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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
MIDMICHIGAN HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 4000 WELLNESS DRIVE

Room/suite

City or town, state or country, and ZIP + 4
MIDLAND, MI 48670

D Employer identification number
38-2459948

E Telephone number
(989) 839-3181

G Gross receipts $ 112,548,904

F Name and address of principal officer
RICHARD REYNOLDS
4000 WELLNESS DRIVE
MIDLAND, MI 48670

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW MIDMICHIGAN ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1982

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT HEALTH SERVICES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN OUR COMMUNITIES

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	82
6	Total number of volunteers (estimate if necessary)	**6**	187
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	52,248
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	6,052

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	12,029,212	11,708,132
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,683,518	85,491,634
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,080	53,630
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,816,810	97,253,396
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	6,658,129	6,343,397
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,187,444	6,642,860
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,845,573	12,986,257
19	Revenue less expenses Subtract line 18 from line 12	42,971,237	84,267,139

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	537,400,159	622,630,576
21	Total liabilities (Part X, line 26)	91,548,631	55,669,093
22	Net assets or fund balances Subtract line 21 from line 20	445,851,528	566,961,483

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

****** 2012-05-14
Signature of officer Date

FRANCINE M PADGETT SR VP & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LAURA M EBEL	LAURA M EBEL	2012-05-15	[ ]	

Firm's name ▶ ANDREWS HOOPER PAVLIK PLC — Firm's EIN ▶

Firm's address ▶ 5300 GRATIOT RD
SAGINAW, MI 486386035 — Phone no ▶ (989) 497-5300

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO PROVIDE EXCELLENT HEALTH SERVICES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN OUR COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,578,036 including grants of $) (Revenue $ 11,708,133)

THE HOLDING COMPANY PROVIDES ASSISTANCE TO OUR VARIOUS AFFILIATES IN ORDER TO IMPROVE THE QUALITY OF CARE AND PROVIDE SERVICES AT THE LOWEST POSSIBLE COST EXPERTISE AT THE HOLDING COMPANY LEVEL INCLUDES STRATEGIC PLANNING, TREASURY, INFORMATION RESOURCES, HUMAN RESOURCES, INTERNAL AUDIT, FINANCE, MATERIALS MANAGEMENT AND RISK MANAGEMENT

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 9,578,036

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 (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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**		No
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 lines 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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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**		No
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	30		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
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	82		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
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 Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for 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?			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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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	Yes	
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	Yes	

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 ▶

FM PADGETT SR VP TREASURER
4000 WELLNESS DR
MIDLAND, MI 48670
(989) 839-3181

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **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, if any 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RICHARD REYNOLDS PRESIDENT	50 00	X		X				683,552	0	282,389
(2) JEFFERY ALLEN MD DIRECTOR	7 00	X						0	15,150	351
(3) ERIC BLACKHURST VICE CHAIR	2 00	X						0	0	0
(4) JOAN DAVID DIRECTOR	2 00	X						0	0	0
(5) NANCY GALLAGHER DIRECTOR	2 00	X						0	0	0
(6) BOBBIE ARNOLD DIRECTOR	2 00	X						0	0	0
(7) WILLIAM HEINZE DIRECTOR	2 00	X						0	0	0
(8) WILLIAM HENDERSON CHAIR	2 00	X						0	0	0
(9) PHIL CAFFREY DIRECTOR	2 00	X						0	0	0
(10) BOB DENOOYER DIRECTOR	2 00	X						0	0	0
(11) ED ROGERS DIRECTOR	2 00	X						0	0	0
(12) MARGUERITTE KUHN MD DIRECTOR	2 00	X						0	0	0
(13) CARL SCHWIND DIRECTOR	2 00	X						0	0	0
(14) RANNY REICKER DIRECTOR	2 00	X						0	0	0
(15) RON VERCH DIRECTOR	2 00	X						0	0	0
(16) DON SHEETS DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) BILL WEIDEMAN DIRECTOR	2 00	X						0	0	0
(18) GREGORY ROGERS EXECUTIVE VP	50 00			X				472,605	0	163,937
(19) FRANCINE PADGETT TREASURER	50 00			X				380,411	0	101,461
(20) DONNA RAPP SECRETARY	50 00			X				376,228	0	127,147
(21) BRIAN RODGERS SENIOR VP	50 00			X				349,030	0	98,736
(22) LYNN BRUCHHOF VP HUMAN RES	50 00				X			282,813	0	38,455
(23) HARLAN GOODRICH VP	50 00					X		243,765	0	43,461
(24) SCOTT CURRIE VP	50 00					X		223,908	0	18,057
(25) DANIEL SORENSON MD MEDICAL DIRE	50 00					X		220,833	0	47,267
(26) CHANDRA MORSE VP	50 00					X		214,199	0	36,744
(27) CHRISTINE CHESNY VP	50 00					X		201,695	0	44,800
(28) TERENCE MOORE FORMER PRESI	50 00						X	100,137	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,749,176	15,150	1,002,805

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 ▶ 26

			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**	Yes	
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 or individual 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
DELOITTE & TOUCHE LLP 4205 COLLECTION CENTER DR CHICAGO, IL 60693	AUDIT	330,500
FOSTER SWIFT COLLINS SMITH PC 313 S WASHINGTON SQ LANSING, MI 48933	LEGAL	162,398
CURRIE KENDALL PLC 6024 EASTMAN AVE MIDLAND, MI 486402518	LEGAL	131,814
PROFESSIONAL RESEARCH CONSULTANTS 11326 P ST OMAHA, NE 68137	CONSULTING	128,613
BADER & ASSOCIATES 10050 EAST CALLE DE CIELO CIR SCOTTSDALE, AZ 85258	CONSULTING	119,443

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 ▶ 8

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				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶					
Program Service Revenue		Business Code				
	2a EXEMPT AFFILIATE REVENUE	561000	11,655,884	11,655,884		
	b 512(B)(17) INCOME	524126	52,248		52,248	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		11,708,132			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		82,827,549	82,016,634		810,915
	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	17,959,593					
	b Less cost or other basis and sales expenses	15,295,508					
	c Gain or (loss)	2,664,085					
	d Net gain or (loss) . . . . . ▶			2,664,085			2,664,085
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from fundraising events . . ▶						
	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 OTHER		900099	29,630			29,630
	b EXEMPT JOINT VENTURE REVENUE		900099	24,000	24,000		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d . . . . . ▶			53,630			
	12 **Total revenue.** See Instructions . . . ▶			97,253,396	93,696,518	52,248	3,504,630

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				
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	2,662,482	1,331,241	1,331,241	
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	2,095,036	1,621,447	473,589	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	917,686	688,265	229,421	
9 Other employee benefits	427,194	320,395	106,799	
10 Payroll taxes	240,999	180,749	60,250	
a Fees for services (non-employees) Management				
b Legal	32,224		32,224	
c Accounting	102,582	76,936	25,646	
d Lobbying	52,120		52,120	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	116,210		116,210	
g Other	5,789,632	5,029,273	760,359	
12 Advertising and promotion	13,591	10,873	2,718	
13 Office expenses	144,860	110,500	34,360	
14 Information technology	58,185	46,276	11,909	
15 Royalties				
16 Occupancy	183,329	137,497	45,832	
17 Travel	52,643	24,584	28,059	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,918		31,918	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,672		56,672	
23 Insurance	8,894		8,894	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a				
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	12,986,257	9,578,036	3,408,221	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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			1	
	2	Savings and temporary cash investments		207,557	2	9,103,562
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,887,887	9	6,474,187
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 442,200			
	b	Less accumulated depreciation	10b 250,445	195,927	10c	191,755
	11	Investments—publicly traded securities		23,384,801	11	14,018,508
	12	Investments—other securities See Part IV, line 11		48,854,729	12	64,272,033
	13	Investments—program-related See Part IV, line 11		451,943,878	13	527,486,347
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		925,380	15	1,084,184
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		537,400,159	16	622,630,576
Liabilities	17	Accounts payable and accrued expenses		12,394,540	17	8,000,536
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		79,154,091	25	47,668,557
	26	**Total liabilities.** Add lines 17 through 25		91,548,631	26	55,669,093
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		445,833,169	27	566,947,124
	28	Temporarily restricted net assets		18,359	28	14,359
	29	Permanently restricted net assets			29	
		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		445,851,528	33	566,961,483
	34	Total liabilities and net assets/fund balances		537,400,159	34	622,630,576

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	97,253,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,986,257
3	Revenue less expenses Subtract line 2 from line 1	3	84,267,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	445,851,528
5	Other changes in net assets or fund balances (explain in Schedule O)	5	36,842,816
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	566,961,483

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete 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)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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
(A) MIDMICHIGAN MEDICAL CENTER - MIDLAND	380833014	3		No	Yes		Yes		0
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
THE AMOUNT OF SUPPORT PROVIDED TO THE SUPPORTED ORGANIZATIONS IS EQUAL TO THE PROGRAM SERVICE EXPENSE REPORTED ON FORM 990, PART IX MIDMICHIGAN HEALTH IS LISTED IN THE GOVERNING DOCUMENTS OF EACH OF THE SUPPORTED ORGANIZATIONS AS THE SOLE MEMBER OF THE ORGANIZATION THE PURPOSE OR PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE AS FOLLOWS (1) TO OWN, OPERATE, ACQUIRE, ESTABLISH, SPONSOR, DEVELOP AND MAINTAIN HOSPITALS, HEALTH CARE RELATED FACILITIES, HEALTH PROMOTION AND EDUCATION PROGRAMS, AND OTHER ACTIVITES DESIGNED TO PROVIDE FOR THE CARE AND TREATMENT OF THE SICK, INFIRM, AGED, AND DISTRESSED, AND TO FURTHER THE GENERAL HEALTH AND WELL BEING OF THE PUBLIC WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ECONOMIC CONDITION (2) TO DEVELOP AND IMPLEMENT MANAGEMENT SYSTEMS AND POLICIES WHICH WILL CARRY OUT AND CONDUCT THE HEREIN STATED PURPOSES (3) TO CARRY OUT AND CONDUCT THE HEREIN STATED PURPOSES AND ACTIVITIES DIRECTLY OR THROUGH ONE OR MORE SUBSIDIARY ORGANIZATIONS OR JOINTLY IN CONJUNCTION WITH ONE OR MORE OTHER ORGANIZATIONS ENGAGED IN HEALTH CARE ACTIVITIES FOR MEMBERS OF THE PUBLIC

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
MIDMICHIGAN HEALTH	38-2459948

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52,120
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			52,120
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	MIDMICHIGAN HEALTH CONTRACTS WITH THE FREDRICK GROUP TO MONITOR HEALTHCARE LEGISLATION AND EVALUATE THE POTENTIAL IMPACT OF THE LEGISLATION ON OUR HEALTH SYSTEM

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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

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		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		1,976	751	1,225
c Leasehold improvements		30,548	27,074	3,474
d Equipment		409,676	222,620	187,056
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				191,755

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER FINANCIAL INVESTMENTS	64,272,033	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	64,272,033	

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
See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	527,486,347	

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	
ACCRUED PENSION/RETIREMENT BENEFITS	28,732,298
DEFERRED COMP, SELF INS, OTHER	18,936,259
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	47,668,557

2. Fin 48 (ASC 740) 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 (ASC740)

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	97,253,396
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,986,257
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	84,267,139
4	Net unrealized gains (losses) on investments	4	7,646,111
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	29,196,705
9	Total adjustments (net) Add lines 4 - 8	9	36,842,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	121,109,955

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	22,134,536
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,646,111		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,000		
e	Add lines **2a** through **2d**			2e	7,650,111
3	Subtract line **2e** from line **1**			3	14,484,425
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	116,210		
b	Other (Describe in Part XIV)	4b	82,652,761		
c	Add lines **4a** and **4b**			4c	82,768,971
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	97,253,396

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

1	Total expenses and losses per audited financial statements			1	11,862,411
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	-1,007,636		
e	Add lines **2a** through **2d**			2e	-1,007,636
3	Subtract line **2e** from line **1**			3	12,870,047
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	116,210		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	116,210
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,986,257

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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	NET ASSETS RELEASED FROM RESTRICTIONS 4,000 RECLASSED AFFILIATE EXPENSE -1,007,636 INCOME FROM CONSOLIDATED SUBSIDIARIES -81,592,876 CONTROLLED FOREIGN CORPORATION INCOME -52,249 RECLASSED AFFILIATE EXPENSE 1,007,636
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS 4,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RECLASSED AFFILIATE EXPENSE 1,007,636 INCOME FROM CONSOLIDATED SUBSIDIARIES 81,592,876 CONTROLLED FOREIGN CORPORATION INCOME 52,249
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RECLASSED AFFILIATE EXPENSE -1,007,636

Additional Data

Software ID:
Software Version:
EIN: 38-2459948
Name: MIDMICHIGAN HEALTH

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
MIDMICHIGAN MEDICAL CENTER-MIDLAND	354,135,903	C
MIDMICHIGAN MEDICAL CENTER-GRATIOT	66,457,011	C
MIDMICHIGAN MEDICAL CENTER-GLADWIN	29,448,018	C
MIDMICHIGAN MEDICAL CENTER-CLARE	26,118,567	C
MIDMICHIGAN HEALTH DEVELOPMENT ASSOC	18,214,017	C
MIDMICHIGAN VISITING NURSE ASSOC	14,397,325	C
MIDMICHIGAN REGIONAL IMAGING	3,837,605	C
MIDMICHIGAN PHYSICIANS GROUP	3,590,848	C
MIDMICHIGAN GLADWIN PINES	3,151,665	C
MIDMICHIGAN STRATFORD VILLAGE	2,990,875	C
REGIONAL DIALYSIS SERVICES	2,254,468	C
MIDMICHIGAN HEALTH NETWORK	1,385,183	C
MIDMICHIGAN URGENT CARE	962,416	C
THUMB AREA DIALYSIS	294,946	C
ISOMM	127,500	C
MIDMICHIGAN ASSURANCE GROUP	120,000	C

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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

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

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 from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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**	Yes	
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 duplicate copies if additional space is 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				
(1) RICHARD REYNOLDS	(i) (ii)	497,676	175,000	10,876	257,887	24,502	965,941	
(2) GREGORY ROGERS	(i) (ii)	325,466	115,000	32,139	146,011	17,926	636,542	
(3) FRANCINE PADGETT	(i) (ii)	266,743	80,000	33,668	78,093	23,368	481,872	
(4) DONNA RAPP	(i) (ii)	260,251	90,000	25,977	114,694	12,453	503,375	
(5) BRIAN RODGERS	(i) (ii)	256,759	80,000	12,271	82,366	16,370	447,766	
(6) LYNN BRUCHHOF	(i) (ii)	213,735	60,376	8,702	31,979	6,476	321,268	
(7) HARLAN GOODRICH	(i) (ii)	136,940	5,000	101,825	35,970	7,491	287,226	
(8) SCOTT CURRIE	(i) (ii)	175,898	40,438	7,572	13,475	4,582	241,965	
(9) DANIEL SORENSON MD	(i) (ii)	175,807	45,026		35,413	11,854	268,100	
(10) CHANDRA MORSE	(i) (ii)	158,834	53,474	1,891	31,828	4,916	250,943	
(11) CHRISTINE CHESNY	(i) (ii)	156,667	43,750	1,278	30,235	14,565	246,495	
(12) TERENCE MOORE	(i) (ii)	63,137		37,000			100,137	
(13)								
(14)								
(15)								
(16)								

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
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THE FOLLOWING PERSONS LISTED IN PART VII, SECTION A, RECEIVED PAYMENT FOR COUNTRY CLUB DUES THIS PAYMENT WAS INCLUDED IN TAXABLE WAGES BRUCHHOF, LYNN - VP HUMAN RESOURCES ROGERS, GREGORY - EXEC VICE PRES PADGETT, FRANCINE - TREASURER RODGERS, BRIAN - SENIOR VICE PRES RAPP, DONNA - SECRETARY MORSE, CHANDRA - VICE PRESIDENT REYNOLDS, RICHARD - PRESIDENT
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	HARLAN GOODRICH 69,228 0 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	MIDMICHIGAN HEALTH'S COMPENSATION INCLUDES BOTH BASE AND VARIABLE COMPENSATION (NONFIXED PAYMENTS) IN ACCORDANCE WITH ITS POLICIES, ALL ELEMENTS (BASE, VARIABLE, BENEFITS, AND PERQUISITES) ARE COMPARED TO MARKET AND ARE DETERMINED BY THE COMPENSATION COMMITTEE AFTER A REVIEW BY AN INDEPENDENT CONSULTANT, SULLIVAN COTTER, TO ENSURE THAT TOTAL COMPENSATION REMAINS WITHIN ACCEPTABLE GUIDELINES (60% OF MEDIAN) THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS APPROVED COMPENSATION FOR THE MIDMICHIGAN HEALTH CEO, ALL OPERATING OFFICERS AND COMPENSATION FOR THE AFFILIATE CEOS, OPERATING OFFICERS AND PHYSICIANS THE AFFILIATE BOARDS OF DIRECTORS REVIEWED ALL FIXED AND NONFIXED PAYMENTS FOR THEIR CEO AND OPERATING OFFICERS PRIOR TO PAYMENT
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	ON MAY 8, 2009 MIDMICHIGAN HEALTH'S COMPENSATION COMMITTEE APPROVED ITS FIRST COMPENSATION COMMITTEE CHARTER AND EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY THE BOARD OF DIRECTORS OF MIDMICHIGAN HEALTH APPROVED BOTH THE CHARTER AND THE STRATEGY ON JUNE 8, 2009 MIDMICHIGAN HEALTH ALSO UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST WITH THE GOVERNANCE PROCESS AND TO REVIEW AND REPORT ON ALL SYSTEM LEVEL EXECUTIVES, HOSPITAL LEVEL EXECUTIVES AND SELECTED OTHER EXECUTIVES MIDMICHIGAN HEALTH HAS TAKEN A CONSERVATIVE POSTURE WITH RESPECT TO ALL PERQUISITES AND ALL PERQUISITES MUST BE JUSTIFIED BY BUSINESS NEED MIDMICHIGAN HEALTH TARGETS THE BASE SALARY OF ITS EXECUTIVES WITHIN A MARKET COMPETITIVE SALARY RANGE WITH A MIDPOINT APPROXIMATELY EQUAL TO THE 50TH PERCENTILE OF THE BASE SALARY MARKET DATA MARKET DATA IS OBTAINED FROM HEALTH SYSTEMS, HOSPITALS AND ORGANIZATIONS OF COMPARABLE SIZE, PRIMARILY IN THE MIDWEST AND REGIONALLY, BY SULLIVAN COTTER, AN INDEPENDENT CONSULTANT NET OPERATING REVENUE IS THE CRITICAL FACTOR UTILIZED TO DETERMINE COMPARABILITY PART I, LINE 4B - REYNOLDS, ROGERS, PADGETT, RAPP, RODGERS AND BRUCHHOF ARE PARTICIPANTS IN A 457(F) PLAN THERE WERE NO PAYMENTS MADE IN 2010 THE SERP IS UNFUNDED AND BEGAN ON JANUARY 1, 2009 THE CURRENT PARTICIPANTS OF THE PLAN ARE THOSE WHO HOLD A CORPORATE OFFICE OF VICE PRESIDENT OR ABOVE EACH PARTICIPANTS ANNUAL AWARD IS A BENEFIT RESTORATION AMOUNT THAT PROVIDES THE ADDITIONAL BENEFITS THAT THE PARTICIPANT DID NOT EARN UNDER THE PENSION PLAN AND 403(B) PLAN DURING A PLAN YEAR BECAUSE OF THE STATUTORY LIMITS A PARTICIPANT'S ACCOUNT SHALL BE 100% VESTED IF THE PARTICIPANT IS EMPLOYED BY MIDMICHIGAN HEALTH ON THE DATE THE FIRST OF THE FOLLOWING VESTING EVENTS OCCUR ATTAINMENT OF NORMAL RETIREMENT AGE, DEATH, TERMINATION OF EMPLOYMENT BECAUSE OF TOTAL DISABILITY, OR PROVIDED THEY HAVE BEEN EMPLOYED AT LEAST FIVE YEARS AND THE PARTICIPANT EARNS 75 POINTS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERAMIE SODERBER	FAMILY MEMBER	69,121	EMPLOYMENT		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART I, LINES 3 & 4 AND PART VI, SECTION A, LINE 1 - ANY BOARD MEMBERS WHO HAVE A FAMILY OR BUSINESS RELATIONSHIP AS LISTED IN SCHEDULE L ARE NOT CONSIDERED TO BE INDEPENDENT ALL OTHERS WHO ARE NOT INDEPENDENT ARE EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION LISTED IN SCHEDULE R AND ARE COMPENSATED AT MARKET VALUE FOR THE SERVICES PROVIDED TO THAT ORGANIZATION ALL LINES LEFT BLANK ARE NOT APPLICABLE TO THE ORGANIZATION

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS, OTHER COUNTRY

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	LINE 2 - THE FOLLOWING OFFICERS AND DIRECTORS HAVE BUSINESS RELATIONSHIPS THROUGH ANOTHER FOR-PROFIT ENTITY DUE TO THE SMALL SIZE AND LIMITED RESOURCES OF OUR COMMUNITY BOBBIE ARNOLD, ERIC BLACKHURST, RICHARD REYNOLDS, AND DON SHEETS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION SHALL BE AT LEAST 115 NATURAL PERSONS, THE MAJORITY OF WHOM SHALL RESIDE IN MIDLAND COUNTY, MICHIGAN MEMBERS OF THE CORPORATION SHALL BE DRAWN FROM THE BROAD CROSS SECTION OF THE CITIZENS OF THE COMMUNITIES SERVED BY THE CORPORATION AND ITS AUXILIARY SERVICES AND SUBSIDIARY INSTITUTIONS WITH PARTICULAR EMPHASIS BEING GIVEN TO THOSE INDIVIDUALS WHO HAVE DEMONSTRATED POSITIVE AND CONSTRUCTIVE INTEREST IN THE PURPOSES OF THE CORPORATION AS EXPRESSED IN THE ARTICLES OF INCORPORATION AND BY LAWS AND IN THE PROMOTION OF HEALTH CARE IN THE COMMUNITIES SERVED BY THE CORPORATION FINAL CORPORATE AUTHORITY NECESSARY OR INCIDENTAL TO THE ADMINISTRATION OF ANY OF THE PURPOSES OF THE CORPORATION SHALL BE VESTED IN THE MEMBERS OF THE CORPORATION, EXCEPT WHERE DELEGATED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	AT LEAST 60 DAYS PRIOR TO THE ANNUAL MEETING, THE CHAIRMAN OF THE BOARD OF DIRECTORS WILL APPOINT A NOMINATING COMMITTEE COMPRISED OF AT LEAST TWO MEMBERS OF THE BOARD OF DIRECTORS AND THREE MEMBERS OF THE CORPORATION AT LARGE. THE NOMINATING COMMITTEE SHALL PREPARE A LIST OF NOMINEES FOR ELECTION TO THE BOARD OF DIRECTORS AND SUBMIT THE LIST TO THE MEMBERS AT THE ANNUAL MEETING. THE NOMINATING COMMITTEE SHALL ALSO, AT THE DIRECTION OF THE BOARD, RECOMMEND TO THE MEMBERS OF THE CORPORATION AT THE ANNUAL MEETING, ANY INCREASE OR DECREASE IN THE NUMBER OF DIRECTORS, EX OFFICIO OR NON-EX OFFICIO, TOGETHER WITH A LIST OF NOMINEES FOR THE ADDITIONAL DIRECTORS, IF AN INCREASE IS RECOMMENDED. THE MEMBERS OF THE CORPORATION, AT THE SAME ANNUAL MEETING, SHALL VOTE ON THE RECOMMENDED INCREASE OR DECREASE IN DIRECTORS AND ON THE LIST OF NOMINEES FOR SUCH NEW DIRECTORS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ONE OF THE PURPOSES OF THE ANNUAL MEETING OF THE CORPORATION SHALL BE THE ELECTION OF A BOARD OF DIRECTORS THE AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS SHALL BE BY A MAJORITY VOTE OF ALL MEMBERS PRESENT AT ANY REGULAR OR SPECIAL MEETING ALL OTHER BASIC CORPORATE CHANGE MATTERS, INCLUDING BUT NOT LIMITED TO ESTABLISHMENT, MERGER, CONSOLIDATION, ACQUISITION, AFFILIATION, DISSOLUTION, OR TERMINATION OF ANY OF THE CORPORATION'S HEALTH CARE FACILITIES, SHALL ALSO REQUIRE A MAJORITY VOTE OF ALL MEMBERS OF THE CORPORATION

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 INFORMATION IS PREPARED BY THE FINANCE STAFF AT THIS ORGANIZATION THE INFORMATION IS SUBMITTED FOR REVIEW BY A SENIOR FINANCE STAFF MEMBER AT MIDMICHIGAN HEALTH THE STAFF MEMBER IN CONSULTATION WITH OUR TAX ACCOUNTANT (A CERTIFIED PUBLIC ACCOUNTING FIRM) REQUESTS ADDITIONAL INFORMATION AND OBTAINS CLARIFICATION ONCE THE INITIAL REVIEW IS COMPLETE, THE INFORMATION IS SUBMITTED TO OUR TAX PROFESSIONALS AT ANDREWS HOOPER PAVLIK PLC UPON REVIEW BY THEIR PROFESSIONALS, INCLUDING A SENIOR MANAGER, INFORMATION IS RETURNED TO MIDMICHIGAN HEALTH FOR ITS FINAL REVIEW THIS REVIEW INCLUDES A REVIEW BY THE SVP AND TREASURER ALL COMPENSATION DISCLOSURES ARE REVIEWED WITH THE MIDMICHIGAN HEALTH CEO PRIOR TO FILING PRIOR TO FILING THE FORM 990 PART VII AND SCHEDULE J COMPENSATION INFORMATION WILL BE REVIEWED BY THE COMPENSATION COMMITTEE. FORM 990, INCLUDING ALL SCHEDULES, WILL BE MADE AVAILABLE TO THIS ORGANIZATION'S BOARD OF DIRECTORS IN A SECURE ELECTRONIC FORMAT WITH A SUMMARY OF ALL THE MAJOR CHANGES FROM THE PRIOR YEAR RETURN PRIOR TO FILING QUESTIONS OR CONCERNS WILL BE ADDRESSED BY THE SVP AND TREASURER THE RESULTS OF THESE REVIEWS WILL BE PRESENTED TO THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS AND THIS ORGANIZATION'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE OF THE BOARD ANNUALLY 1) TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY (''THE POLICY''), 2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, AND 3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY THE COMPLETED FORMS ARE REVIEWED BY THE MIDMICHIGAN HEALTH SECRETARY AND FILED FOR REFERENCE AS NEEDED VOTING BOARD MEMBERS WITH CONFLICTS ON SPECIFIC ISSUES ARE ASKED TO LEAVE THE MEETING DURING DISCUSSIONS AND ABSTAIN FROM VOTING ON ANY ISSUE IN WHICH THEY ARE NOT IMPARTIAL

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	ALL CEOS AND OPERATING OFFICERS COMPENSATION IS ANNUALLY APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF MIDMICHIGAN HEALTH THE COMPENSATION IS THEN REVIEWED BY THE BOARD OF DIRECTORS (OR SUBCOMMITTEE THEREOF) FOR DETAILED INFORMATION ON COMPENSATION, PLEASE SEE SCHEDULE J

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL OFFICERS AND KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE FOR ADHERENCE TO CORPORATE POLICIES FOR DETAILED INFORMATION ON COMPENSATION, PLEASE SEE SCHEDULE J

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	NO DIRECTORS RECEIVE PAY FOR THE PURPOSE OF SERVING ON THE BOARD THEY ARE CONSIDERED TO WORK AN AVERAGE OF 2 HOURS A WEEK ON BOARD-RELATED MATTERS ALL INDIVIDUALS WITH REPORTABLE COMPENSATION ARE PAID BY EITHER THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION FOR SERVICES RELATED TO A PART-TIME OR FULL-TIME POSITION AVERAGE HOURS PER WEEK FOR THOSE WITH REPORTABLE COMPENSATION ARE RELATED TO THE AFOREMENTIONED POSITIONS THOSE PERSONS WITH FULL-TIME POSITIONS ARE ESTIMATED TO WORK AN AVERAGE OF 50 HOURS A WEEK

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED INVESTMENT RETURN 7,646,111 PENSION FAS 158 ADJUSTMENT 29,248,954 512(B)(17) INCOME (52,249) ---------- 36,842,816

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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

2010

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproprtionate 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	(k) Percentage ownership

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
(1) MIDMICHIGAN ASSURANCE GROUP LTD PO BOX 1051 23 LIME TREE BAY AVE GOVERNORS SQUARE BLDG 4 2ND FLOOR GRAND CAYMAN CJ 98-0585596	INSURANCE	CJ	MIDMI HLTH	C CORP	100	100	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	Yes	
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		No
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	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
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	Yes	

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	(d) Method of determining amount involved
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-2459948
Name: MIDMICHIGAN HEALTH

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
MIDMICHIGAN MEDICAL CENTER-MIDLAND 4000 WELLNESS DR MIDLAND, MI48670 38-0833014	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
MIDMICHIGAN MEDICAL CENTER-GRATIOT 300 E WARWICK DR ALMA, MI48801 38-1437919	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
MIDMICHIGAN MEDICAL CENTER-CLARE 703 NORTH MCEWAN STREET CLARE, MI48617 38-1518643	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
MIDMICHIGAN MEDICAL CENTER-GLADWIN 515 QUARTER STREET GLADWIN, MI48624 38-6020434	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
MIDMICHIGAN STRATFORD VILLAGE 2121 ROCKWELL DR MIDLAND, MI48642 38-2623324	LT CARE	MI	501C3	9	MIDMI HLTH	Yes	
MIDMICHIGAN GLADWIN PINES 449 QUARTER STREET GLADWIN, MI48624 38-2754875	LT CARE	MI	501C3	9	MIDMI HLTH	Yes	
MIDMI VNA DBA MIDMICHIGAN HOME CARE 3007 N SAGINAW RD MIDLAND, MI48640 38-1459397	CARE/EQUIP	MI	501C3	9	MIDMI HLTH	Yes	
MIDMICHIGAN PHYSICIANS GROUP 2620 W SUGNET RD MIDLAND, MI48640 38-3317788	MED OFFICE	MI	501C3	11A	MIDMI HLTH	Yes	
MIDMICHIGAN REGIONAL IMAGING 2618 N SAGINAW MIDLAND, MI48670 35-2182295	EQUIPMENT	MI	501C3	11B	MIDMI HLTH	Yes	
MIDMICHIGAN URGENT CARE 3009 N SAGINAW RD MIDLAND, MI48640 20-5064848	AMBULATORY	MI	501C3	9	MIDMI HLTH	Yes	
MIDMICHIGAN HEALTH DEV ASSOC 4000 WELLNESS DR MIDLAND, MI48670 38-2459947	OPERATIONS	MI	501C2		MIDMI HLTH	Yes	
REGIONAL DIALYSIS SERVICES PO BOX 188 ALMA, MI48801 38-3120704	DIALYSIS	MI	501C3	11A	MIDMI HLTH	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	O	228,041	BOOKS RECORDS
(2)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	P	6,777,324	BOOKS RECORDS
(3)	MIDMICHIGAN MEDICAL CENTER-GRATIOT	P	1,720,920	BOOKS RECORDS
(4)	MIDMICHIGAN MEDICAL CENTER-CLARE	P	645,804	BOOKS RECORDS
(5)	MIDMICHIGAN MEDICAL CENTER-GLADWIN	P	411,348	BOOKS RECORDS
(6)	MIDMI VNA DBA MIDMICHIGAN HOME CARE	P	153,492	BOOKS RECORDS
(7)	MIDMICHIGAN GLADWIN PINES	P	59,592	BOOKS RECORDS
(8)	MIDMICHIGAN STRATFORD VILLAGE	P	54,072	BOOKS RECORDS
(9)	MIDMICHIGAN REGIONAL IMAGING	P	335,232	BOOKS RECORDS
(10)	MIDMICHIGAN PHYSICIANS GROUP	P	345,780	BOOKS RECORDS
(11)	MIDMICHIGAN HEALTH DEV ASSOC	P	113,796	BOOKS RECORDS
(12)	MIDMICHIGAN HEALTH DEV ASSOC	R	1,000,000	BOOKS RECORDS
(13)	MIDMICHIGAN REGIONAL IMAGING	R	4,870,000	BOOKS RECORDS
(14)	REGIONAL DIALYSIS SERVICES	R	466,667	BOOKS RECORDS
(15)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	O	228,041	BOOKS RECORDS
(16)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	P	6,777,324	BOOKS RECORDS
(17)	MIDMICHIGAN MEDICAL CENTER-GRATIOT	P	1,720,920	BOOKS RECORDS
(18)	MIDMICHIGAN MEDICAL CENTER-CLARE	P	645,804	BOOKS RECORDS
(19)	MIDMICHIGAN MEDICAL CENTER-GLADWIN	P	411,348	BOOKS RECORDS
(20)	MIDMI VNA DBA MIDMICHIGAN HOME CARE	P	153,492	BOOKS RECORDS
(21)	MIDMICHIGAN GLADWIN PINES	P	59,592	BOOKS RECORDS
(22)	MIDMICHIGAN STRATFORD VILLAGE	P	54,072	BOOKS RECORDS
(23)	MIDMICHIGAN REGIONAL IMAGING	P	335,232	BOOKS RECORDS
(24)	MIDMICHIGAN PHYSICIANS GROUP	P	345,780	BOOKS RECORDS
(25)	MIDMICHIGAN HEALTH DEV ASSOC	P	113,796	BOOKS RECORDS
(26)	MIDMICHIGAN HEALTH DEV ASSOC	R	1,000,000	BOOKS RECORDS
(27)	MIDMICHIGAN REGIONAL IMAGING	R	4,870,000	BOOKS RECORDS
(28)	REGIONAL DIALYSIS SERVICES	R	466,667	BOOKS RECORDS
(29)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	O	228,041	BOOKS RECORDS
(30)	MIDMICHIGAN MEDICAL CENTER-MIDLAND	P	6,777,324	BOOKS RECORDS

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	MIDMICHIGAN MEDICAL CENTER-GRATIOT	P	1,720,920	BOOKS RECORDS
(32)	MIDMICHIGAN MEDICAL CENTER-CLARE	P	645,804	BOOKS RECORDS
(33)	MIDMICHIGAN MEDICAL CENTER-GLADWIN	P	411,348	BOOKS RECORDS
(34)	MIDMI VNA DBA MIDMICHIGAN HOME CARE	P	153,492	BOOKS RECORDS
(35)	MIDMICHIGAN GLADWIN PINES	P	59,592	BOOKS RECORDS
(36)	MIDMICHIGAN STRATFORD VILLAGE	P	54,072	BOOKS RECORDS
(37)	MIDMICHIGAN REGIONAL IMAGING	P	335,232	BOOKS RECORDS
(38)	MIDMICHIGAN PHYSICIANS GROUP	P	345,780	BOOKS RECORDS
(39)	MIDMICHIGAN HEALTH DEV ASSOC	P	113,796	BOOKS RECORDS
(40)	MIDMICHIGAN HEALTH DEV ASSOC	R	1,000,000	BOOKS RECORDS
(41)	MIDMICHIGAN REGIONAL IMAGING	R	4,870,000	BOOKS RECORDS
(42)	REGIONAL DIALYSIS SERVICES	R	466,667	BOOKS RECORDS