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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 **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**MICHIGAN CENTER FOR RURAL HEALTH**

Doing Business As

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

MSU, B-218 FEE HALL

Room/suite

City or town, state or country, and ZIP + 4

EAST LANSING, MI 48824-1316**F** Name and address of principal officer: **JOHN BARNAS**
SAME AS C ABOVE**D** Employer identification number**38-3180997****E** Telephone number**517-432-1066****G** Gross receipts \$**1,462,818.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No **N/A**

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **N/A****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MCRH.MSU.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1994** **M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE CORPORATION IS TO DEVELOP A COORDINATED RURAL HEALTH PROGRAM, TO CONDUCT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,120,261.	1,335,120.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,515.	126,541.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,262.	1,157.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,228,038.	1,462,818.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	450,064.	576,576.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	365,722.	407,858.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	401,173.	451,876.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,216,959.	1,436,310.
19 Revenue less expenses. Subtract line 18 from line 12	11,079.	26,508.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	415,275.	324,729.
	22 Net assets or fund balances. Subtract line 21 from line 20	314,275.	197,221.
		101,000.	127,508.

Part III 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	Date
	JOHN BARNAS, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name STEPHEN B KUTAS	Preparer's signature <i>Stephen B Kutas CPA</i>
	Firm's name ▶ KUTAS & ASSOCIATES, P C	Date 2/6/12
	Firm's address ▶ 6017 WEST ST JOSEPH LANSING, MI 48917	Check if self-employed <input type="checkbox"/> PTIN
	Phone no. 517-323-7508	

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

☒ Yes ☐ No

032001 02-22-11

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

Form **990** (2010)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

6/4 8

SCANNED FEB 22 2012

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

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

- 4a (Code:) (Expenses \$
- 591,004.
- including grants of \$) (Revenue \$
- 35,544.
-)

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

- 4b (Code:) (Expenses \$
- 406,895.
- including grants of \$
- 393,576.
-) (Revenue \$)

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

- 4c (Code:) (Expenses \$
- 132,469.
- including grants of \$) (Revenue \$
- 51,830.
-)

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

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

(Expenses \$ 245,105. including grants of \$ 183,000.) (Revenue \$ 39,167.)

- 4e Total program service expenses
- 1,375,473.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
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	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

Part IV. Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/A		
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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			
AFONSO C. FERREIRA, MD PRESIDENT	2.00	X						0.	0.	0.
DR. THOMAS PASBENDER DIRECTOR	1.00	X						0.	0.	0.
DAVID B. JAHN VICE PRESIDENT	2.00	X						0.	0.	0.
DIANNA L. SCHAFER, MPA IMMEDIATE PAST PRESIDENT	1.00	X						0.	0.	0.
MELANIE BRIM DIRECTOR	1.00	X						0.	0.	0.
NANCY L. SPENCER DIRECTOR	1.00	X						0.	0.	0.
RUTH CRANE DIRECTOR	1.00	X						0.	0.	0.
KURT KRAUSE DIRECTOR	1.00	X						0.	0.	0.
BRUCE CASWELL DIRECTOR	1.00	X						0.	0.	0.
BRUCE RENDON DIRECTOR	1.00	X						0.	0.	0.
THOMAS J. VERYSER DIRECTOR	1.00	X						0.	0.	0.
JOHN BARNAS EXECUTIVE DIRECTOR	40.00			X				73,500.	0.	24,951.

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			
1b Sub-total								73,500.	0.	24,951.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								73,500.	0.	24,951.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form 990 (2010)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1335120.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1335120.			
Program Service Revenue	2 a CONF. REGISTRATION	Business Code	611710	102,066.	102,066.		
	b CONSULTING		541900	20,935.	20,935.		
	c OTHER INCOME		900099	3,540.	3,540.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			126,541.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,157.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19		a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1462818.	126,541.	0.	1,157.	

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	576,576.	576,576.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,748.	71,593.	27,155.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	223,127.	221,163.	1,964.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,318.	7,631.	13,687.	
9 Other employee benefits	40,846.	38,054.	2,792.	
10 Payroll taxes	23,819.	21,018.	2,801.	
11 Fees for services (non-employees):				
a Management				
b Legal	126.	91.	35.	
c Accounting	45,185.	39,565.	5,620.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,500.	5,500.		
12 Advertising and promotion				
13 Office expenses	21,153.	18,415.	2,738.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	35,993.	33,085.	2,908.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,793.	75,793.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	449.	449.		
23 Insurance	3,202.	2,321.	881.	
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 CAH XII	263,259.	263,259.		
b DUES & MEMBERSHIPS	980.	724.	256.	
c MISCELLANEOUS	236.	236.		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,436,310.	1,375,473.	60,837.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X: Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	339,245.	1	205,339.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	49,487.	3	119,202.
	4 Accounts receivable, net	25,906.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 36,350.		
	b Less: accumulated depreciation	10b 36,162.	637.	10c 188.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	415,275.	16	324,729.	
Liabilities	17 Accounts payable and accrued expenses	141,285.	17	41,184.
	18 Grants payable		18	
	19 Deferred revenue	149,425.	19	143,001.
	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	23,565.	25	13,036.
	26 Total liabilities. Add lines 17 through 25	314,275.	26	197,221.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	101,000.	27	127,508.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	101,000.	33	127,508.
34 Total liabilities and net assets/fund balances	415,275.	34	324,729.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck 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	1,462,818.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,436,310.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,000.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	127,508.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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.
- 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 separate 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

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

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

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

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

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

☐ 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: _____

☐ 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.)

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

☒ 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.)

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

☐ 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.)

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

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

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

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.")	1,220,456.	2,250,641.	1,587,873.	1,120,261.	1,335,120.	7,514,351.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,220,456.	2,250,641.	1,587,873.	1,120,261.	1,335,120.	7,514,351.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,514,351.

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	1,220,456.	2,250,641.	1,587,873.	1,120,261.	1,335,120.	7,514,351.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,108.	4,333.	3,850.	1,262.	1,157.	15,710.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						7,530,061.
12 Gross receipts from related activities, etc. (see instructions)					12	443,697.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.79 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.75 %
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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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 ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number
38-3180997

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,762.	29,574.	188.
e Other		6,588.	6,588.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				188.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) 403(B) PAYABLE	13,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

13,036.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053
12-20-10

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,462,818.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,436,310.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	26,508.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	26,508.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,475,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	12,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	12,500.
3	Subtract line 2e from line 1	3	1,462,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,462,818.

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

1	Total expenses and losses per audited financial statements	1	1,448,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	12,500.
3	Subtract line 2e from line 1	3	1,436,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,436,310.

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, line 2; 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Part I General information on Grants and Assistance

Employer identification number
38-3180997

☒ Yes ☐ No

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?

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGAN GENERAL HOSPITAL 555 LINN ST ALLEGAN, MI 49010	38-1359180	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
ASPIRUS KEWEENAW 205 OSCEOLA ST LAURIUM, MI 49913-2199	38-1443361	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
ASPIRUS ONTONAGON HOSPITAL 601 S SEVENTH ST ONTONAGON, MI 49953-1496	38-2860882	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
BARAGA COUNTY MEMORIAL HOSPITAL 770 N MAIN ST L'ANSE, MI 49946	38-2892565	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
BELL MEMORIAL HOSPITAL 901 LAKESHORE DRIVE ISHPEMING, MI 49849	38-1394903	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
BORGESS-LEE MEMORIAL HOSPITAL 420 W. HIGH ST DOWAGIAC, MI 49047	38-1490190	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Schedule I (Form 990) **MICHIGAN CENTER FOR RURAL HEALTH**

38-3180997

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONSON LAKEVIEW HOSPITAL 408 HAZEN ST. PAWPAW, MI 49079-0209	38-1359218	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CARO COMMUNITY HOSPITAL 401 N HOOPER, PO BOX 435 CARO, MI 48723-0435	38-3426063	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CARSON CITY HOSPITAL 406 E ELM STREET CARSON CITY, MI 48811	38-1490180	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
CHARLEVIOX AREA HOSPITAL 14700 LAKESHORE DR CHARLEVOIX, MI 49720	75-3078034	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
CHEBOYGAN MEMORIAL HOSPITAL 748 SOUTH MAIN STREET CHEBOYGAN, MI 49721	38-1398825	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SPARROW CLINTON 805 S OAKLAND/PO BOX 260 ST JOHNS, MI 48879-2253	38-1358172	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
DECKERVILLE COMMUNITY HOSPITAL 3559 PINE ST, PO BOX 126 DECKERVILLE, MI 48427	38-1415390	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
EATON RAPIDS MEDICAL CENTER 1500 S. MAIN ST. EATON RAPIDS, MI 48827	38-1559180	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
GRAND VIEW HEALTH SYSTEM N10561 GRAND VIEW LN IRONWOOD, MI 49938	23-2330671	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.

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Schedule I (Form 990)

Schedule I (Form 990) **MICHIGAN CENTER FOR RURAL HEALTH**

38-3180997

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR BEACH COMMUNITY HOSPITAL 210 S FIRST ST HARBOR BEACH, MI 48441-0040	38-1565380	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HAYES GREEN BEACH MEMORIAL HOSPITAL - 121 E HARRIS ST - CHARLOTTE, MI 48813	38-2007629	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
HELEN NEWBERRY JOY HOSPITAL 502 W HARRIE ST NEWBERRY, MI 49868	38-2873485	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HERRICK MEDICAL CENTER 500 POTTAWATAMIE ST TECUMSEH, MI 49286	38-3049015	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
HILLS & DALES GENERAL HOSPITAL 4675 HILL ST CASS CITY, MI 48726-1099	38-1619577	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
HURON MEDICAL CENTER 1100 S VAN DYKE RD BAD AXE, MI 48413	38-1474929	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
SPARROW IONIA 479 LAFAYETTE ST IONIA, MI 48846	38-3218134	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
NORTHSTAR HEALTH SYSTEM 1400 W ICE LAKE RD IRON RIVER, MI 49935	38-3236977	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
KALKASKA MEMORIAL HEALTH CENTER 419 S CORAL ST, PO BOX 249 KALKASKA, MI 49646-9348	38-6032904	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.

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Schedule I (Form 990)

Schedule I (Form 990) MICHIGAN CENTER FOR RURAL HEALTH

38-3180997

Page 1

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACKINAC STRAITS HOSPITAL & HEALTH CENTER - 220 BURDETTE ST - ST IGNACE, MI 49781-1792	20-8756459	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MARLETTE REGIONAL HOSPITAL 2770 MAIN ST, PO BOX 307 MARLETTE, MI 48453-0307	38-1507302	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
MCKENZIE MEMORIAL HEALTH SYSTEM 120 DELAWARE ST. SANDUSKY, MI 48471-1087	38-1738615	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
MERCY HEALTH PARTNERS-LAKESHORE CAMPUS - 72 SOUTH STATE STREET - SHELBY, MI 49455	38-2549295	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MERCY HEALTH SERVICES NORTH 1100 EAST MICHIGAN AVE GRAYLING, MI 49738-1398	38-2113393	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MECOSTA COUNTY GENERAL HOSPITAL 605 OAK ST BIG RAPIDS, MI 49307	38-1368744	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MUNISING MEMORIAL HOSPITAL 1500 SAND POINT RD MUNISING, MI 49862	38-1507046	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
OSF ST. FRANCIS HOSPITAL & MEDICAL GROUP OF ESCANABA - 3401 LUDINGTON ST. - ESCANABA, MI 49829	38-1359528	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVE. FRANKFORT, MI 49635-9348	38-1415623	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.

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Schedule I (Form 990) **MICHIGAN CENTER FOR RURAL HEALTH**

38-3180997

Page 1

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTAGE HEALTH SYSTEM 500 CAMPUS DR HANCOCK, MI 49930-1576	38-1381288	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SCHURER HEALTHCARE NETWORK 170 N CASEVILLE RD PIGEON, MI 48755	38-1456056	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
SCHOOLCRAFT MEMORIAL HOSPITAL 500 MAIN ST MANISTIQUE, MI 49854	74-2517055	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SHERIDAN COMMUNITY HOSPITAL 301 N MAIN ST SHERIDAN, MI 48884-9775	38-1369796	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SOUTH HAVEN COM HOSPITAL 955 SOUTH BAILEY AVENUE SOUTH HAVEN, MI 49090	38-1676780	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SPECTRUM HEALTH - KELSEY CAMPUS 418 WASHINGTON LAKEVIEW, MI 48850	38-1297435	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
SPECTRUM HEALTH - REED CITY CAMPUS 300 N. PATTERSON, PO BOX 75 REED CITY, MI 49677	38-2770076	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
ST JOSEPH HEALTH SYSTEM 200 HEMLOCK ST TAWAS CITY, MI 48764	38-4443395	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
ST MARY'S STANDISH COMMUNITY HOSPITAL - 805 W CEDAR ST - STANDISH, MI 48658-0579	38-1671120	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS AREA HOSPITAL 701 S HEALTH PARKWAY THREE RIVERS, MI 49093	38-2317300	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MIDMICHIGAN MEDICAL CENTER 515 S QUARTER ST GLADWIN, MI 48624	38-6020434	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.
OTSEGO MEMORIAL HOSPITAL 825 N CENTER ST GAYLORD, MI 49735	38-1303843	501(C)(3)	8,556.	0.			IMPROVE HOSPITAL INPATIENT CARE.
MICHIGAN STATE UNIVERSITY BOARD OF TRUSTEES EAST LANSING, MI 48824-1046	38-6005984	501(C)(3)	8,000.	0.			SCHOLARSHIP FOR STUDENTS TO ATTEND RURAL OSTEOCHAMPS PROGRAM.
BEAVER ISLAND RHC 3730 KINGS HIGHWAY BEAVER ISLAND, MI 49782	38-3299988	501(C)(3)	33,000.	0.			INCREASE ACCESS TO PRIMARY CARE SERVICES ON MICHIGAN'S INHABITED ISLANDS.
DRUMMOND ISLAND MEDICAL CENTER BOX 98 DRUMMOND ISLAND, MI 49726	38-3503863	501(C)(3)	33,000.	0.			INCREASE ACCESS TO PRIMARY CARE SERVICES ON MICHIGAN'S INHABITED ISLANDS.
MACKINAC ISLAND RHC 7474 MARKET STREET MACKINAC ISLAND, MI 49757	38-2218858	501(C)(3)	33,000.	0.			INCREASE ACCESS TO PRIMARY CARE SERVICES ON MICHIGAN'S INHABITED ISLANDS.
WEST SHORE MEDICAL CENTER 1465 E PARDALE AVE MANISTEE, MI 49660	38-3565083	501(C)(3)	13,556.	0.			IMPROVE HOSPITAL INPATIENT CARE. SUPPORT COMMUNITY IN ACHIEVING HEALTHY LIFESTYLES.

LHA

Schedule I (Form 990)

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.
Part III can be duplicated if additional space is needed.

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

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

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

SCHEDULE 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 990-EZ 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

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number
38-3180997

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

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

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

NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS, PREVENTATIVE HEALTH AND
HEALTH SERVICES, MICHIGAN STUDENT/RESIDENT EXPERIENCES AND ROTATIONS IN
COMMUNITY HEALTH, PRIMARY CARE CONTRACT, AND OTHER PROGRAMS.

EXPENSES \$ 245,105. INCLUDING GRANTS OF \$ 183,000. REVENUE \$ 39,167.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDITOR PRESENTS THE FORM 990
TO THE FINANCE COMMITTEE FOR REVIEW; ONE WEEK LATER THE FORM 990 IS
PRESENTED BY THE AUDITOR TO THE FULL BOARD OF DIRECTORS AT THE JANUARY
BOARD MEETING.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

MICHIGAN CENTER FOR RURAL HEALTH

Employer identification number

38-3180997

FORM 990, PART XII, LINE 2C: THE CENTER HAS NOT CHANGED THE AUDIT
OVERSIGHT PROCESS OR THE PROCESS FOR THE SELECTION OF AN INDEPENDENT
ACCOUNTANT IN THE CURRENT YEAR.