	Net assets or fund balances Subtract line 21 from line 20	137,521,651	78,642,473

Part II Signature Block

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

Sign Here

****** | 2011-04-22
Signature of officer | Date

LARRY B JONGEKRIJG CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MICHELLE L DERIDDER	Date 2011-04-22	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANDREWS HOOPER PAVLIK PLC 3333 DEPOSIT DR NE STE 310 GRAND RAPIDS, MI 49546			EIN ▶ Phone no ▶ (616) 942-6440

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SAVING LIVES AND ADVANCING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THROUGH PHILANTHROPY

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 $ 72,226,313 including grants of $ 71,352,038) (Revenue $ 2,230,265)

FUNDING FOR CONSTRUCTION OF THE HELEN DEVOS CHILDREN'S HOSPITAL

4b (Code) (Expenses $ 1,644,216 including grants of $ 1,624,314) (Revenue $ 50,772)

PARTIAL FUNDING FOR THE FRED AND LENA MEIJER HEART CENTER

4c (Code) (Expenses $ 556,203 including grants of $ 549,471) (Revenue $ 17,175)

SUPPORT OF CHILD LIFE PROGRAMS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 4,613,216 including grants of $ 4,557,372) (Revenue $ 142,578)

4e **Total program service expenses** ▶ $ 79,039,948

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	1a	23		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	25		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	18		
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?		2	Yes	
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MR LARRY JONGEKRIJG
25 MICHIGAN AVE NE
GRAND RAPIDS, MI 49503
(616) 391-2568

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, 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 current or former 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			
See add'l data										

1b Total . . . . . ▶	538,788	2,249,338	540,547

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FOREMOST GRAPHICS LLC 2921 WILSON DRIVE NW GRAND RAPIDS, MI 49534	MISCELLANEOUS	122,718

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 220,000				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 13,791,134				
	g	Noncash contributions included in lines 1a-1f $ 229,845				
	h	**Total.** Add lines 1a-1f . . . . . ▶	14,011,134			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,068,645			1,068,645
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,062,521				
	b	Less cost or other basis and sales expenses: 1,031,943				
	c	Gain or (loss): 30,578				
	d	Net gain or (loss) . . . . . ▶	30,578			30,578
Other Revenue	8a	Gross income from fundraising events (not including $ 220,000 of contributions reported on line 1c) See Part IV, line 18 . . . a 761,835				
	b	Less direct expenses . . . b 405,997				
	c	Net income or (loss) from fundraising events . . ▶	355,838	355,838		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	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				
	11a	ADMINISTRATIVE REIMBURSEMENT 900,099	2,084,952	2,084,952		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,084,952			
	12	**Total revenue.** See Instructions . . . ▶	17,551,147	2,440,790		1,099,223

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	78,083,195	78,083,195		
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	538,788	167,115	104,174	267,499
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	1,063,619	329,902	205,651	528,066
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	459,685	145,477	80,998	233,210
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	32,000		32,000	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	17,100			17,100
f Investment management fees				
g Other	54,617	22,435	14,758	17,424
12 Advertising and promotion	13,891			13,891
13 Office expenses	415,752	155,608	73,234	186,910
14 Information technology				
15 Royalties				
16 Occupancy	236,732		236,732	
17 Travel	24,031	2,118	2,794	19,119
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,283	12,825	7,664	8,794
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,563		147,563	
23 Insurance				
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 MEMBERSHIPS & AFFILIATION	185,430	92,715		92,715
b DONOR RECOGNITION	46,849	25,820	144	20,885
c BANK CHARGES AND FEES	22,139		22,139	
d OTHER	14,841	1,238	7,460	6,143
e DUES AND SUBSCRIPTIONS	5,779		3,364	2,415
f All other expenses	3,050	1,500		1,550
25 **Total functional expenses.** Add lines 1 through 24f	81,394,344	79,039,948	938,675	1,415,721
26 **Joint costs.** Check here ▶ ☐ 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		36,549	1	2,274,399
	2	Savings and temporary cash investments		65,088,792	2	6,782,886
	3	Pledges and grants receivable, net		36,660,576	3	26,500,066
	4	Accounts receivable, net		434,192	4	12,090,170
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 or other basis *Complete Part VI of Schedule D*	10a 1,036,276			
	b	Less accumulated depreciation	10b 375,143	850,941	10c	661,133
	11	Investments—publicly traded securities		42,216,021	11	41,414,686
	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		2,242,396	15	2,242,946
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		147,529,467	16	91,966,286
Liabilities	17	Accounts payable and accrued expenses		59,086	17	46,365
	18	Grants payable			18	
	19	Deferred revenue			19	402,284
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		9,948,730	25	12,875,164
	26	**Total liabilities.** Add lines 17 through 25		10,007,816	26	13,323,813
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-1,903,343	27	1,139,627
	28	Temporarily restricted net assets		122,314,729	28	57,621,583
	29	Permanently restricted net assets		17,110,265	29	19,881,263
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		137,521,651	33	78,642,473
	34	Total liabilities and net assets/fund balances		147,529,467	34	91,966,286

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	78,309,523	26,242,000	18,610,000	7,524,320	14,011,134	144,696,977
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 through 3	78,309,523	26,242,000	18,610,000	7,524,320	14,011,134	144,696,977
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)						34,521,769
6 **Public Support.** Subtract line 5 from line 4						110,175,208

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	78,309,523	1,883,306	18,610,000	7,524,320	14,011,134	144,696,977
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,096,175	1,883,306	2,892,340	-2,597,163	1,068,646	4,343,304
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,200,001	1,686,000	2,478,000	2,660,440	2,440,790	11,465,231
11 **Total support** (Add lines 7 through 10)						160,505,512

12	Gross receipts from related activities, etc (See instructions)	12	2,846,787

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	68 640 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	82 390 %

16a **33 1/3% support test—2009.** 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 ☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2009.** 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 ☐

b **10%-facts-and-circumstances test—2008.** 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 ☐

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 ☐

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 38-2752328
Name: SPECTRUM HEALTH FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,613,216 including grants of $ 4,557,372) (Revenue $ 142,578)
PLEASE SEE SCHEDULE I

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RICHARD BREON TRUSTEE	4 00	X						0	2,249,338	464,041
VICKI WEAVER PRESIDENT	50 00	X		X				231,293	0	25,729
RICHARD ANTONINI VICE CHAIR	2 00	X		X				0	0	0
STEPHEN BOSHOVEN TREASURER	2 00	X		X				0	0	0
MARK CAMPBELL MD TRUSTEE	2 00	X						0	0	0
JACK CARTER TRUSTEE	2 00	X						0	0	0
DICK DEVOS CHAIRMAN	2 00	X		X				0	0	0
BILL DUTMERS TRUSTEE	2 00	X						0	0	0
BETTY JEAN FRY TRUSTEE	2 00	X						0	0	0
DONNALEE HOLTON TRUSTEE	2 00	X						0	0	0
ROBERT HOOKER TRUSTEE	2 00	X						0	0	0
JOSE INFANTE TRUSTEE	2 00	X						0	0	0
WILBUR LETTINGA TRUSTEE	2 00	X						0	0	0
PATRICK MILES TRUSTEE	2 00	X						0	0	0
MARGE POTTER SECRETARY	2 00	X		X				0	0	0
SARLA PURI MD TRUSTEE	2 00	X						0	0	0
PETER RENUCCI TRUSTEE	2 00	X						0	0	0
BRIAN ROELOF MD TRUSTEE	2 00	X						0	0	0
JACK ROMENCE MD TRUSTEE	2 00	X						0	0	0
JOYCE WINCHESTER TRUSTEE	2 00	X						0	0	0
NANCY WRIGHT TRUSTEE	2 00	X						0	0	0
DICK YOUNG TRUSTEE	2 00	X						0	0	0
MARIA DEVOS TRUSTEE	2 00	X						0	0	0
LARRY JONGEKRIJG CFO	50 00			X				144,925	0	23,046
DEBORAH LOCKE VP, PRINCIPA	50 00				X			162,570	0	27,731

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEMBERSHIPS & AFFILIATION	185,430	92,715		92,715
DONOR RECOGNITION	46,849	25,820	144	20,885
BANK CHARGES AND FEES	22,139		22,139	
OTHER	14,841	1,238	7,460	6,143
DUES AND SUBSCRIPTIONS	5,779		3,364	2,415

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

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? ☐ Yes ☑ 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 for any other purpose conferring impermissible private benefit ☐ Yes ☑ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 ▶ $ 2,242,946

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 Escrow and Custodial Arrangements. Complete if the 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 the 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	22,293,000	27,356,000			
b Contributions	510,290	401,000			
c Investment earnings or losses	2,259,660	-4,354,000			
d Grants or scholarships					
e Other expenditures for facilities and programs	531,767	-1,110,000			
f Administrative expenses					
g End of year balance	25,594,717	22,293,000			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **78.000 %**
- c Term endowment ▶ **22.000 %**

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		539,052	134,763	404,289
d Equipment		497,224	240,380	256,844
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				661,133

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	12,536,203
DEFERRED ANNUITY PMTS & OTHER	338,961
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,875,164

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	17,551,147
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,394,344
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-63,843,197
4	Net unrealized gains (losses) on investments	4	4,888,542
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	4,888,542
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-58,954,655

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	22,439,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,888,542		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	4,888,542
3	Subtract line **2e** from line **1**			3	17,551,147
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,551,147

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

1	Total expenses and losses per audited financial statements			1	81,394,344
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	81,394,344
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	81,394,344

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE HEALING ART COLLECTION CREATES A HEALING ENVIRONMENT FOR PATIENTS, VISTORS, AND STAFF ALIKE
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE PERPETUAL SUPPORT OF LIFE SAVING PROGRAMS AND SERVICES AT OUR RELATED SPECTRUM HEALTH ORGANIZATIONS (INCLUDING SPECTRUM HEALTH HOSPITALS AND HELEN DEVOS CHILDREN'S HOSPITAL)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
JEROLD PANAS LINZY & PARTNERS	CONSULTING		No		13,500	-13,500
Total . . . . . ▶					13,500	-13,500

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

MI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 FOUNDATION GALA (event type)	(b) Event #2 CMN SPECIAL EVE (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	742,405	239,430		981,835
	2 Less Charitable contributions	220,000			220,000
	3 Gross income (line 1 minus line 2)	522,405	239,430		761,835
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	190,511	215,486		405,997
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				405,997
	11 Net income summary Combine lines 3, column d, and line 10 ▶				355,838

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

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" to 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 . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 53

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION USES THE CONTRIBUTIONS RECEIVED TO PROVIDE GRANT FUNDING SOLELY TO ITS RELATED SPECTRUM HEALTH TAX-EXEMPT 501(C)(3) ORGANIZATIONS ALL LOCATED WITHIN THE UNITED STATES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-2752328
Name: SPECTRUM HEALTH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	71,352,038				HDVCH CONSTRUCTION
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	1,624,314				MEIJER HEART CENTER
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	549,471				CHILD LIFE PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	509,266				CHILD PROTECTION CTR
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	453,949				PED HEALTHY WEIGHT
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	266,146				DIGESTIVE DISEASE
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	250,000				SAFE KIDS PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	250,000				NEURODEVELOPMENT
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	201,990				HEALTHCARE EXCEL
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	176,046				PEDIATRIC ONCOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	165,764				GERBER CENTER
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	129,472				CYSTIC FIBROSIS PRGM
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	128,888				RESEARCH INITIATIVES
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	126,781				NURSING SCHOLARSHIPS
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	126,317				PEDIATRIC PROGRAMS
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	121,871				PEDIATRIC PROGRAMS
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	121,516				RESEARCH PROJECTS
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	115,862				WOMEN'S CANCER CARE
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	102,220				RENUCCI HOSP HOUSE
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	100,262				ORAL CLEFT CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	96,619				ONCOLOGY PATIENT
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	93,385				STAFF/FAMILY ASSTNCE
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	91,511				SCHOLARSHIP PROGRAM
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	82,000				GENETICS PROGRAM
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	78,831				PASTORAL CARE SUPP
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	61,840				SH HOSPICE
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	57,619				PED ENDOCRINOLOGY
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	56,339				BAXTER COMMUNITY CLI
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	55,815				FAMILY CARE BAGS
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	42,850				TOBACCO FREE ED PRGM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	42,447				CAPITAL EQUIPMENT
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	41,674				DEVELOPMENTAL ASSMT
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	40,418				PEDIATRIC ONCOLOGY
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	33,895				MOLECULAR ONCOLOGY
REED CITY HOSPITAL CORPORATION REED CITY HOSPITAL CORPORATION300 N PATTERSON ROAD REED CITY,MI 49677	38-2770076	3	32,614				REED CITY HOSPITAL
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	32,355				ASTHMA CAMP
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	27,879				DEPRESSION STUDIES
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	26,260				BURN CENTER SERVICES
HELEN DEVOS CHILDREN'S HOSPITAL HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	25,000				NICU FAMILY SUPPORT
SPECTRUM HEALTH SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	20,404				NURSING EXCELLENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	16,713				REACH OUT AND READ
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	15,729				PEDIATRIC EQUIP
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	12,469				PATIENT ASSISTANCE
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	10,634				MEDICAL EDUCATION
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	9,914				LIBRARY SPECIAL BOOK
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	8,308				PEDIATRIC ONCOLOGY
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	8,106				CARDIOVASCULAR SERVI
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	7,659				MEDICAL ASSISTANCE
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	6,974				RESPIRATORY RESEARCH
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	6,617				AEROMED FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	6,338				ENAACT GRANT
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	5,290				EMERG MED RESEARCH
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	5,135				BURN CAMP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD BREON	(i) (ii)	946,511	1,276,492	26,335	295,997	168,044	2,713,379	970,982
VICKI WEAVER	(i) (ii)	224,463		6,830	18,141	7,588	257,022	
LARRY JONGEKRIJG	(i) (ii)	144,600		325	6,025	17,021	167,971	
DEBORAH LOCKE	(i) (ii)	160,110		2,460	13,085	14,646	190,301	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	4	3,300	COST
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		4,907	COST
5	Clothing and household goods	X		3,883	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	21	2,876	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (VARIOUS)	X	167	186,970	COST
26	Other ▶ (CERTIF & EVENT)	X	158	27,909	COST
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-2752328
Name: SPECTRUM HEALTH FOUNDATION

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SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	PLEASE SEE SCHEDULE I

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE TAXPAYER HAS ONE MEMBER(S)/STOCKHOLDER(S) AS FOLLOWS SPECTRUM HEALTH SYSTEM (EIN 38-3382353), A MICHIGAN NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE SOLE MEMBER(S) (SEE FORM 990, PART VI, LINE 6) OF THE TAXPAYER APPOINTS ALL MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	UNLESS OTHERWISE NOTED BELOW, THE SOLE MEMBER(S) (SEE FORM 990, PART VI, LINE 6) OF THE TAXPAYER HAS THE RESERVED POWERS SET FORTH BELOW, AND SHALL NOT BE DEEMED AUTHORIZED UNLESS AND UNTIL APPROVED BY THE SOLE MEMBER(S) -AMENDMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS OF THE TAXPAYER, -ELECTION AND/OR REMOVAL OF THE MEMBERS OF THE TAXPAYER'S BOARD OF TRUSTEES, -ELECTION AND/OR REMOVAL OF THE TAXPAYER'S CHAIRPERSON OF THE BOARD OF TRUSTEES, -HIRING, DISCHARGE, AND EVALUATION OF THE TAXPAYER'S PRESIDENT, -ADOPTION OF THE TAXPAYER'S STRATEGY PLANS, -ADOPTION OF THE TAXPAYER'S ANNUAL OPERATING AND CAPITAL BUDGETS, AND ANY AMENDMENTS TO SUCH BUDGETS, -ALL CAPITAL EXPENDITURES BY THE TAXPAYER IN EXCESS OF CERTAIN PRESET SPENDING AMOUNTS, -ALL BORROWINGS OR GUARANTEES OF INDEBTEDNESS BY THE TAXPAYER (OR ANY ENTITY CONTROLLED BY THE TAXPAYER), -ALL LENDING BY THE TAXPAYER (OR ANY ENTITY CONTROLLED BY THE TAXPAYER) TO PERSONS OTHER THAN SPECTRUM HEALTH OR ANY ENTITY CONTROLLED BY SPECTRUM HEALTH IN EXCESS OF CERTAIN PRESET LENDING AMOUNTS, -THE TAXPAYER'S INVESTMENTS OF CASH AND/OR RESERVES, WHETHER ON AN INDIVIDUAL BASIS OR AS PART OF A POOLED INVESTMENT STRATEGY, -ANY MERGER OR CONSOLIDATION OF THE TAXPAYER (OR ANY ENTITY CONTROLLED BY THE TAXPAYER), OR ANY OTHER CHANGE IN MEMBERSHIP, CONTROL, OR CAPITAL STRUCTURE OF THE TAXPAYER (OR ANY ENTITY CONTROLLED BY THE TAXPAYER), -THE CREATION OF ANY ENTITY CONTROLLED, DIRECTLY OR INDIRECTLY, BY THE TAXPAYER, -THE SALE OR TRANSFER OF MORE THAN TEN PERCENT (10%) OF THE ASSETS OF THE TAXPAYER (OR ANY ENTITY CONTROLLED BY THE TAXPAYER) TO ANY PERSON OR ENTITY NOT CONTROLLED BY SPECTRUM HEALTH, -DISSOLUTION OF THE TAXPAYER, -THE SELECTION, RETENTION, AND OVERSIGHT OF THE OUTSIDE AUDITORS FOR THE TAXPAYER (OR ENTITY CONTROLLED BY THE TAXPAYER), AND -IN OTHER CASES WHEN REQUIRED BY LAW OR AS OTHERWISE PROVIDED IN THE BYLAWS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE REVIEW PROCESS FOR THIS FORM 990 IS AS FOLLOWS 1 PREPARATION OF THE RETURN IS SUPERVISED AND REVIEWED BY THE TAXPAYER'S CORPORATE TAX MANAGER 2 A SECOND REVIEW IS PERFORMED BY AN EXTERNAL CPA FIRM WITH EXPERTISE IN TAX-EXEMPT RETURN PREPARATION 3 THE RETURN IS REVIEWED BY THE TAXPAYER'S FINANCE AND LEGAL DEPARTMENTS (INCLUDING THE VICE PRESIDENT OF FINANCE OR CHIEF FINANCIAL OFFICER) AND SHARED WITH THE MEMBERS OF THE BOARD OF DIRECTORS 4 THE TAXPAYER'S VICE PRESIDENT OF FINANCE OR CHIEF FINANCIAL OFFICER REVIEWS COMMENTS OR QUESTIONS RECEIVED BY MEMBERS OF THE BOARD OF DIRECTORS, IF ANY, TO ADDRESS OR TO INCORPORATE, AS APPROPRIATE, INTO THE RETURN PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD OF DIRECTORS 1 CONFLICTS OF INTEREST MUST BE DISCLOSED, BOTH VIA A DISCLOSURE FORM PROCESS AS WELL AS VERBALLY AT A BOARD MEETING PRIOR TO DISCUSSION OF ANY AGENDA ITEM WITH REGARD TO WHICH A BOARD MEMBER HAS A CONFLICT 2 A PERSON HAVING A FINANCIAL INTEREST IN A PROPOSED TRANSACTION OR ARRANGEMENT MAY MAKE A PRESENTATION AT A MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE CONSIDERING THAT TRANSACTION OR ARRANGEMENT, BUT AFTER THAT PRESENTATION HE OR SHE SHALL LEAVE THE MEETING DURING DISCUSSION AND VOTING ON THAT PROPOSED TRANSACTION OR ARRANGEMENT THE PERSON HAVING THE FINANCIAL INTEREST SHALL NOT BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT 3 THE CHAIRPERSON OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE (INCLUDING OUTSIDE ADVISORS) TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND TO ADVISE WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN SPECTRUM HEALTH'S BEST INTEREST 4 THE BOARD OF DIRECTORS OR COMMITTEE SHALL EXERCISE DUE DILIGENCE TO DETERMINE WHETHER SPECTRUM HEALTH CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 5 IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF DIRECTORS OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS AND MEMBERS WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN SPECTRUM HEALTH'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO SPECTRUM HEALTH, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION 6 THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS AND ALL SPECTRUM HEALTH COMMITTEES SHALL SET FORTH A) THE NAMES OF THE PERSONS WHO DISCLOSED A FINANCIAL INTEREST IN A PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING SPECTRUM HEALTH OR ANY OF ITS SUBSIDIARIES AND THE NATURE OF THE FINANCIAL INTEREST, AND B)THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO SUCH TRANSACTION OR ARRANGEMENT, INCLUDING ANY DISCUSSION OF ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THAT MATTER THE VOTES OF INDIVIDUAL MEMBERS NEED NOT BE RECORDED UNLESS OTHERWISE DIRECTED BY THE BOARD OF DIRECTORS OR COMMITTEE MANAGEMENT 1 EACH MEMBER OF THE MANAGEMENT TEAM SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM UPON ACCEPTANCE OF AN EMPLOYMENT OFFER AND AT ANY POINT THEREAFTER IF A NEW POTENTIAL CONFLICT OF INTEREST HAS ARISEN THE CONFLICT OF INTEREST DISCLOSURE FORM SHOULD BE FULLY COMPLETED AND SIGNED IF THE STAFF MEMBER DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST, THE FORM SHALL BE SUBMITTED IMMEDIATELY TO THE SYSTEM'S ORGANIZATIONAL INTEGRITY DEPARTMENT A COPY OF THE COMPLETED FORM SHOULD BE MAINTAINED IN THE STAFF MEMBER'S PERSONNEL FILE 2 EACH MEMBER OF THE MANAGEMENT TEAM SHALL COMPLETE AN ELECTRONIC CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS THE CONFLICT OF INTEREST DISCLOSURE FORM SHOULD BE COMPLETED AND ELECTRONICALLY SIGNED WITHIN THE GIVEN TIMEFRAME THE SYSTEM'S ORGANIZATIONAL INTEGRITY DEPARTMENT WILL MANAGE THE ANNUAL PROCESS AND WILL MAINTAIN ELECTRONIC COPIES OF THE COMPLETED FORMS 3 THE SYSTEM'S ORGANIZATIONAL INTEGRITY DEPARTMENT SHALL REVIEW EACH FORM THAT IS SUBMITTED ADDITIONAL INFORMATION WILL BE GATHERED AS NEEDED WHETHER ANY ITEMS DISCLOSED MAY BE PERCEIVED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WILL BE REVIEWED IN ADDITION, STEPS THAT CAN BE TAKEN TO REDUCE THE RISK OF A CONFLICT OF INTEREST WILL BE IDENTIFIED 4 IF THE SYSTEM'S ORGANIZATIONAL INTEGRITY DEPARTMENT BELIEVES THAT A DISCLOSURE HAS BEEN MADE THAT COMPRISES AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, THE SYSTEM CONFLICT OF INTEREST COMMITTEE OR MEMBERS THEREOF WILL BE CONSULTED AS NEEDED THE STAFF MEMBER'S SUPERVISOR AND/OR HUMAN RESOURCES GENERALIST MAY BE CONSULTED AS WELL REASONABLE STEPS SHOULD BE TAKEN AS NEEDED TO MINIMIZE THE RISK OF A CONFLICT OF INTEREST A WRITTEN MEMO SUMMARIZING THESE STEPS SHOULD BE SENT TO THE STAFF MEMBER'S SUPERVISOR AND BE MAINTAINED IN THE STAFF MEMBER'S FILE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	PROCESS FOR ESTABLISHING EXECUTIVE COMPENSATION THE SPECTRUM HEALTH BOARD OF DIRECTORS (EXECUTIVE COMMITTEE) USES THE FOLLOWING PROCESS FOR DETERMINING COMPENSATION OF EXECUTIVES AT ALL ENTITIES LABOR MARKET DATA REFLECTING COMPARABLE ORGANIZATIONS AND JOBS (PREPARED BY INDEPENDENT FIRMS) ARE RELIED UPON COMPETITIVE ASSESSMENT REPORTS ARE PROVIDED IN ADVANCE OF EXECUTIVE COMMITTEE MEETINGS THE COMPETITIVE ASSESSMENT REPORT IS PREPARED BY A NATIONALLY KNOWN INDEPENDENT EXECUTIVE COMPENSATION FIRM AND, FOR FY 2010 (7/1/09-6/30/10), WAS BASED ON THE FOLLOWING INDEPENDENT SURVEYS OF HEALTH CARE EXECUTIVES AT COMPARABLE HEALTH SYSTEMS SULLIVAN, COTTER AND ASSOCIATES, INC 2009 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS INTEGRATED HEALTHCARE STRATEGIES 2009 HEALTHCARE EXECUTIVE COMPENSATION SURVEY MERCER HUMAN RESOURCES CONSULTING 2009 INTEGRATED HEALTH NETWORKS COMPENSATION SURVEY WATSON WYATT DATA SERVICES 2009/2010 HOSPITAL AND HEALTHCARE MANAGEMENT COMPENSATION REPORT THESE SOURCES ARE CONSISTENT WITH THOSE USED IN LAST YEAR'S ANALYSIS COMPENSATION ADJUSTMENTS ARE APPROVED BY INDEPENDENT EXECUTIVE COMMITTEE MEMBERS, CONSISTENT WITH THE SPECTRUM HEALTH COMPENSATION PHILOSOPHY DESCRIBED BELOW MINUTES OF COMMITTEE DISCUSSIONS AND DECISIONS ARE PREPARED TO MEMORIALIZE EXECUTIVE COMMITTEE DECISIONS BASED UPON THE ABOVE DATA CASH COMPENSATION DATA RELIED UPON BY THE EXECUTIVE COMMITTEE ARE NATIONAL AND REFLECT THE COMPENSATION PAID TO EXECUTIVES IN COMPARABLE JOBS IN COMPARABLY-SIZED HEALTHCARE ORGANIZATIONS SPECTRUM HEALTH RECRUITS NATIONALLY FOR ITS EXECUTIVES BENEFITS DATA REFLECT NATIONAL HEALTHCARE MARKET PRACTICES GEOGRAPHIC PAY DIFFERENTIAL AND COST OF LIVING DATA INDICATE CONSISTENCY WITH NATIONAL DATA THIS PROCESS IS INTENDED TO ASSIST SPECTRUM HEALTH IN QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INTERMEDIATE SANCTIONS REGULATIONS) AND THE SPECTRUM HEALTH EXCESS BENEFIT TRANSACTION POLICY FOR THOSE INDIVIDUALS IN THE GROUP WHO ARE DISQUALIFIED PERSONS THE OPINION SUBMITTED FROM THE THIRD PARTY INDEPENDENT CONSULTING FIRM IS IN ACCORDANCE WITH THE PROVISIONS OF TREASURY REGULATIONS SECTION 53 4958-6(C)(2) AND IS ALSO INTENDED TO SATISFY THE PROFESSIONAL ADVICE REQUIREMENT OF TREASURY REGULATIONS SECTION 53 4958-1(D)(4)(III)

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE EXPLANATION PROVIDED FOR FORM 990, PART VI, LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION HAVE BEEN PROVIDED TO THE STATE OF MICHIGAN AND ARE AVAILABLE TO THE PUBLIC ON THE STATE'S WEBSITE THE ORGANIZATION'S BYLAWS AND INTERNAL POLICIES ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC THE OVERALL SYSTEM CONSOLIDATED FINANCIAL STATEMENTS ARE PROVIDED AT WWW SPECTRUM-HEALTH ORG IN THE SECTION TITLED "ABOUT US " FINANCIAL PERFORMANCE IS DISCUSSED AT AN ANNUAL PUBLIC MEETING HELD AND POSTED TO WWW SPECTRUM-HEALTH ORG QUARTERLY (UNDER THE SECTION TITLED "ABOUT US")

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A - NUMBER OF EMPLOYEES TAXPAYER MAY HAVE INDIRECT EMPLOYEES COMPENSATION FOR THESE EMPLOYEES IS PAID BY A RELATED ORGANIZATION AN ALLOCATION OF AMOUNTS PAID FOR INDIRECT EMPLOYEES IS PURSUANT TO A MANAGEMENT SERVICES CONTRACT AND IS INCLUDED ON LINES 5-10 OF PART IX FORM 990, PART IV, LINE 33 AND SCHEDULE R - IDENTIFICATION OF DISREGARDED ENTITIES THE ORGANIZATION DOES NOT OWN A WHOLLY OWNED DISREGARDED ENTITY HOWEVER, THE HEALTH SYSTEM HAS WHOLLY OWNED DISREGARDED ENTITIES THE ORGANIZATION IS REPORTING INDIRECT CONTROL FOLLOWING THE CONSTRUCTIVE OWNERSHIP RULES UNDER SECTION 318 OF THE INTERNAL REVENUE CODE OTHER ENTITIES REPORTED ON SCHEDULE R ARE REPORTED BASED ON THE SAME APPLICATION OF THE CONSTRUCTIVE OWNERSHIP RULES OF SECTION 318 FORM 990, PART VII, LINE 1A - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS CONSISTENT WITH PRIOR YEARS, THE COMPENSATION REPORTED FOR THESE INDIVIDUALS IS NOT FOR SERVICES IN THEIR CAPACITY AS MEMBERS OF THE BOARD OF DIRECTORS BUT FOR SERVICES AS EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION CONSISTENT WITH PRIOR YEARS, COMPENSATION AND BENEFITS ARE REPORTED USING THE MOST RECENT CALENDAR YEAR COMPENSATION DATA THE COMPENSATION FIGURES REPORTED IN THESE SECTIONS IS FOR THE YEAR ENDED DECEMBER 31, 2009 INDIVIDUALS WITH COMPENSATION REPORTED IN PART VII WORK A COMBINED AVERAGE OF 50 HOURS PER WEEK FOR THE REPORTING ORGANIZATION AND/OR A RELATED TAX-EXEMPT ORGANIZATION FORM 990, PART VI, LINE 2 - FAMILY RELATIONSHIPS INVOLVING INTERESTED PERSONS MR RICHARD DEVOS, JR, A MEMBER OF THE TAXPAYER'S BOARD OF TRUSTEES, HAS A FAMILY MEMBER THAT SERVES ON THE BOARD OF TRUSTEES MR DEVOS ALSO SERVES ON THE BOARD OF DIRECTORS WITH HIS FATHER FOR SPECTRUM HEALTH SYSTEM, A RELATED TAX-EXEMPT ENTITY MS MARIA DEVOS, A MEMBER OF THE TAXPAYER'S BOARD OF TRUSTEES, HAS A FAMILY MEMBER THAT SERVES ON THE BOARD OF TRUSTEES SCHEDULE R - DIRECT CONTROLLING ENTITY PART I AND PART II, COLUMN F THE FORM 990 LIMITS THIS COLUMN TO TEN CHARACTERS AND THEREFORE ACRONYMS ARE USED TO DEFINE THE CONTROLLING ENTITY THESE ACRONYMS ARE DEFINED AS FOLLOWS NA - NOT APPLICABLE MMPC - MICHIGAN MEDICAL PATIENT CARE PH - PRIORITY HEALTH SHCC - SPECTRUM HEALTH CONTINUING CARE SHH - SPECTRUM HEALTH HOSPITALS SHI - SPECTRUM HEALTH INNOVATIONS, LLC SHS - SPECTRUM HEALTH SYSTEM SHU - SPECTRUM HEALTH UNITED WMH - WEST MICHIGAN HEART

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PHMB PROPERTIES LLC PHMB PROPERTIES LLC-1231 EAST BELT 1231 EAST BELTLINE NE GRAND RAPIDS, MI 49525 38-2715520	PROP MGMT	MI	5,062,443		PH PH
WEST MICHIGAN CVCT LLC WEST MICHIGAN CVCT LLC-2900 BRADFO 2900 BRADFORD STREET NE GRAND RAPIDS, MI 49525 38-2125186	DORMANT	MI			WMH WMH
MMPC REAL ESTATE LLC MMPC REAL ESTATE LLC-4100 LAKE DR 4100 LAKE DR SE STE 300 GRAND RAPIDS, MI 49525 38-2851295	DORMANT	MI			MMPC MMPC
SPECTRUM HEALTH INNOVATIONS LLC SPECTRUM HEALTH INNOVATIONS LLC-10 100 MICHIGAN AVE NE GRAND RAPIDS, MI 49503 27-2868213	IP DEVELOP	MI			SHS SHS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	No
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	No
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PRIORITY HEALTH	L	168,056
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-2752328
Name: SPECTRUM HEALTH FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SPECTRUM HEALTH SYSTEM SPECTRUM HEALTH SYSTEM 100 MICHIGAN AVE NE 100 MICHIGAN AVE NEGRAND RAPIDS, MI49503 38-3382353	MANAGEMENT	MI	501	11C	NA N/A
SPECTRUM HEALTH HOSPITALS SPECTRUM HEALTH HOSPITALS 100 MICHIGAN AVE NE 100 MICHIGAN AVE NEGRAND RAPIDS, MI49503 38-1360529	HEALTHCARE	MI	501	3	SHS SHS
SPECTRUM HEALTH PRIMARY CARE PTNRS SPECTRUM HEALTH PRIMARY CARE PTNRS 100 MICHIGAN AVE NE 100 MICHIGAN AVE NEGRAND RAPIDS, MI49503 38-1358164	HEALTHCARE	MI	501	3	SHS SHS
WEST MICHIGAN REGIONAL LABORATORY WEST MICHIGAN REGIONAL LABORATORY 1726 KNOLLCREST CIRCLE SE 1726 KNOLLCREST CIRCLE SEGRAND RAPIDS, MI49546 38-3414862	TEACH/RSCH	MI	501	9	SHH SHH
SH-SM SHARED TECHNOLOGY SERVICES SH-SM SHARED TECHNOLOGY SERVICES 100 MICHIGAN AVE NE 100 MICHIGAN AVE NEGRAND RAPIDS, MI49503 36-4528474	MED SVCS	MI	501	9	SHH SHH
SPECTRUM HEALTH FOUNDATION SPECTRUM HEALTH FOUNDATION 100 MICHIGAN AVE NE 100 MICHIGAN AVE NEGRAND RAPIDS, MI49503 38-2752328	PHILANTHRO	MI	501	7	SHS SHS
SPECTRUM HEALTH CONTINUING CARE SPECTRUM HEALTH CONTINUING CARE 750 FULLER AVE NE 750 FULLER AVE NEGRAND RAPIDS, MI49503 38-3242232	REHAB/CARE	MI	501	11B	SHS SHS
SH CONTINUING CARE CENTER SH CONTINUING CARE CENTER 750 FULLER AVE NE 750 FULLER AVE NEGRAND RAPIDS, MI49503 38-2415333	REHAB/NRS	MI	501	9	SHCC SHCC
SH KENT COMMUNITY CAMPUS SH KENT COMMUNITY CAMPUS 750 FULLER AVE NE 750 FULLER AVE NEGRAND RAPIDS, MI49503 38-3472677	HEALTHCARE	MI	501	3	SHCC SHCC
SPECTRUM HEALTH WORTH SERVICES SPECTRUM HEALTH WORTH SERVICES 750 FULLER AVE NE 750 FULLER AVE NEGRAND RAPIDS, MI49503 38-2786617	HEALTHCARE	MI	501	9	SHCC SHCC
VISITING NURSE SERVICES OF WEST MI VISITING NURSE SERVICES OF WEST MI 750 FULLER AVE NE 750 FULLER AVE NEGRAND RAPIDS, MI49503 38-1359195	HEALTHCARE	MI	501	9	SHCC SHCC
PRIORITY HEALTH PRIORITY HEALTH 1231 EAST BELTLINE NE 1231 EAST BELTLINE NEGRAND RAPIDS, MI49525 38-2715520	HMO	MI	501		SHS SHS
TRINITY HEALTH PLANS TRINITY HEALTH PLANS 1231 EAST BELTLINE NE 1231 EAST BELTLINE NEGRAND RAPIDS, MI49525 38-2663747	HMO MGMT	MI	501		PH PH
PH GOVERNMENT PROGRAMS INC PH GOVERNMENT PROGRAMS INC 1231 EAST BELTLINE NE 1231 EAST BELTLINE NEGRAND RAPIDS, MI49525 32-0016523	HMO	MI	501	9	PH PH
SPECTRUM HEALTH UNITED SPECTRUM HEALTH UNITED 615 S BOWER 615 S BOWERGREENVILLE, MI48838 38-1358412	HEALTHCARE	MI	501	3	SHS SHS
SH UNITED MEMORIAL FOUNDATION SH UNITED MEMORIAL FOUNDATION 615 S BOWER 615 S BOWERGREENVILLE, MI48838 38-2990574	PHILANTHRO	MI	501	11A	SHU SHU
AMBULATORY UNITED AMBULATORY UNITED 407 S NELSON 407 S NELSONGREENVILLE, MI48838 38-3170488	HEALTHCARE	MI	501	11A	SHU SHU
UNITED LIFESTYLES UNITED LIFESTYLES 615 S BOWER 615 S BOWERGREENVILLE, MI48838 38-3589727	WELLNESS	MI	501	3	SHU SHU
SPECTRUM HEALTH KELSEY SPECTRUM HEALTH KELSEY 418 WASHINGTON AVE 418 WASHINGTON AVELAKEVIEW, MI48850 38-1297435	HEALTHCARE	MI	501	3	SHU SHU
REED CITY HOSPITAL CORPORATION REED CITY HOSPITAL CORPORATION 300 N PATTERSON ROAD 300 N PATTERSON ROADREED CITY, MI49677 38-2770076	HEALTHCARE	MI	501	3	SHS SHS
WEST MICHIGAN IMAGING CENTER WEST MICHIGAN IMAGING CENTER PO BOX 1009 PO BOX 1009JENISON, MI49428 38-2730326	HEALTHCARE	MI	501	11C	SHH SHH
NEWAYGO COUNTY GENERAL HOSPITAL ASS NEWAYGO COUNTY GENERAL HOSPITAL ASS 212 S SULLIVAN AVENUE 212 S SULLIVAN AVENUEFREMONT, MI49412 38-1359517	HEALTHCARE	MI	501	3	SHS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
HELEN DEVOS WOMEN'S AND CHILDREN'S HELEN DEVOS WOMEN'S AND CHILDREN'S 1840 WEALTHY ST SE 1840 WEALTHY ST SE GRAND RAPIDS, MI49506 38-3264184	MGMT	MI	SHH SHH	C CORP	609,249	424,826	86 960 %
PARTNERSHIP FOR CHILDREN'S HEALTH PARTNERSHIP FOR CHILDREN'S HEALTH 1840 WEALTHY ST SE 1840 WEALTHY ST SE GRAND RAPIDS, MI49506 38-3364676	MGED CARE	MI	SHH SHH	C CORP			100 000 %
THE FRED AND LENA MEIJER HEART CENT THE FRED AND LENA MEIJER HEART CENT 100 MICHIGAN ST NE 100 MICHIGAN ST NE GRAND RAPIDS, MI49503 83-0464302	MGMT	MI	SHH SHH	C CORP	2,365,205	1,043,237	98 270 %
HDVC - CHC HDVC - CHC 100 MICHIGAN ST NE 100 MICHIGAN ST NE GRAND RAPIDS, MI49503 38-3417270	MED SVCS	MI	SHH SHH	C CORP	388,481	9,443,961	100 000 %
CAMPUS TOWNE CENTER CONDO ASSC CAMPUS TOWNE CENTER CONDO ASSC 4868 LAKE MICHIGAN DRIVE 4868 LAKE MICHIGAN DRIVE ALLENDALE, MI49401 38-2910067	MGMT	MI	SHH SHH	C CORP	19,081	20,334	75 000 %
PRIORITY HEALTH INSURANCE COMPANY PRIORITY HEALTH INSURANCE COMPANY 1231 EAST BELTLINE NE 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 20-1529553	INSURANCE	MI	PH PH	C CORP	130,757,283	41,936,138	100 000 %
PRIORITY HEALTH MANAGED BENEFITS PRIORITY HEALTH MANAGED BENEFITS 1231 EAST BELTLINE NE 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 38-3085182	ADMIN	MI	SHS SHS	C CORP	114,304,478	25,950,943	100 000 %
MONTCALM PRIMARY CARE PHYSICIANS MONTCALM PRIMARY CARE PHYSICIANS 615 S BOWER 615 S BOWER GREENVILLE, MI48838 20-2544762	MED SVCS	MI	SHU SHU	C CORP			100 000 %
BLODGETT ASSURANCE COMPANY BLODGETT ASSURANCE COMPANY 100 MICHIGAN AVE NE 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503	INSURANCE	CJ	SHS SHS	C CORP			100 000 %
MICHIGAN MEDICAL PATIENT CARE MICHIGAN MEDICAL PATIENT CARE 4100 LAKE DR SE STE 300 4100 LAKE DR SE STE 300 GRAND RAPIDS, MI49546 38-2851295	MEDICAL	MI	SHS SHS	C CORP	160,318,069	59,260,928	100 000 %
WEST MICHIGAN HEART WEST MICHIGAN HEART 2900 BRADFORD STREET NE 2900 BRADFORD STREET NE GRAND RAPIDS, MI49525 38-2125186	PHYSICIANS	MI	SHS SHS	C CORP	42,634,602	9,048,196	100 000 %
MHEALTH INNOVATIONS INC MHEALTH INNOVATIONS INC 425 NORTH MAIN STREET 425 NORTH MAIN STREET ANN ARBOR, MI48104 61-1613614	PROD DEVL	MI	SHI SHI	C CORP			99 000 %