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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 ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SPECTRUM HEALTH FOUNDATION		D Employer identification number 38-2752328	
	Doing Business As		E Telephone number (616) 774-7322	
	Number and street (or P O box if mail is not delivered to street address) 100 Michigan Ave NE		Room/suite	G Gross receipts \$ 27,782,107
	City or town, state or country, and ZIP + 4 Grand Rapids, MI 495032560			
	F Name and address of principal officer LARRY B JONGEKRIJG 25 Michigan Ave NE Grand Rapids, MI 495032560		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.SPECTRUMHEALTH.ORG/GIVE				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1987	M State of legal domicile MI

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SAVING LIVES AND ADVANCING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THROUGH PHILANTHROPY
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,598,879
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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	Signature of officer		2012-04-20			
	Date					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ ANDREWS HOOPER PAVLIK PLC					Firm's EIN ▶
	Firm's address ▶ 3333 DEPOSIT DR NE STE 310 GRAND RAPIDS, MI 49546					Phone no ▶ (616) 942-6440

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

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

Yes

checked

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

checked

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 \$ 15,239,743 including grants of \$ 14,604,454) (Revenue \$ 1,181,404)

FUNDING FOR CONSTRUCTION OF THE HELEN DEVOS CHILDREN'S HOSPITAL - A STATE OF THE ART FACILITY SPECIFICALLY FOR PEDIATRIC CARE, INCLUDING A DEDICATED PEDIATRIC EMERGENCY ROOM

4b

(Code) (Expenses \$ 2,096,878 including grants of \$ 2,009,466) (Revenue \$ 162,553)

FUNDING FOR THE FRED AND LENA MEIJER HEART CENTER AND INSTITUTE - FUNDING GOES TO PROGRAMS AND RESEARCH RELATED TO THE CREATION OF A HEART INSTITUTE AND TRANSPLANT PROGRAM, INCLUDING THE RETENTION OF A WORLD CLASS HEART TRANSPLANT SURGEON

4c

(Code) (Expenses \$ 1,093,576 including grants of \$ 1,047,988) (Revenue \$ 84,775)

SUPPORT OF CHILD LIFE PROGRAMS - FUNDING TO ENHANCE THE CARE AND WELL BEING OF CHILDREN WHO STAY AT HELEN DEVOS CHILDREN'S HOSPITAL. PROGRAMS INCLUDE A TEACHER, CHILD LIFE SPECIALISTS, AND TOYS AND ACTIVITIES

4d

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

(Expenses \$ 5,365,078 including grants of \$ 5,141,429) (Revenue \$ 415,908)

4e

Total program service expenses \$ 23,795,275

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 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 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, line 10? 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	No
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	No
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 Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, 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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☒ Yes ☐ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	24		
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			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: See 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	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization 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?					
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					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

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	1a23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b21		
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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Mr Larry Jongekrijg 25 Michigan Ave NE Grand Rapids, MI 49503 (616) 391-2568

Part VII

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

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 ANTONINI CHAIR	2	X		X				0	0	0
(2) PATRICIA BETZ DIRECTOR	2	X						0	0	0
(3) STEPHEN BSHOVEN TREASURER	2	X		X				0	0	0
(4) RICHARD BREON DIRECTOR	4	X						0	1,118,465	531,406
(5) MARK CAMPBELL MD DIRECTOR	2	X						0	0	0
(6) JACK CARTER DIRECTOR	2	X						0	0	0
(7) DICK DEVOS PART-YEAR DIRECTOR	2	X						0	0	0
(8) MARIA DEVOS DIRECTOR	2	X						0	0	0
(9) BILL DUTMERS PART-YEAR DIRECTOR	2	X						0	0	0
(10) DONNALEE HOLTON DIRECTOR	2	X						0	0	0
(11) ROBERT HOOKER DIRECTOR	2	X						0	0	0
(12) JOSE INFANTE DIRECTOR	2	X						0	0	0
(13) WILBUR LETTINGA TREASURER EMERITUS	2	X		X				0	0	0
(14) DAVEY MEHNEY DIRECTOR	2	X						0	0	0
(15) PATRICK MILES DIRECTOR	2	X						0	0	0
(16) MARGE POTTER SECRETARY	2	X		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) SARLA PURI MD DIRECTOR	2	X						0	0	0
(18) PETER RENUCCI DIRECTOR	2	X						0	0	0
(19) BRIAN ROELOF MD DIRECTOR	2	X						0	0	0
(20) ROBERT ROSKAM DIRECTOR	2	X						0	0	0
(21) DAVID VAN ELSLANDER DIRECTOR	2	X						0	0	0
(22) VICKI WEAVER PRESIDENT	50	X		X				227,009	0	25,682
(23) MEG MILLER WILLIT DIRECTOR	2	X						0	0	0
(24) JOYCE WINCHESTER DIRECTOR	2	X						0	0	0
(25) SANDRA WRIGHT DIRECTOR	2	X						0	0	0
(26) DICK YOUNG DIRECTOR	2	X						0	0	0
(27) LARRY JONGEKRIJG CFO	50			X				144,208	0	22,953
(28) DEBORAH LOCKE VP, PRINCIPAL GIFTS	50				X			162,379	0	30,318
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								533,596	1,118,465	610,359

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
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		0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	220,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,905,216			
	g	Noncash contributions included in lines 1a-1f \$		400,003			
	h	Total. Add lines 1a-1f		19,125,216			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,059,835		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	4,734,358				
c		Gain or (loss)	1,533,031				
d		Net gain or (loss)		3,201,327	0		
8a		Gross income from fundraising events (not including \$ 220,000 of contributions reported on line 1c) See Part IV, line 18	a	1,018,058			
b		Less direct expenses	b	361,321			
c		Net income or (loss) from fundraising events . .		656,737			656,737
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 . .		0			
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 . .		0				
Miscellaneous Revenue			Business Code				
11a	ADMINISTRATIVE REIMBURSEMENT		900099	1,844,640	1,844,640		
b							
c							
d	All other revenue			0	0	0	0
e	Total. Add lines 11a-11d			1,844,640			
12	Total revenue. See Instructions			25,887,758	1,844,640	0	4,917,902

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	22,803,337	22,803,337		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	533,596	161,480	110,716	261,400
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,150,199	348,083	238,652	563,464
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	500,946	152,688	101,091	247,167
10	Payroll taxes	0			
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	33,000		33,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	6,538			6,538
f	Investment management fees	0			
g	Other	66,455	34,903	715	30,837
12	Advertising and promotion	0			
13	Office expenses	401,053	84,775	47,791	268,487
14	Information technology	0			
15	Royalties	0			
16	Occupancy	161,338		161,338	
17	Travel	39,699	925	7,974	30,800
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	46,102	20,449	14,058	11,595
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	120,951		120,951	
23	Insurance	0			
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	MEMBERSHIPS & AFFILIATION	235,430	109,096		126,334
b	DONOR RECOGNITION	50,235	28,671	1,827	19,737
c	BANK CHARGES & FEES	23,765		23,765	
d	DUES & SUBSCRIPTIONS	4,767	1,535	2,161	1,071
e	MISCELLANEOUS	109,683	49,333	28,901	31,449
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	26,287,094	23,795,275	892,940	1,598,879
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	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,274,399	1	1,755,442
	2	Savings and temporary cash investments			6,782,886	2	1,888,000
	3	Pledges and grants receivable, net			26,500,066	3	25,976,445
	4	Accounts receivable, net			12,090,170	4	218,256
	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				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,037,011			
	b	Less: accumulated depreciation	10b	496,094	661,133	10c	540,917
	11	Investments—publicly traded securities			41,414,686	11	57,808,813
	12	Investments—other securities. See Part IV, line 11				12	0
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,242,946	15	2,248,447
	16	Total assets. Add lines 1 through 15 (must equal line 34)			91,966,286	16	90,436,320
Liabilities	17	Accounts payable and accrued expenses			46,365	17	415,203
	18	Grants payable				18	
	19	Deferred revenue			402,284	19	1,120,482
	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			12,875,164	25	4,001,490
	26	Total liabilities. Add lines 17 through 25			13,323,813	26	5,537,175
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			1,139,627	27	7,259,222
	28	Temporarily restricted net assets			57,621,583	28	47,348,620
	29	Permanently restricted net assets			19,881,263	29	30,291,303
		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			78,642,473	33	84,899,145
	34	Total liabilities and net assets/fund balances			91,966,286	34	90,436,320

Part XI Reconciliation 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	25,887,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,287,094
3	Revenue less expenses Subtract line 2 from line 1	3	-399,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,642,473
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,656,008
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	84,899,145

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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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?		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		

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 SPECTRUM HEALTH FOUNDATION	Employer identification number 38-2752328
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches 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?
(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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

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.")	26,242,000	18,610,000	7,524,320	14,011,134	18,905,216	85,292,670
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	26,242,000	18,610,000	7,524,320	14,011,134	18,905,216	85,292,670
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)						21,864,773
6 Public Support. Subtract line 5 from line 4						63,427,897

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	26,242,000	18,610,000	7,524,320	14,011,134	18,905,216	85,292,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,883,306	2,892,340	1,808,321	1,068,645	1,059,835	8,712,447
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,686,000	2,478,000	2,660,440	2,440,790	2,501,377	11,766,607
11 Total support (Add lines 7 through 10)						105,771,724
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	59 970 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	68 640 %
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 section 501(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).

Facts And Circumstances Test

Explanation
OTHER INCOME DETAIL, SCHEDULE A, PART II, LINE 10, MISCELLANEOUS INCOME - \$11,766,607,

SCHEDULE D
(Form 990)

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
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
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

▶ \$ _____ 0

(ii) Assets included in Form 990, Part X

▶ \$ _____ 2,248,447

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	25,594,717	22,293,000	27,356,000	
b	Contributions	7,396,235	510,290	401,000	
c	Investment earnings or losses	5,234,538	2,259,660	-4,354,000	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	1,045,015	-531,767	1,110,000	
f	Administrative expenses				
g	End of year balance	37,180,475	25,594,717	22,293,000	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 81 500 %

c

Term endowment ▶ 18 500 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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				0
b Buildings				0
c Leasehold improvements		539,052	188,668	350,384
d Equipment		497,224	307,426	189,798
e Other		735		735
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				540,917

Schedule D (Form 990) 2010

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)	125,887,758
2	Total expenses (Form 990, Part IX, column (A), line 25)	26,287,094
3	Excess or (deficit) for the year Subtract line 2 from line 1	-399,336
4	Net unrealized gains (losses) on investments	6,656,008
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	0
9	Total adjustments (net) Add lines 4 - 8	6,656,008
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	6,256,672

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	132,543,766
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a6,656,008	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d0	
e	Add lines 2a through 2d2e6,656,008	325,887,758
3	Subtract line 2e from line 1	
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 7b4a	40
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	525,887,758

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	126,287,094
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d0	
e	Add lines 2a through 2d2e0	326,287,094
3	Subtract line 2e from line 1	
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 7b4a	40
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	526,287,094

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE HEALING ART COLLECTION CREATES A HEALING ENVIRONMENT FOR PATIENTS, VISITORS, AND STAFF ALIKE
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE PERPETUAL SUPPORT OF LIFE SAVING PROGRAMS AND SERVICES AT OUR RELATED SPECTRUM HEALTH ORGANIZATIONS (INCLUDING SPECTRUM HEALTH HOSPITALS AND HELEN DEVOS CHILDREN'S HOSPITAL)
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	A FIN 48 FOOTNOTE WAS NOT INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FOUNDATION GALA (event type)	CMN SPECIAL EVENT (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	744,176	493,882	1,238,058
	2	Less Charitable contributions	220,000		220,000
	3	Gross income (line 1 minus line 2)	524,176	493,882	0 1,018,058
Direct Expenses	4	Cash prizes			0
	5	Non-cash prizes			0
	6	Rent/facility costs			0
	7	Food and beverages			0
	8	Entertainment			0
	9	Other direct expenses	148,530	212,791	361,321
	10	Direct expense summary Add lines 4 through 9 in column (d) ►			361,321
	11	Net income summary Combine lines 3 and 10 in column (d). ►			656,737

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SPECTRUM HEALTH FOUNDATION

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
38-2752328

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

46

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	FUNDS ARE GRANTED BASED ON THE SPECIFIC PURPOSE OF THE DONATIONS WHEN THE SPECIFIC PURPOSE REQUIRES APPLICATIONS, A FUND MANAGER REVIEWS REQUESTS AND AUTHORIZES DISBURSEMENT BASED ON NEED AND BENEFIT TO THE ORGANIZATION THE ORGANIZATION MONITORS USE OF SPECIFIC PURPOSE FUNDS AND REQUIRES FUND MANAGERS TO SUBMIT ANNUAL STEWARDSHIP REPORTS

Software ID: 10000128

Software Version: v2010.1.0

EIN: 38-2752328

Name: SPECTRUM HEALTH FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	21,210				BURN CENTER SERVICES
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	14,604,454				HDVCH CONSTRUCTION
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	2,009,466				MEIJER HEART CENTER AND INSTITUTE
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	1,047,988				CHILD LIFE PROGRAM
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	510,549				RENUCCI HOSPITALITY HOUSE CAPITAL &
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	504,761				SUPPORT OF THE CHILD PROTECTION TEAM
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	395,999				ONCOLOGY PATIENT CARE & EDUCATION PROGRAM
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	393,259				SPECTRUM HEALTH HOSPICE
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	338,520				SPECTRUM HEALTH GENERAL SUPPORT
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	300,000				NEURODEVELOPMENTAL DIVISION
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	276,489				GREATER GRAND RAPIDS SAFE KIDS PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	259,938				NEONATAL INTENSIVE CARE UNIT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	256,343				SUPPORT OF THE PEDIATRIC ONCOLOGY
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	200,000				HDVCH STRATEGIC RESEARCH INITIATIVE
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	173,504				CHILDREN'S MIRACLE NETWORK
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	169,071				CYSTIC FIBROSIS PROGRAM
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	148,587				WOMEN'S BREAST CARE SERVICES
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	114,238				SCHOLARSHIP PROGRAM TO SUPPORT STAFF
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	100,000				FUNDING FOR INTERNAL RESEARCH PROJECTS AT
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	87,105				SUPPORT OF EMPLOYEES FOR FAMILY RELATED
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	86,845				PEDIATRIC ENDOCRINOLOGY PROGRAMS
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	84,244				DIGESTIVE DISEASE INSTITUTE
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	79,905				PASTORAL CARE & BEREAVEMENT PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	50,000				BAXTER COMMUNITY CLINIC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	50,000				PEDIATRIC HEALTHY WEIGHT CLINIC
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	42,088				NURSING SCHOLARSHIP PROGRAM
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	39,857				GENETICS PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	36,271				MOLECULAR ONCOLOGY INITIATIVE
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	35,867				LIBRARY AND MEDIA CENTER AT HDVCH
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	35,054				TOBACCO FREE EDUCATION PROGRAMS
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	33,019				COMMUNITY INITITIVE TO PROMOTE NURSING
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	32,381				STRONG BEGINNINGS PACE
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	31,837				ASTHMA CAMP
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	30,607				PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAMS
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	28,551				LECTURESHIPS FOR CONTINUING EDUCATION
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS, MI 49503	38-1360529	3	25,000				NICU FAMILY SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	23,575				RESPIRATORY RESEARCH & EDUCATION
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	22,493				REED CITY HOSPITAL
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	14,915				LIBRARY SPECIAL BOOK FUND
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	14,508				ORAL CLEFT CLINIC
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	13,647				HELEN DEVOS CHILDREN'S HOSPITAL
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	8,750				BERTHA HEALD FUND
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	7,290				JUNIOR GUILD FUND
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	6,657				DORATHY SWIFT GUILD
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	5,042				BRUSH UP FOR BABY GRANT
SPECTRUM HEALTH100 MICHIGAN STREET NW GRAND RAPIDS,MI 49503	38-1360529	3	5,000				BW NURSING ALUMNI SCHOLARSHIPS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number

38-2752328

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision 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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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	
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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 BREON	(i)	0	0	0	0	0	0	0
	(ii)	951,782	137,608	29,075	362,394	169,012	1,649,871	0
(2) VICKI WEAVER	(i)	224,181	0	2,828	18,155	7,527	252,691	0
	(ii)	0	0	0	0	0	0	0
(3) LARRY JONGEKRIJG	(i)	140,254	2,900	1,054	5,950	17,003	167,161	0
	(ii)	0	0	0	0	0	0	0
(4) DEBORAH LOCKE	(i)	157,099	3,150	2,130	14,619	15,699	192,697	0
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(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
First-class or charter travel	Schedule J, Part I, Line 1a	THE TAXPAYER PROVIDED FIRST-CLASS TRAVEL FOR CERTAIN KEY EXECUTIVE EMPLOYEES AND BOARD MEMBERS FOR BUSINESS PURPOSES CONSISTENT WITH THE MISSION OF THE TAXPAYER.
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE ORGANIZATION PAID HEALTH PROGRAM FEES FOR CERTAIN EXECUTIVE EMPLOYEES. THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE AND INCLUDED IN FORM W-2.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	2	5,900	COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		3,300	COST
5 Clothing and household goods	X		10,727	COST
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	19	5,165	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
CERTIF &				
25 Other ► (EVENTS)	X	120	164,813	COST
26 Other ► (VARIOUS)	X	102	210,098	COST
27 Other ► ()				
28 Other ► ()				

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

290

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

Part II

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

Identifier	Return Reference	Explanation
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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 SPECTRUM HEALTH FOUNDATION	Employer identification number 38-2752328
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Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A	TAXPAYER MAY HAVE INDIRECT EMPLOYEES. COMPENSATION FOR THESE EMPLOYEES IS PAID BY A RELATED ORGANIZATION. AN ALLOCATION OF AMOUNTS PAID FOR INDIRECT EMPLOYEES IS PURSUANT TO A MANAGEMENT SERVICES CONTRACT AND IS INCLUDED ON LINES 5-10 OF PART IX.

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	ALL OTHER ACHIEVEMENTS-PLEASE SEE SCHEDULE I

Identifier	Return Reference	Explanation
IDENTIFICATION OF DISREGARDED ENTITIES	FORM 990, PART IV, LINE 33 AND SCHEDULE R	THE ORGANIZATION DOES NOT OWN A WHOLLY OWNED DISREGARDED ENTITY HOWEVER, THE HEALTH SYSTEM HAS WHOLLY OWNED DISREGARDED ENTITIES THE ORGANIZATION IS REPORTING INDIRECT CONTROL FOLLOWING THE CONSTRUCTIVE OWNERSHIP RULES UNDER SECTION 318 OF THE INTERNAL REVENUE CODE OTHER ENTITIES REPORTED ON SCHEDULE R ARE REPORTED BASED ON THE SAME APPLICATION OF THE CONSTRUCTIVE OWNERSHIP RULES OF SECTION 318

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	MR RICHARD DEVOS, JR - FAMILY RELATIONSHIP, MS MARIA DEVOS - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE TAXPAYER HAS ONE MEMBER(S)/STOCKHOLDER(S) AS FOLLOWS SPECTRUM HEALTH SYSTEM (EIN 38-3382353), A MICHIGAN NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE SOLE MEMBER(S) (SEE FORM 990, PART VI, LINE 6) OF THE TAXPAYER APPOINTS ALL MEMBERS OF THE BOARD OF DIRECTORS

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

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

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	BOARD OF DIRECTORS 1 CONFLICTS OF INTEREST MUST BE DISCLOSED, BOTH VIA A DISCLOSURE FORM PROCESS AS WELL AS VERBALLY AT A BOARD MEETING PRIOR TO DISCUSSION OF ANY AGENDA ITEM WITH REGARD TO WHICH A BOARD MEMBER HAS A CONFLICT 2 A PERSON HAVING A FINANCIAL INTEREST IN A PROPOSED TRANSACTION OR ARRANGEMENT MAY MAKE A PRESENTATION AT A MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE CONSIDERING THAT TRANSACTION OR ARRANGEMENT, BUT AFTER THAT PRESENTATION HE OR SHE SHALL LEAVE THE MEETING DURING DISCUSSION AND VOTING ON THAT PROPOSED TRANSACTION OR ARRANGEMENT THE PERSON HAVING THE FINANCIAL INTEREST SHALL NOT BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT 3 THE CHAIRPERSON OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE (INCLUDING OUTSIDE ADVISORS) TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND TO ADVISE WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN SPECTRUM HEALTH'S BEST INTEREST 4 THE BOARD OF DIRECTORS OR COMMITTEE SHALL EXERCISE DUE DILIGENCE TO DETERMINE WHETHER SPECTRUM HEALTH CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 5 IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF DIRECTORS OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS AND MEMBERS WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN SPECTRUM HEALTH'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO SPECTRUM HEALTH, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION 6 THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS AND ALL SPECTRUM HEALTH COMMITTEES SHALL SET FORTH A)THE NAMES OF THE PERSONS WHO DISCLOSED A FINANCIAL INTEREST IN A PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING SPECTRUM HEALTH OR ANY OF ITS SUBSIDIARIES AND THE NATURE OF THE FINANCIAL INTEREST, AND B)THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO SUCH TRANSACTION OR ARRANGEMENT, INCLUDING ANY DISCUSSION OF ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THAT MATTER THE VOTES OF INDIVIDUAL MEMBERS NEED NOT BE RECORDED UNLESS OTHERWISE DIRECTED BY THE BOARD OF DIRECTORS OR COMMITTEE MANAGEMENT 1 UPON ACCEPTANCE OF AN EMPLOYMENT OFFER, EACH MEMBER OF MANAGEMENT WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE A COPY OF THE MEMBER OF MANAGEMENT'S DISCLOSURE QUESTIONNAIRE IS SENT TO THE TAXPAYER'S LEGAL DEPARTMENT AND IS ALSO MAINTAINED BY HUMAN RESOURCES IN THAT PERSON'S PERSONNEL FILE 2 ANNUALLY, EACH MEMBER OF MANAGEMENT WILL COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ELECTRONICALLY THE DISCLOSURE QUESTIONNAIRE IS REVIEWED BY THE LEGAL AND ORGANIZATIONAL INTEGRITY DEPARTMENTS 3 THERE IS AN ONGOING REQUIREMENT THAT MEMBERS OF MANAGEMENT COMPLETE ANOTHER DISCLOSURE QUESTIONNAIRE AT ANY POINT DURING HIS/HER EMPLOYMENT WHEN A NEW POTENTIAL CONFLICT OF INTEREST ARISES IF A MEMBER OF MANAGEMENT COMPLETES A DISCLOSURE QUESTIONNAIRE AS A RESULT OF A NEW POTENTIAL CONFLICT OF INTEREST, THAT DISCLOSURE QUESTIONNAIRE IS SUBMITTED TO THE LEGAL AND ORGANIZATIONAL INTEGRITY DEPARTMENTS FOR REVIEW 4 THE LEGAL AND ORGANIZATIONAL INTEGRITY DEPARTMENTS, IN CONSULTATION WITH EXECUTIVE MANAGEMENT, DETERMINE HOW ANY REPORTED CONFLICTS SHOULD BE MANAGED MANAGEMENT OF A CONFLICT MAY TAKE A VARIETY OF DIFFERENT FORMS FROM IMPLEMENTATION OF A MANAGEMENT PLAN TO REQUIRING THAT THE MEMBER OF MANAGEMENT CEASE THE ACTIVITY CREATING THE CONFLICT OR, IN EXTREME CASES, LEAVE TAXPAYER'S EMPLOYMENT MANAGEMENT IS DETERMINED ON AN INDIVIDUAL BASIS BASED UPON THE FACTS AND CIRCUMSTANCES SURROUNDING THE DISCLOSURE THE PURPOSE OF CONFLICT MANAGEMENT IS TO PROVIDE TRANSPARENCY WITHIN THE TAXPAYER AND TO ENSURE THAT TAXPAYER'S EMPLOYEES ARE ALWAYS ACTING IN THE BEST INTEREST OF TAXPAYER

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	SPECTRUM HEALTH SYSTEM PROCESS FOR ESTABLISHING EXECUTIVE COMPENSATION THE SPECTRUM HEALTH BOARD OF DIRECTORS (EXECUTIVE COMMITTEE) USES THE FOLLOWING PROCESS FOR DETERMINING COMPENSATION OF EXECUTIVES AT ALL ENTITIES *LABOR MARKET DATA REFLECTING COMPARABLE ORGANIZATIONS AND JOBS (PREPARED BY INDEPENDENT FIRMS) ARE RELIED UPON *COMPETITIVE ASSESSMENT REPORTS ARE PROVIDED IN ADVANCE OF EXECUTIVE COMMITTEE MEETINGS THE COMPETITIVE ASSESSMENT REPORT IS PREPARED BY A NATIONALLY KNOWN INDEPENDENT EXECUTIVE COMPENSATION FIRM AND, FOR FY 2011 (7/1/10-6/30/11), WAS BASED ON THE FOLLOWING INDEPENDENT SURVEYS OF HEALTH CARE EXECUTIVES AT COMPARABLE HEALTH SYSTEMS * SULLIVAN, COTTER AND ASSOCIATES, INC 2010 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS * INTEGRATED HEALTHCARE STRATEGIES 2010 HEALTHCARE EXECUTIVE COMPENSATION SURVEY * MERCER HUMAN RESOURCES CONSULTING 2010 INTEGRATED HEALTH NETWORKS COMPENSATION SURVEY * WATSON WYATT DATA SERVICES 2010/2011 HOSPITAL AND HEALTHCARE MANAGEMENT COMPENSATION REPORT *THESE SOURCES ARE CONSISTENT WITH THOSE USED IN LAST YEAR'S ANALYSIS *COMPENSATION ADJUSTMENTS ARE APPROVED BY INDEPENDENT EXECUTIVE COMMITTEE MEMBERS, CONSISTENT WITH THE SPECTRUM HEALTH COMPENSATION PHILOSOPHY DESCRIBED BELOW *MINUTES OF COMMITTEE DISCUSSIONS AND DECISIONS ARE PREPARED TO MEMORIALIZE EXECUTIVE COMMITTEE DECISIONS BASED UPON THE ABOVE DATA CASH COMPENSATION DATA RELIED UPON BY THE EXECUTIVE COMMITTEE ARE NATIONAL AND REFLECT THE COMPENSATION PAID TO EXECUTIVES IN COMPARABLE JOBS IN COMPARABLY-SIZED HEALTHCARE ORGANIZATIONS SPECTRUM HEALTH RECRUITS NATIONALLY FOR ITS EXECUTIVES BENEFITS DATA REFLECT NATIONAL HEALTHCARE MARKET PRACTICES GEOGRAPHIC PAY DIFFERENTIAL AND COST OF LIVING DATA INDICATE CONSISTENCY WITH NATIONAL DATA THIS PROCESS IS INTENDED TO ASSIST SPECTRUM HEALTH IN QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (INTERMEDIATE SANCTIONS REGULATIONS) AND THE SPECTRUM HEALTH EXCESS BENEFIT TRANSACTION POLICY FOR THOSE INDIVIDUALS IN THE GROUP WHO ARE DISQUALIFIED PERSONS* THE OPINION SUBMITTED FROM THE THIRD PARTY INDEPENDENT CONSULTING FIRM IS IN ACCORDANCE WITH THE PROVISIONS OF TREASURY REGULATIONS SECTION 53 4958-6(C)(2) AND IS ALSO INTENDED TO SATISFY THE PROFESSIONAL ADVICE REQUIREMENT OF TREASURY REGULATIONS SECTION 53 4958-1(D)(4)(III)

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SEE EXPLANATION PROVIDED FOR FORM 990, PART VI, LINE 15A

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION HAVE BEEN PROVIDED TO THE STATE OF MICHIGAN AND ARE AVAILABLE TO THE PUBLIC ON THE STATE'S WEBSITE THE ORGANIZATION'S BYLAWS AND INTERNAL POLICIES ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC THE OVERALL SYSTEM CONSOLIDATED FINANCIAL STATEMENTS ARE PROVIDED AT WWW SPECTRUMHEALTH ORG IN THE SECTION TITLED "ABOUT US " FINANCIAL PERFORMANCE IS DISCUSSED AT AN ANNUAL PUBLIC MEETING HELD AND POSTED TO WWW SPECTRUMHEALTH ORG QUARTERLY (UNDER THE SECTION TITLED "ABOUT US")

Identifier	Return Reference	Explanation
Average hours worked per week for related organization	Form 990, Part VII, Section A, Column B	RICHARD ANTONINI - 0 PATRICIA BETZ - 0 STEPHEN BOSHOVEN - 0 RICHARD BREON - 50 MARK CAMPBELL, MD - 0 JACK CARTER - 0 DICK DEVOS - 0 MARIA DEVOS - 0 BILL DUTMERS - 0 DONNALEE HOLTON - 0 ROBERT HOOKER - 0 JOSE INFANTE - 0 WILBUR LETTINGA - 0 DAVEY MEHNEY - 0 PATRICK MILES - 0 MARGE POTTER - 0 SARLA PURI, MD - 0 PETER RENUCCI - 0 BRIAN ROELOF, MD - 0 ROBERT ROSKAM - 0 DAVID VAN ELSLANDER - 0 VICKI WEAVER - 0 MEG MILLER WILLIT - 0 JOYCE WINCHESTER - 0 SANDRA WRIGHT - 0 DICK YOUNG - 0 LARRY JONGEKRIJG - 0 DEBORAH LOCKE - 0

Identifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VII, LINE 1A	CONSISTENT WITH PRIOR YEARS, THE COMPENSATION REPORTED FOR THESE INDIVIDUALS IS NOT FOR SERVICES IN THEIR CAPACITY AS MEMBERS OF THE BOARD OF DIRECTORS BUT FOR SERVICES AS EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION. CONSISTENT WITH PRIOR YEARS, COMPENSATION AND BENEFITS ARE REPORTED USING THE MOST RECENT CALENDAR YEAR COMPENSATION DATA. THE COMPENSATION FIGURES REPORTED IN THESE SECTIONS IS FOR THE YEAR ENDED DECEMBER 31, 2010. INDIVIDUALS WITH COMPENSATION REPORTED IN PART VII WORK A COMBINED AVERAGE OF 50 HOURS PER WEEK FOR THE REPORTING ORGANIZATION AND/OR A RELATED TAX-EXEMPT ORGANIZATION.

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 6656008,

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
SPECTRUM HEALTH FOUNDATION

Employer identification number
38-2752328

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHMB PROPERTIES LLC 1231 EAST BELTLINE NE GRAND RAPIDS, MI 49525 38-2715520	PROP MGMT	MI	179,821	29,996,933	PRIORITY HEALTH
(2) MMPC REAL ESTATE LLC 4100 LAKE DR SE STE 300 GRAND RAPIDS, MI 49525 38-2851295	DORMANT	MI	0	0	MICHIGAN MEDICAL PATIENT CARE
(3) SPECTRUM HEALTH INNOVATIONS LLC 100 MICHIGAN AVE NE GRAND RAPIDS, MI 49503 27-2868213	IP DEVELOP	MI	6,018	3,146,005	SPECTRUM HEALTH SYSTEM

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

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

Part V

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

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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PRIORITY HEALTH	L	189,570	GAAP, CASH, OR FMV
(2) SPECTRUM HEALTH SYSTEM	L	12,000	GAAP, CASH, OR FMV
(3) SPECTRUM HEALTH CONTINUING CARE	B	393,259	GAAP, CASH, OR FMV
(4) HELEN DEVOS CHILDREN'S HOSPITAL	B	18,167,131	GAAP, CASH, OR FMV
(5) SPECTRUM HEALTH HOSPITALS	B	4,146,841	GAAP, CASH, OR FMV
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
PART II, COLUMN (G), SECTION 512(B) (13) CONTROLLED ENTITY?	SCHEDULE R	TAXPAYER IS A MEMBER OF A CONSOLIDATED HEALTH SYSTEM AND HAS A COMMON PARENT ORGANIZATION, SPECTRUM HEALTH SYSTEM FOR ENTITIES THAT ARE PART OF A CONSOLIDATED HEALTH SYSTEM (WITH COMMON CONTROL) THE ATTRIBUTION RULES OF IRC SECTION 318 APPLY, MEANING THAT ALL ORGANIZATIONS ARE DEEMED TO HAVE CONTROL OF THE ORGANIZATIONS OWNED BY THE CONTROLLING ORGANIZATION AS SUCH, IN ANSWERING THIS QUESTION AND FOR REPORTING IN SCH R, EACH RELATED ORGANIZATION WITHIN THE HEALTH SYSTEM IS CONSIDERED AND THE TRANSACTIONS DISCLOSED MAY BE BETWEEN DIRECTLY CONTROLLED SUBSIDIARIES OR BROTHER-SISTER ENTITIES (INDIRECTLY CONTROLLED) WITHIN THE HEALTH SYSTEM

Software ID: 10000128

Software Version: v2010.1.0

EIN: 38-2752328

Name: SPECTRUM HEALTH FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SPECTRUM HEALTH SYSTEM 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503 38-3382353	MANAGEMENT	MI	501(C)(3)	11 - Type III - FI	NA		No
SPECTRUM HEALTH HOSPITALS 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503 38-1360529	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	
SPECTRUM HEALTH PRIMARY CARE PTNRS 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503 38-1358164	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	
WEST MICHIGAN REGIONAL LABORATORY 1726 KNOLLCREST CIRCLE SE GRAND RAPIDS, MI49546 38-3414862	TEACH/RSCH	MI	501(C)(3)	9	SPECTRUM HEALTH HOSPITALS	Yes	
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503 38-2752328	PHILANTHRO	MI	501(C)(3)	7	SPECTRUM HEALTH SYSTEM	Yes	
SPECTRUM HEALTH CONTINUING CARE 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-3242232	REHAB/CARE	MI	501(C)(3)	11 - Type I	SPECTRUM HEALTH SYSTEM	Yes	
SH CONTINUING CARE CENTER 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-2415333	REHAB/NRS	MI	501(C)(3)	9	SPECTRUM HEALTH CONTINUING CARE	Yes	
SH KENT COMMUNITY CAMPUS 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-3472677	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH CONTINUING CARE	Yes	
SPECTRUM HEALTH WORTH SERVICES 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-2786617	HEALTHCARE	MI	501(C)(3)	9	SPECTRUM HEALTH CONTINUING CARE	Yes	
VISITING NURSE SERVICES OF WEST MI 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-1359195	HEALTHCARE	MI	501(C)(3)	9	SPECTRUM HEALTH CONTINUING CARE	Yes	
PRIORITY HEALTH 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 38-2715520	HMO	MI	501(C)(4)	N/A	SPECTRUM HEALTH SYSTEM	Yes	
TRINITY HEALTH PLANS 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 38-2663747	HMO MGMT	MI	501(C)(4)	N/A	PRIORITY HEALTH	Yes	

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
PH GOVERNMENT PROGRAMS INC 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 32-0016523	HMO	MI	501(C)(3)	9	PRIORITY HEALTH	Yes	
SPECTRUM HEALTH UNITED 615 S BOWER GREENVILLE, MI48838 38-1358412	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	
SH UNITED MEMORIAL FOUNDATION 615 S BOWER GREENVILLE, MI48838 38-2990574	PHILANTHRO	MI	501(C)(3)	11 - Type I	SPECTRUM HEALTH UNITED	Yes	
AMBULATORY UNITED 407 S NELSON GREENVILLE, MI48838 38-3170488	HEALTHCARE	MI	501(C)(3)	11 - Type I	SPECTRUM HEALTH UNITED	Yes	
UNITED LIFESTYLES 615 S BOWER GREENVILLE, MI48838 38-3589727	WELLNESS	MI	501(C)(3)	11 - Type I	SPECTRUM HEALTH UNITED	Yes	
SPECTRUM HEALTH KELSEY 615 S BOWER GREENVILLE, MI48838 38-1297435	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH UNITED	Yes	
REED CITY HOSPITAL CORPORATION 300 N PATTERSON RD REED CITY, MI49677 38-2770076	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	
WEST MICHIGAN IMAGING CENTER PO BOX 1009 JENISON, MI49428 38-2730326	HEALTHCARE	MI	501(C)(3)	9	SPECTRUM HEALTH HOSPITALS	Yes	
NEWAYGO COUNTY GENERAL HOSPITAL ASSOCIATION 212 S SULLIVAN AVENUE FREMONT, MI49412 38-1359517	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	
MMPC FOUNDATION 4100 LAKE DR SE STE 300 GRAND RAPIDS, MI49546 20-1099059	PHILANTHRO	MI	501(C)(3)	N/A	MICHIGAN MEDICAL PATIENT CARE	Yes	
KENT COMMUNITY HEALTH FOUNDATION 750 FULLER AVE NE GRAND RAPIDS, MI49503 38-3607110	PHILANTHRO	MI	501(C)(3)	11 - Type III - FI	SPECTRUM HEALTH KENT COMMUNITY CAMPUS	Yes	
ZEELAND COMMUNITY HOSPITAL 100 SOUTH PINE ZEELAND, MI49464 38-1411184	HEALTHCARE	MI	501(C)(3)	3	SPECTRUM HEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
HELEN DEVOS WOMEN'S AND CHILDREN'S HEALTH PAVILION ASSOCIATION 1840 WEALTHY ST SE GRAND RAPIDS, MI49506 38-3264184	MGMT	MI	SPECTRUM HEALTH HOSPITALS	C CORPORATION	611,739	462,237	86.96 %
PARTNERSHIP FOR CHILDREN'S HEALTH 1840 WEALTHY ST SE GRAND RAPIDS, MI49506 38-3364676	MGED CARE	MI	SPECTRUM HEALTH HOSPITALS	C CORPORATION	0	0	1.00 %
THE FRED AND LENA MEIJER HEART CENTER CONDOMINIUM ASSOCIATION 100 MICHIGAN ST NE GRAND RAPIDS, MI49503 83-0464302	MGMT	MI	SPECTRUM HEALTH HOSPITALS	C CORPORATION	2,205,785	1,454,395	98.27 %
HDVCH - CHC 100 MICHIGAN ST NE GRAND RAPIDS, MI49503 38-3417270	MED SVCS	MI	SPECTRUM HEALTH HOSPITALS	C CORPORATION	1,800	0	1.00 %
CAMPUS TOWNE CENTER CONDO ASSC 4868 LAKE MICHIGAN DRIVE ALLENDALE, MI49401 38-2910067	MGMT	MI	SPECTRUM HEALTH HOSPITALS	C CORPORATION	20,826	24,780	75 %
PRIORITY HEALTH INSURANCE COMPANY 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 20-1529553	INSURANCE	MI	PRIORITY HEALTH	C CORPORATION	217,156,804	65,878,919	1.00 %
PRIORITY HEALTH MANAGED BENEFITS 1231 EAST BELTLINE NE GRAND RAPIDS, MI49525 38-3085182	ADMIN	MI	SPECTRUM HEALTH SYSTEM	C CORPORATION	129,683,594	29,767,226	1.00 %
MONTCALM PRIMARY CARE PHYSICIANS 615 S BOWER GREENVILLE, MI48838 20-2544762	MED SVCS	MI	SPECTRUM HEALTH UNITED	C CORPORATION	0	0	1.00 %
BLODGETT ASSURANCE COMPANY 100 MICHIGAN AVE NE GRAND RAPIDS, MI49503	INSURANCE	CJ	SPECTRUM HEALTH SYSTEM	C CORPORATION	0	0	1.00 %
MICHIGAN MEDICAL PATIENT CARE 4100 LAKE DR SE STE 300 GRAND RAPIDS, MI49546 38-2851295	MEDICAL	MI	SPECTRUM HEALTH SYSTEM	C CORPORATION	0	0	1.00 %
WEST MICHIGAN HEART 2900 BRADFORD STREET NE GRAND RAPIDS, MI49525 38-2125186	PHYSICIANS	MI	SPECTRUM HEALTH SYSTEM	C CORPORATION	0	0	1.00 %
MHEALTH INNOVATIONS INC 425 NORTH MAIN STREET ANN ARBOR, MI48104 61-1613614	PROD DEVL	MI	SPECTRUM HEALTH INNOVATIONS LLC	C CORPORATION	0	457,129	1.00 %

Additional Data

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Name: SPECTRUM HEALTH FOUNDATION

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

4d. Other program services					
(Code	) (Expenses \$	5,365,078	including grants of \$	5,141,429) (Revenue \$	415,908)
ALL OTHER ACHIEVEMENTS-PLEASE SEE SCHEDULE I					