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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

SPECTRUM HEALTH FOUNDATION

Doing Business As

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

Room/suite

100 Michigan Ave NE

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

Grand Rapids, MI 495032560

F Name and address of principal officer

VICKI WEAVER

100 Michigan Ave NE

Grand Rapids, MI 495032560

D Employer identification number

38-2752328

E Telephone number

(616) 774-7322

G Gross receipts \$ 36,532,118

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<br>SAVING LIVES AND ADVANCING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THROUGH PHILANTHROPY |  |  |            |
|                             |     |                                                                                                                                                                                     |  |  |            |
|                             |     |                                                                                                                                                                                     |  |  |            |
|                             |     |                                                                                                                                                                                     |  |  |            |
|                             | 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)                                                                                                                   |  |  | 26         |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                       |  |  | 24         |
| Revenue                     | 5   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)                                                                                                        |  |  | 26         |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                                                                  |  |  | 250        |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                |  |  | 0          |
|                             | b   | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                      |  |  |            |
|                             | 8   | Contributions and grants (Part VIII, line 1h)                                                                                                                                       |  |  | 19,125,216 |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                                                                        |  |  | 0          |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                       |  |  | 4,261,165  |
| Expenses                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                            |  |  | 2,501,377  |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                    |  |  | 25,887,758 |
|                             | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                    |  |  | 22,803,337 |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                       |  |  | 0          |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                   |  |  | 2,184,741  |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                       |  |  | 6,538      |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) 1,566,864                                                                                                                 |  |  |            |
| Net Assets or Fund Balances | 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                        |  |  | 1,292,478  |
|                             | 18  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                            |  |  | 26,287,094 |
|                             | 19  | Revenue less expenses Subtract line 18 from line 12                                                                                                                                 |  |  | -399,336   |
|                             |     | Beginning of Current Year                                                                                                                                                           |  |  |            |
|                             | 20  | Total assets (Part X, line 16)                                                                                                                                                      |  |  | 90,436,320 |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                                                                 |  |  | 5,537,175  |
|                             | 22  | Net assets or fund balances Subtract line 21 from line 20                                                                                                                           |  |  | 84,899,145 |

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

2013-04-18

Date

LARRY JONGEKRIJG CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Geralyn R Hurd

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00933422

Firm's name (or yours if self-employed), address, and ZIP + 4

CROWE HORWATH LLP  
70 West Madison Street  
Suite 700  
Chicago, IL 606024903

EIN

Phone no (312) 899-7000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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 ☒ 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 3,014,550 including grants of \$ 2,799,267 ) (Revenue \$ 426,432 )

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 THE OPENING OF THE NEW HELEN DEVOS CHILDREN'S HOSPITAL IN JANUARY, 2011 MARKED A NEW ERA OF CHILDREN'S HEALTH CARE IN WEST MICHIGAN THE 212-BED, 14-FLOOR, 464,000 SQUARE FOOT FACILITY REPRESENTS MORE THAN FOUR DECADES OF STEADY PROGRESS IN IMPROVING PEDIATRIC CARE AND BRINGING PEDIATRIC SPECIALISTS TO THE REGION

4b

(Code ) (Expenses \$ 1,608,753 including grants of \$ 1,493,864 ) (Revenue \$ 227,571 )

FUNDING FOR THE FRED AND LENA MEDER HEART CENTER AND INSTITUTE (MHC) - 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 THE MHC IS A 164-BED, EIGHT-FLOOR, 330,000 SQUARE FOOT FACILITY THAT HOUSES THE ONLY 24-HOUR CHEST PAIN CENTER IN THE AREA AND IS STAFFED BY MORE THAT 50 SPECIALISTS MHC HAS STATE-OF-THE-ART MEDICAL AND INFORMATION TECHNOLOGY AND IS DESIGNED TO BE CONVENIENT AND COMFORTABLE FOR OUR PATIENTS

4c

(Code ) (Expenses \$ 1,162,215 including grants of \$ 1,079,216 ) (Revenue \$ 164,404 )

SUPPORT OF CHILD LIFE PROGRAMS - FUNDING TO ENHANCE THE CARE AND WELL BEING OF CHILDREN WHO STAY AT HELEN DEVOS CHILDREN'S HOSPITAL AS PART OF THE HOSPITAL TEAM, OUR CHILD LIFE SPECIALISTS SUPPORT CHILDREN AND FAMILIES THROUGHOUT THE EXPERIENCE CERTIFIED CHILD LIFE SPECIALISTS (CCLS) COMBINE PLAY WITH EDUCATION TO EXPLAIN MEDICAL PROCEDURES AND PROVIDE THERAPEUTIC OPPORTUNITIES TO EXPLORE THE HOSPITAL ENVIRONMENT THE PROGRAMS WORK TO MINIMIZE FEAR AND STRESS EXPERIENCED BY CHILDREN, TEENS AND THEIR FAMILIES THROUGHOUT THEIR HOSPITAL EXPERIENCES, AS WELL AS SUPPORT THE PATIENT'S EMOTIONAL, SOCIAL AND COGNITIVE GROWTH

(Code ) (Expenses \$ 7,441,063 including grants of \$ 6,909,665 ) (Revenue \$ 1,052,597 )

ALL OTHER ACHIEVEMENTS-PLEASE SEE SCHEDULE I

4d

Other program services (Describe in Schedule O )

(Expenses \$ 7,441,063 including grants of \$ 6,909,665 ) (Revenue \$ 1,052,597 )

4e

Total program service expenses \$ 13,226,581

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                           | Yes | No  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                | 1   | Yes |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                               | 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? <i>If "Yes," complete Schedule C, Part I.</i>                                                                                                              | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                                                                               | 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? <i>If "Yes," complete Schedule C, Part III.</i>                                                                       | 5   |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>                                            | 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? <i>If "Yes," complete Schedule D, Part II.</i>                                                                                     | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                | 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? <i>If "Yes," complete Schedule D, Part IV.</i>                                               | 9   | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>           | 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? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                              | 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? <i>If "Yes," complete Schedule D, Part VII.</i>                                                                                             | 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? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                             | 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? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                                                              | 11d | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                        | 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)? <i>If "Yes," complete Schedule D, Part X.</i>                                                    | 11f | No  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>                                                        | 12a | Yes |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>                                                            | 12b | No  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                                                                                 | 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> | 14b | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>                                                                                       | 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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>                                                                                           | 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? <i>If "Yes," complete Schedule G, Part I.</i>                                                                                                       | 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? <i>If "Yes," complete Schedule G, Part II.</i>                               | 18  | Yes |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>                                                                                                                                              | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>                                                                                                                                                                                                                 | 20a | No  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.                                                                                          | 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 questions 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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  |     | No |
| 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 |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | 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> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      |            |           |  |  |    |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|--|----|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                                                                                                      |            |           |  |  |    |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                      |            |           |  |  |    |
|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |  |  |    |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                                                                                                                                                                   | <b>1a</b>  | 34        |  |  |    |
| <b>b</b>                                                                                        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                                     | <b>1b</b>  | 1         |  |  |    |
| <b>c</b>                                                                                        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                             | <b>1c</b>  | Yes       |  |  |    |
| <b>2a</b>                                                                                       | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.                                                                                                                                                                 | <b>2a</b>  | 26        |  |  |    |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | <b>2b</b>  | Yes       |  |  |    |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                        | <b>3a</b>  |           |  |  | No |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                                    | <b>3b</b>  |           |  |  |    |
| <b>4a</b>                                                                                       | 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 or securities account)?                                                                                                                                     | <b>4a</b>  |           |  |  | No |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                             |            |           |  |  |    |
| <b>5a</b>                                                                                       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                | <b>5a</b>  |           |  |  | No |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                                     | <b>5b</b>  |           |  |  | No |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                    | <b>5c</b>  |           |  |  |    |
| <b>6a</b>                                                                                       | 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?                                                                                                                                                                          | <b>6a</b>  |           |  |  | No |
| <b>b</b>                                                                                        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                        | <b>6b</b>  |           |  |  |    |
| <b>7</b>                                                                                        | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                                                                                 |            |           |  |  |    |
| <b>a</b>                                                                                        | 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?                                                                                                                                                                                                      | <b>7a</b>  | Yes       |  |  |    |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                      | <b>7b</b>  | Yes       |  |  |    |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                                                                                 | <b>7c</b>  |           |  |  | No |
| <b>d</b>                                                                                        | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                                                                                   | <b>7d</b>  |           |  |  |    |
| <b>e</b>                                                                                        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                      | <b>7e</b>  |           |  |  | No |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                         | <b>7f</b>  |           |  |  | No |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                                     | <b>7g</b>  |           |  |  |    |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                                   | <b>7h</b>  |           |  |  |    |
| <b>8</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                         | <b>8</b>   |           |  |  |    |
| <b>9</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                                                                                     |            |           |  |  |    |
| <b>a</b>                                                                                        | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                              | <b>9a</b>  |           |  |  |    |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                               | <b>9b</b>  |           |  |  |    |
| <b>10</b>                                                                                       | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                                                                                        |            |           |  |  |    |
| <b>a</b>                                                                                        | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                            | <b>10a</b> |           |  |  |    |
| <b>b</b>                                                                                        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                         | <b>10b</b> |           |  |  |    |
| <b>11</b>                                                                                       | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                                                                                       |            |           |  |  |    |
| <b>a</b>                                                                                        | Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                           | <b>11a</b> |           |  |  |    |
| <b>b</b>                                                                                        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                         | <b>11b</b> |           |  |  |    |
| <b>12a</b>                                                                                      | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                    | <b>12a</b> |           |  |  |    |
| <b>b</b>                                                                                        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                               | <b>12b</b> |           |  |  |    |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                                                                                              |            |           |  |  |    |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | <b>13a</b> |           |  |  |    |
| <b>b</b>                                                                                        | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                                 | <b>13b</b> |           |  |  |    |
| <b>c</b>                                                                                        | Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                                      | <b>13c</b> |           |  |  |    |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                           | <b>14a</b> |           |  |  | No |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                           | <b>14b</b> |           |  |  |    |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                     | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |     |
| 1a | 26                                                                                                                                                                                                                  |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 1b  | 24  |
| 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  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | Yes |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 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 | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | No  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b |     |
| 11a | Has the organization provided a complete 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 the Form 990                                                                                                                                                                                                  |     |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a | Yes |
| b   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                           | 12b | Yes |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | 12c | Yes |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | Yes |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |     |
| a   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a | Yes |
| b   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b | Yes |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                          |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | No  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |                                                                                        |
| 19 | Describe in Schedule O whether (and if so, how), the organization made 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<br>100 Michigan Ave NE<br>Grand Rapids, MI 49503<br>(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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVEY MEHNEY<br>Treasurer             | 2 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) MARGE POTTER<br>Secretary             | 2 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) RICHARD ANTONINI<br>Chairperson       | 2 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) STEPHEN BOSHOVEN<br>Vice Chair        | 2 00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) VICKI WEAVER<br>President             | 50 00                                                                                  | X                                                                                                         |                       | X       |              |                              |        | 233,912                                                              | 0                                                                         | 26,329                                                                                        |
| (6) AARON WONG<br>Director                | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) BRIAN ROELOF MD<br>Director           | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) CANDACE MATTHEWS<br>Director          | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) DAVID VAN ELSLANDER<br>Director       | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) DICK YOUNG<br>Director               | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) DONNALEE HOLTON<br>Director          | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) ELENORA FREY<br>Director             | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) JACK CARTER<br>Director              | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) JOAN SECCHIA<br>Director             | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) JOSE INFANTE<br>Director - Part Year | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) JOYCE WINCHESTER<br>Director         | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) LOIS LINDHOUT<br>Ex-Officio          | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

Part VII

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

| (A)<br>Name and Title                                             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                   |                                                                                        | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) MARIA DEVOS<br>Director                                      | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (19) MARK CAMPBELL MD<br>Director                                 | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (20) MEG MILLER WILLIT<br>Director                                | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (21) PATRICIA BETZ<br>Director                                    | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (22) PATRICK MILES<br>Director                                    | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (23) PETER RENUCCI<br>Director                                    | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (24) RICHARD BREON<br>Ex-Officio                                  | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 1,599,221                                                                 | 543,543                                                                                       |
| (25) ROBERT HOOKER<br>Director - Part Year                        | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 18,250                                                                    | 0                                                                                             |
| (26) ROBERT ROSKAM<br>Director                                    | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (27) SANDRA WRIGHT<br>Ex-Officio                                  | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (28) SARLA PURI MD<br>Director                                    | 2 00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (29) LARRY JONGEKRIJG<br>CFO                                      | 50 00                                                                                  |                                                                                                           |                       | X       |              |                              |        | 148,788                                                              | 0                                                                         | 25,403                                                                                        |
| (30) DEBORAH LOCKE<br>VP, Principal Gifts                         | 50 00                                                                                  |                                                                                                           |                       |         | X            |                              |        | 165,377                                                              | 0                                                                         | 30,727                                                                                        |
| 1b Sub-Total . . . . .                                            |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| c Total from continuation sheets to Part VII, Section A . . . . . |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| d Total (add lines 1b and 1c) . . . . .                           |                                                                                        |                                                                                                           |                       |         |              |                              |        | 548,077                                                              | 1,617,471                                                                 | 626,002                                                                                       |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶3

|                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address                                              | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------------------------|--------------------------------|---------------------|
| FOREMOST COMMUNICATIONS LLC<br>2921 WILSON DRIVE NW<br>GRAND RAPIDS, MI 49534 | COMMUNICATION SERVICES         | 115,718             |
|                                                                               |                                |                     |
|                                                                               |                                |                     |
|                                                                               |                                |                     |
|                                                                               |                                |                     |

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

Part VIII Statement of Revenue

|                                                           |                                           |                                                                                                                                               |                                                                                          | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>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<br>similar amounts not included above                                                             | 1f                                                                                       | 14,551,099           |                                                    |                                         |                                                                                 |
|                                                           | g                                         | Noncash contributions included in<br>lines 1a-1f \$ 370,358                                                                                   |                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                              |                                                                                          | 14,771,099           |                                                    |                                         |                                                                                 |
| 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<br>and other similar amounts) . . . . . |                      | 1,147,392                                          |                                         |                                                                                 |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . .                                                                                        |                                                                                          | 0                    |                                                    |                                         |                                                                                 |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                           |                                                                                          | 0                    |                                                    |                                         |                                                                                 |
| 6a                                                        |                                           | Gross rents                                                                                                                                   | (i) Real (ii) Personal                                                                   |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less rental<br>expenses                                                                                                                       |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Rental income<br>or (loss)                                                                                                                    | 0 0                                                                                      |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net rental income or (loss) . . . . .                                                                                                         |                                                                                          | 0                    |                                                    |                                         |                                                                                 |
| 7a                                                        |                                           | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               | (i) Securities (ii) Other                                                                |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less cost or<br>other basis and<br>sales expenses                                                                                             | 17,881,635                                                                               |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Gain or (loss)                                                                                                                                | 17,381,034                                                                               |                      |                                                    |                                         |                                                                                 |
| d                                                         |                                           | Net gain or (loss) . . . . .                                                                                                                  | 500,601 0                                                                                | 500,601              |                                                    |                                         | 500,601                                                                         |
| 8a                                                        |                                           | Gross income from fundraising<br>events (not including<br>\$ 220,000<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . | a 860,988                                                                                |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                           | Less direct expenses . . . .                                                                                                                  | b 663,773                                                                                |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           | Net income or (loss) from fundraising events . .                                                                                              |                                                                                          | 197,215              |                                                    |                                         | 197,215                                                                         |
| 9a                                                        |                                           | Gross income from gaming activities<br>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<br>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<br>REIMBURSEMENT                                                                                                               | 900099                                                                                   | 1,871,004            | 1,871,004                                          |                                         |                                                                                 |
| b                                                         |                                           |                                                                                                                                               |                                                                                          |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                           |                                                                                                                                               |                                                                                          |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .               |                                                                                                                                               | 0                                                                                        | 0                    | 0                                                  | 0                                       |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                               | 1,871,004                                                                                |                      |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                               | 18,487,311                                                                               | 1,871,004            | 0                                                  | 1,845,208                               |                                                                                 |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 12,282,012            | 12,282,012                      |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States 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 . . . . .                                                                                                                                                    | 630,537               | 189,161                         | 126,107                                | 315,269                     |
| 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                                                                                                                                                                                                              | 1,150,770             | 345,231                         | 230,154                                | 575,385                     |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                               | 0                     |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 316,490               | 94,947                          | 63,298                                 | 158,245                     |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 6,004                 |                                 |                                        | 6,004                       |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 34,000                |                                 | 34,000                                 |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                       | 350,306               | 118,380                         | 14,045                                 | 217,881                     |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 289,280               | 107,063                         | 7,759                                  | 174,458                     |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 101,106               | 14,902                          | 45,993                                 | 40,211                      |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 43,399                |                                 | 43,399                                 |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 184,256               |                                 | 184,256                                |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 49,985                | 349                             | 25,218                                 | 24,418                      |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 77,020                | 46,411                          | 13,829                                 | 16,780                      |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 93,356                |                                 | 93,356                                 |                             |
| 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                                                                                                                                                                                                             | 119,567               | 28,125                          | 53,229                                 | 38,213                      |
| b                                                                              | DONOR RECOGNITION                                                                                                                                                                                                                     | 97                    |                                 | 97                                     |                             |
| c                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    | 0                     | 0                               | 0                                      | 0                           |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 15,728,185            | 13,226,581                      | 934,740                                | 1,566,864                   |
| 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 | 0                     |                                 |                                        |                             |

Part X

Balance Sheet

|                                                                                                                  |                                                                     |                                                                                                                                                                                 |     |            | (A)               |            | (B)         |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-------------------|------------|-------------|
|                                                                                                                  |                                                                     |                                                                                                                                                                                 |     |            | Beginning of year |            | End of year |
| Assets                                                                                                           | 1                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                             |     |            | 1,755,442         | 1          | 5,098,073   |
|                                                                                                                  | 2                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                |     |            | 1,888,000         | 2          | 1,211,000   |
|                                                                                                                  | 3                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                    |     |            | 25,976,445        | 3          | 20,888,116  |
|                                                                                                                  | 4                                                                   | Accounts receivable, net . . . . .                                                                                                                                              |     |            | 218,256           | 4          | 215,132     |
|                                                                                                                  | 5                                                                   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |     |            |                   | 5          |             |
|                                                                                                                  | 6                                                                   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |     |            |                   | 6          |             |
|                                                                                                                  | 7                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                       |     |            |                   | 7          |             |
|                                                                                                                  | 8                                                                   | Inventories for sale or use . . . . .                                                                                                                                           |     |            |                   | 8          |             |
|                                                                                                                  | 9                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                 |     |            |                   | 9          |             |
|                                                                                                                  | 10a                                                                 | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                            | 10a | 1,036,276  |                   |            |             |
|                                                                                                                  | b                                                                   | Less: accumulated depreciation . . . . .                                                                                                                                        | 10b | 589,449    | 540,917           | 10c        | 446,827     |
|                                                                                                                  | 11                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                |     |            | 57,808,813        | 11         | 61,560,102  |
|                                                                                                                  | 12                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                    |     |            | 0                 | 12         | 0           |
|                                                                                                                  | 13                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                     |     |            | 0                 | 13         | 0           |
|                                                                                                                  | 14                                                                  | Intangible assets . . . . .                                                                                                                                                     |     |            |                   | 14         |             |
|                                                                                                                  | 15                                                                  | Other assets. See Part IV, line 11 . . . . .                                                                                                                                    |     |            | 2,248,447         | 15         | 2,513,446   |
| 16                                                                                                               | Total assets. Add lines 1 through 15 (must equal line 34) . . . . . |                                                                                                                                                                                 |     | 90,436,320 | 16                | 91,932,696 |             |
| Liabilities                                                                                                      | 17                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                 |     |            | 415,203           | 17         | 709,676     |
|                                                                                                                  | 18                                                                  | Grants payable . . . . .                                                                                                                                                        |     |            |                   | 18         |             |
|                                                                                                                  | 19                                                                  | Deferred revenue . . . . .                                                                                                                                                      |     |            | 1,120,482         | 19         | 1,286,463   |
|                                                                                                                  | 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . |     |            | 4,001,490         | 25         | 4,168,407   |
|                                                                                                                  | 26                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                            |     |            | 5,537,175         | 26         | 6,164,546   |
|                                                                                                                  | 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 . . . . .                                                                                                                                               |     |            | 7,259,222         | 27         | 6,494,463   |
| 28                                                                                                               |                                                                     | Temporarily restricted net assets . . . . .                                                                                                                                     |     |            | 47,348,620        | 28         | 46,122,451  |
| 29                                                                                                               |                                                                     | Permanently restricted net assets . . . . .                                                                                                                                     |     |            | 30,291,303        | 29         | 33,151,236  |
| 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 . . . . .                                                                                                                                     |     |            | 84,899,145        | 33         | 85,768,150  |
| 34                                                                                                               | Total liabilities and net assets/fund balances . . . . .            |                                                                                                                                                                                 |     | 90,436,320 | 34                | 91,932,696 |             |

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 | 18,487,311 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 15,728,185 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 2,759,126  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 84,899,145 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -1,890,121 |
| 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 | 85,768,150 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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

2011

Open to Public  
Inspection

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SPECTRUM HEALTH FOUNDATION | Employer identification number<br>38-2752328 |
|--------------------------------------------------------|----------------------------------------------|

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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 Se**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)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007   | (b) 2008  | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 18,587,722 | 7,524,320 | 14,011,134 | 19,125,216 | 14,767,880 | 74,016,272 |
| 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                                                                                                                                                                        | 18,587,722 | 7,524,320 | 14,011,134 | 19,125,216 | 14,767,880 | 74,016,272 |
| 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) |            |           |            |            |            | 20,544,470 |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |            |           |            |            |            | 53,471,802 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                      | (a) 2007   | (b) 2008  | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total  |
|----------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------|------------|------------|
| 7 Amounts from line 4                                                                                                            | 18,587,722 | 7,524,320 | 14,011,134 | 19,125,216 | 14,767,880 | 74,016,272 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,892,340  | 1,808,321 | 1,068,645  | 1,059,835  | 1,147,391  | 7,976,532  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |            |           |            |            |            | 0          |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                | 2,821,648  | 2,660,440 | 2,440,790  | 2,501,377  | 2,731,992  | 13,156,247 |
| 11 Total support (Add lines 7 through 10)                                                                                        |            |           |            |            |            | 95,149,051 |

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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 56 200 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                      | 15 | 59 970 % |

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                               |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                      |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                         |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                             |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 |  |
| 19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                          |    |  |

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

| Facts And Circumstances Test |
|------------------------------|
|                              |

| Explanation                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - ADMINISTRATIVE REIMBURSEMENT, COLUMN A - 2478000, COLUMN B - 2178000, COLUMN C - 2084952, COLUMN D - 1844640, COLUMN E - 1871004, COLUMN F - 10456596, DESCRIPTION - SPECIAL EVENTS, COLUMN A - 343648, COLUMN B - 482440, COLUMN C - 355838, COLUMN D - 656737, COLUMN E - 860988, COLUMN F - 2699651,, |
|                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                    |

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

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

► \$ \_\_\_\_\_ 2,513,446

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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if 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 . . . . .                      | 37,180,475    | 25,594,717        | 22,293,000          | 27,356,000         |
| b  | Contributions . . . . .                                  | 4,207,828     | 7,396,235         | 510,290             | 401,000            |
| c  | Investment earnings or losses . . . . .                  | -600,053      | 5,234,538         | 2,259,660           | -4,354,000         |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . | 1,213,952     | 1,045,015         | -531,767            | 1,110,000          |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            | 39,574,298    | 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 ▶ 84 000 %

c

Term endowment ▶ 16 000 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

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 property                                                                      | (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                         | 242,573                      | 296,479        |
| d Equipment . . . . .                                                                        |                                      | 497,224                         | 346,876                      | 150,348        |
| e Other . . . . .                                                                            |                                      |                                 |                              | 0              |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                 |                              | 446,827        |



Part XI

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

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

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  |  |
| 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 |  |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |  |
| d | Other (Describe in Part XIV) . . . . .                                                     | 2d |  |
| e | Add lines 2a through 2d . . . . .                                                          | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |  |
| b | Other (Describe in Part XIV) . . . . .                                                     | 4b |  |
| c | Add lines 4a and 4b . . . . .                                                              | 4c |  |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  |  |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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 (ASC 740) FOOTNOTE                       | PART X, LINE 2               | SPECTRUM HEALTH SYSTEM CONDUCTS AN ANALYSIS ANNUALLY TO DETERMINE THE ORGANIZATION'S LIABILITY WITH RESPECT TO UNCERTAIN TAX POSITIONS. FOR THE YEAR ENDED JUNE 30, 2012 IT WAS DETERMINED THAT THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS TO DISCLOSE. AS SUCH, THERE WAS NO FOOTNOTE ADDED TO THE CONSOLIDATED AUDITED 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

2011

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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<br>(event type)                                      | AG SPECIAL EVENTS<br>(event type) | (total number)   | (Add col (a) through<br>col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                               | 879,889                           | 201,099          | 1,080,988                        |
|                 | 2  | Less Charitable contributions . . . .                                | 220,000                           |                  | 220,000                          |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                           | 659,889                           | 201,099          | 0860,988                         |
| Direct Expenses | 4  | Cash prizes . . . .                                                  |                                   |                  | 0                                |
|                 | 5  | Non-cash prizes . . . .                                              |                                   |                  | 0                                |
|                 | 6  | Rent/facility costs . . . .                                          | 27,478                            | 45,143           | 72,621                           |
|                 | 7  | Food and beverages . . . .                                           | 99,195                            | 341,500          | 440,695                          |
|                 | 8  | Entertainment . . . .                                                | 36,328                            | 28,000           | 64,328                           |
|                 | 9  | Other direct expenses . . . .                                        | 46,129                            | 40,000           | 86,129                           |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . |                                   |                  | ( 663,773 )                      |
|                 | 11 | Net income summary Combine lines 3 and 10 in column (d). . . . .     |                                   |                  | 197,215                          |

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<br>bingo/progressive bingo         | (c) Other gaming                                         | (d) Total gaming                 |
|---------------------------------------------------------------------------|---|---------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------|
|                                                                           |   |                                 |                                                          |                                                          | (Add col (a) through<br>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 . . . . .       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

53

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

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:** 11000230  
**Software Version:** v2011.1.0  
**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 |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 2,799,267                |                                   |                                                       |                                        | HDVCH CONSTRUCTION                 |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503                 | 38-1360529 | 3                                  | 1,493,864                |                                   |                                                       |                                        | MEIJER HEART CENTER AND INSTITUTE  |

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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 1,079,216                |                                   |                                                       |                                        | CHILD LIFE PROGRAM                 |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503                 | 38-1360529 | 3                                  | 716,855                  |                                   |                                                       |                                        | WK KELLOGG GRANT                   |

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 AVE NW GRAND RAPIDS, MI 49503               | 38-1360529 | 3                                  | 654,718                  |                                   |                                                       |                                        | SPECTRUM HEALTH GENERAL SUPPORT      |
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 533,807                  |                                   |                                                       |                                        | SUPPORT OF THE CHILD PROTECTION TEAM |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH CONTINUING CARE100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-3242232 | 3                                  | 349,847                  |                                   |                                                       |                                        | SPECTRUM HEALTH HOSPICE            |
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503   | 38-1358164 | 3                                  | 341,674                  |                                   |                                                       |                                        | NEURODEVELOPMENTAL DIVISION        |

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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 321,337                  |                                   |                                                       |                                        | PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAMS |
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503   | 38-1358164 | 3                                  | 316,062                  |                                   |                                                       |                                        | SPECTRUM HEALTH MEDICAL GROUP GENERAL  |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503                 | 38-1360529     | 3                                         | 312,182                         |                                          |                                                              |                                               | FUNDING FOR INTERNAL RESEARCH PROJECTS    |
| HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529     | 3                                         | 286,477                         |                                          |                                                              |                                               | 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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 270,946                  |                                   |                                                       |                                        | PEDIATRIC CARDIOVASCULAR SERVICES      |
| HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 250,700                  |                                   |                                                       |                                        | GREATER GRAND RAPIDS SAFE KIDS PROGRAM |

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 AVE NW GRAND RAPIDS, MI 49503               | 38-1360529 | 3                                  | 222,047                  |                                   |                                                        |                                        | RENUCCI HOSPITALITY HOUSE CAPITAL  |
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1358164 | 3                                  | 200,000                  |                                   |                                                        |                                        | PEDIATRIC HEALTHY WEIGHT 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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 200,000                  |                                   |                                                       |                                        | CLINICAL DECISION UNIT             |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503                 | 38-1360529 | 3                                  | 193,200                  |                                   |                                                       |                                        | DIGESTIVE DISEASE INSTITUTE        |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1358164 | 3                                  | 181,639                  |                                   |                                                       |                                        | CYSTIC FIBROSIS PROGRAM            |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503               | 38-1360529 | 3                                  | 161,613                  |                                   |                                                       |                                        | WOMEN'S BREAST CARE SERVICES       |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529     | 3                                         | 154,402                         |                                          |                                                              |                                               | ONCOLOGY PATIENT CARE & EDUCATION PROGRAM |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529     | 3                                         | 130,093                         |                                          |                                                              |                                               | SCHOLARSHIP PROGRAM TO SUPPORT STAFF      |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 100,262                  |                                   |                                                       |                                        | ORAL CLEFT CLINIC                       |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503               | 38-1360529 | 3                                  | 98,011                   |                                   |                                                       |                                        | SUPPORT OF EMPLOYEES FOR FAMILY RELATED |

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| SPECTRUM HEALTH MEDICAL GROUP<br>100 MICHIGAN AVE NW<br>GRAND RAPIDS, MI 49503 | 38-1358164 | 3                                  | 90,423                   |                                   |                                                       |                                        | PEDIATRIC ENDOCRINOLOGY PROGRAMS    |
| SPECTRUM HEALTH100 MICHIGAN AVE NW<br>GRAND RAPIDS, MI 49503                   | 38-1360529 | 3                                  | 86,159                   |                                   |                                                       |                                        | PASTORAL CARE & BEREAVEMENT PROGRAM |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH GERBER<br>100 MICHIGAN AVE NW<br>GRAND RAPIDS, MI 49503 | 38-1359517 | 3                                  | 77,532                   |                                   |                                                       |                                        | GERBER MEMORIAL HOSPITAL           |
| SPECTRUM HEALTH100 MICHIGAN AVE NW<br>GRAND RAPIDS, MI 49503            | 38-1360529 | 3                                  | 75,033                   |                                   |                                                       |                                        | GENETICS PROGRAM                   |

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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 74,254                   |                                   |                                                       |                                        | LIBRARY AND MEDIA CENTER AT HDVCH  |
| HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 65,004                   |                                   |                                                       |                                        | PICU PHARMACY FELLOWSHIP PROGRAM   |

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 AVE NW GRAND RAPIDS, MI 49503           | 38-1360529 | 3                                  | 48,118                   |                                   |                                                       |                                        | BABY SCHOLARS FUND                 |
| SPECTRUM HEALTH REED CITY100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-2770076 | 3                                  | 37,379                   |                                   |                                                       |                                        | REED CITY HOSPITAL                 |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529     | 3                                         | 34,595                          |                                          |                                                              |                                               | BURN CENTER SERVICES                      |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529     | 3                                         | 28,832                          |                                          |                                                              |                                               | TOBACCO FREE EDUCATION PROGRAMS           |

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 HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 25,000                   |                                   |                                                       |                                        | NICU FAMILY SUPPORT                |
| SPECTRUM HEALTH MEDICAL GROUP100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503   | 38-1358164 | 3                                  | 23,368                   |                                   |                                                       |                                        | ASTHMA CAMP                        |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HELEN DEVOS CHILDREN'S HOSPITAL100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 23,339                   |                                   |                                                       |                                        | REACH OUT AND READ PROGRAM         |
| SPECTRUM HEALTH100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503                 | 38-1360529 | 3                                  | 21,146                   |                                   |                                                       |                                        | STRONG BEGINNINGS PACE             |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 16,756                   |                                   |                                                       |                                        | JUNIOR BOARD GUILD                 |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 16,558                   |                                   |                                                       |                                        | MERRILL WELLS MEMORIAL FUND        |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 14,396                   |                                   |                                                       |                                        | ADULT MISC GRANTS NON RESEARCH     |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 12,470                   |                                   |                                                       |                                        | JUNIOR GUILD FUND                  |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 12,354                   |                                   |                                                       |                                        | SUSAN LOWE GUILD FUND              |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 11,940                   |                                   |                                                       |                                        | BERTHA HEALD FUND                  |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 11,355                   |                                   |                                                       |                                        | ART RESTORATION FUND               |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 10,699                   |                                   |                                                       |                                        | MA WELCH GUILD                     |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 9,644                    |                                   |                                                       |                                        | DORATHY SWIFT GUILD                |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 9,345                    |                                   |                                                       |                                        | JOHN T HODGEN GUILD                |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 6,915                    |                                   |                                                       |                                        | SALLIE BENDER GUILD FUND           |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 5,954                    |                                   |                                                       |                                        | RESPIRATORY RESEARCH & THERAPY     |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 5,943                    |                                   |                                                       |                                        | MR BISSELL GUILD                   |
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 5,337                    |                                   |                                                       |                                        | NELLIE CLEMENTS GUILD              |

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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPECTRUM HEALTH HOSPITALS100 MICHIGAN AVE NW GRAND RAPIDS, MI 49503 | 38-1360529 | 3                                  | 5,170                    |                                   |                                                       |                                        | SH UNITED MEMORIAL                 |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>1b</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <div><div>3</div><div>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</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>                                                                                                                                                                                                                                         |     |    |
| <div><div>4</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <div><div>5</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div><div>5a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <div><div>6</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <div><div>6a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | No |
| <div><div>7</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| <div><div>8</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (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) DEBORAH LOCKE    | (i)  | 157,378                                            | 4,515                               | 3,484                               | 14,813                                         | 15,914                  | 196,104                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (2) LARRY JONGEKRIJG | (i)  | 143,249                                            | 4,152                               | 1,387                               | 8,359                                          | 17,044                  | 174,191                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (3) RICHARD BREON    | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                      | (ii) | 1,022,977                                          | 544,656                             | 31,588                              | 362,031                                        | 181,512                 | 2,142,764                       | 166,670                                                    |
| (4) VICKI WEAVER     | (i)  | 230,382                                            | 0                                   | 3,530                               | 18,688                                         | 7,642                   | 260,241                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                      |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health or social club dues or initiation fees                            | Schedule J, Part I, Line 1a | THE ORGANIZATION PAID HEALTH PROGRAM FEES FOR ONE BOARD MEMBER/EXECUTIVE EMPLOYEE. THIS BENEFIT WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE AND INCLUDED IN FORM W-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Arrangement used to establish the top management official's compensation | Schedule J, Part I, Line 3  | THE SPECTRUM HEALTH SYSTEM BOARD OF DIRECTORS (THROUGH ITS EXECUTIVE COMMITTEE) USES THE FOLLOWING PROCESS FOR DETERMINING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, AND KEY EMPLOYEES AT SPECTRUM HEALTH FOUNDATION. LABOR MARKET DATA REFLECTING COMPARABLE ORGANIZATIONS AND JOBS (PREPARED BY INDEPENDENT FIRMS) ARE RELIED UPON. COMPETITIVE ASSESSMENT REPORTS ARE PROVIDED TO THE EXECUTIVE COMMITTEE IN ADVANCE OF MEETINGS. THE COMPETITIVE ASSESSMENT REPORT IS PREPARED BY A NATIONALLY KNOWN INDEPENDENT EXECUTIVE COMPENSATION FIRM AND, FOR FY 2012 (7/1/11-6/30/12), WAS BASED ON THE FOLLOWING INDEPENDENT SURVEYS OF HEALTH CARE EXECUTIVES AT COMPARABLE HEALTH SYSTEMS: * SULLIVAN, COTTER AND ASSOCIATES, INC. 2011 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS; * INTEGRATED HEALTHCARE STRATEGIES' 2011 HEALTHCARE EXECUTIVE COMPENSATION SURVEY; * MERCER HUMAN RESOURCES CONSULTING' 2011 INTEGRATED HEALTH NETWORKS COMPENSATION SURVEY; * TOWERS WATSON DATA SERVICES' 2011/2012 HOSPITAL AND HEALTHCARE MANAGEMENT COMPENSATION REPORT. THESE SOURCES ARE CONSISTENT WITH THOSE USED IN LAST YEAR'S ANALYSIS. COMPENSATION ADJUSTMENTS ARE APPROVED BY 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 IS NATIONAL AND REFLECTS 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 COMPLYING WITH THE POTENTIAL 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). |

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
SPECTRUM HEALTH FOUNDATION

Employer identification number  
38-2752328

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               | X                                | 3                                                      | 640                                                                           | COST                                                 |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                         | X                                |                                                        | 3,240                                                                         | COST                                                 |
| 5 Clothing and household<br>goods . . . . .                                | X                                |                                                        | 18,709                                                                        | 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,<br>or trust interests . . . . .            |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                               |                                                      |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                               |                                                      |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                               |                                                      |
| 19 Food inventory . . . . .                                                | X                                | 31                                                     | 4,087                                                                         | COST                                                 |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                               |                                                      |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                               |                                                      |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 25 Other ► ( CERTIF &<br>EVENTS ) . . . . .                                | X                                | 211                                                    | 149,586                                                                       | COST                                                 |
| 26 Other ► ( VARIOUS ) . . . . .                                           | X                                | 225                                                    | 194,096                                                                       | COST                                                 |
| 27 Other ► ( ) . . . . .                                                   |                                  |                                                        |                                                                               |                                                      |
| 28 Other ► ( ) . . . . .                                                   |                                  |                                                        |                                                                               |                                                      |

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

29

0

|                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| b If "Yes," describe the arrangement in Part II                                                                                                                                                                                                                                                       |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .                                                                                                                                                                          | 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 III

**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                                                                                                                                                                                                                     |
|--------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Explanations of reporting method for number of contributions | Schedule M, Part I                      | ART - WORKS OF ART NUMBER OF CONTRIBUTIONS<br>BOOKS AND PUBLICATIONS NUMBER OF CONTRIBUTIONS<br>CLOTHING AND HOUSEHOLD GOODS NUMBER OF CONTRIBUTIONS<br>FOOD INVENTORY NUMBER OF CONTRIBUTIONS<br>OTHER NUMBER OF CONTRIBUTIONS |
| Number of contributions or items contributed                 | Schedule M, part I, column (b), Line 1  | NUMBER OF CONTRIBUTIONS                                                                                                                                                                                                         |
| Number of contributions or items contributed                 | Schedule M, part I, column (b), Line 4  | NUMBER OF CONTRIBUTIONS                                                                                                                                                                                                         |
| Number of contributions or items contributed                 | Schedule M, part I, column (b), Line 5  | NUMBER OF CONTRIBUTIONS                                                                                                                                                                                                         |
| Number of contributions or items contributed                 | Schedule M, part I, column (b), Line 19 | NUMBER OF CONTRIBUTIONS                                                                                                                                                                                                         |

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

2011

Open to Public  
Inspection

|                                                        |                                                  |
|--------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>SPECTRUM HEALTH FOUNDATION | Employer identification number<br><br>38-2752328 |
|--------------------------------------------------------|--------------------------------------------------|

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

| Identifier                         | Return Reference                     | Explanation                                                                                                                            |
|------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Classes of members or stockholders | Form 990, Part VI, Section A, Line 6 | THE ORGANIZATION 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 ORGANIZATION 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 | <p>UNLESS OTHERWISE NOTED BELOW, THE SOLE MEMBER(S) (SEE FORM 990, PART VI, LINE 6) OF THE ORGANIZATION HAS THE RESERVED POWERS SET FORTH BELOW, AND SHALL NOT BE DEEMED AUTHORIZED UNLESS AND UNTIL APPROVED BY THE SOLE MEMBER(S) -A MENDMENT OF THE ARTICLES OF INCORPORATION OR BY LAWS OF THE ORGANIZATION, -ELECTION AND/OR REMOVAL OF THE MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES, -ELECTION AND/OR REMOVAL OF THE ORGANIZATION'S CHAIRPERSON OF THE BOARD OF TRUSTEES, -HIRING, DISCHARGE, AND EVALUATION OF THE ORGANIZATION'S PRESIDENT, -ADOPTION OF THE ORGANIZATION'S STRATEGIC PLANS, -ADOPTION OF THE ORGANIZATION'S ANNUAL OPERATING AND CAPITAL BUDGETS, AND ANY AMENDMENTS TO SUCH BUDGETS, -ALL CAPITAL EXPENDITURES BY THE ORGANIZATION IN EXCESS OF CERTAIN PRESET SPENDING AMOUNTS, -ALL BORROWINGS OR GUARANTEES OF INDEBTEDNESS BY THE ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION), -ALL LENDING BY THE ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION) TO PERSONS OTHER THAN SPECTRUM HEALTH OR ANY ENTITY CONTROLLED BY SPECTRUM HEALTH, -THE ORGANIZATION'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 ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION), OR ANY OTHER CHANGE IN MEMBERSHIP, CONTROL, OR CAPITAL STRUCTURE OF THE ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION), -THE CREATION OF ANY ENTITY CONTROLLED, DIRECTLY OR INDIRECTLY, BY THE ORGANIZATION, -THE SALE OR TRANSFER OF MORE THAN TEN PERCENT (10%) OF THE ASSETS OF THE ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION) TO ANY PERSON OR ENTITY NOT CONTROLLED BY SPECTRUM HEALTH, -DISSOLUTION OF THE ORGANIZATION, -THE SELECTION, RETENTION, AND OVERSIGHT OF THE OUTSIDE AUDITORS FOR THE ORGANIZATION (OR ANY ENTITY CONTROLLED BY THE ORGANIZATION), AND -IN OTHER CASES WHEN REQUIRED BY LAW OR AS OTHERWISE PROVIDED IN THE BY LAWS</p> |

| Identifier                           | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Review of form 990 by governing body | Form 990, Part VI, Section B, Line 11b | 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 ORGANIZATION'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 ORGANIZATION'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 ORGANIZATION'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 | <p>BOARD OF DIRECTORS 1 CONFLICTS OF INTEREST MUST BE DISCLOSED, BOTH VIA AN ANNUAL ELECTRONIC DISCLOSURE 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 ORGANIZATION'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 ORGANIZATION'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 ORGANIZATION AND TO ENSURE THAT ORGANIZATION'S EMPLOYEES ARE ALWAYS ACTING IN THE BEST INTEREST OF ORGANIZATION</p> |

| Identifier                                                        | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process used to establish compensation of top management official | Form 990, Part VI, Section B, Line 15a | <p>THE SPECTRUM HEALTH SYSTEM BOARD OF DIRECTORS (THROUGH ITS EXECUTIVE COMMITTEE) USES THE FOLLOWING PROCESS FOR DETERMINING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, AND KEY EMPLOYEES AT SPECTRUM HEALTH FOUNDATION. LABOR MARKET DATA REFLECTING COMPARABLE ORGANIZATIONS AND JOBS (PREPARED BY INDEPENDENT FIRMS) ARE RELIED UPON. COMPETITIVE ASSESSMENT REPORTS ARE PROVIDED TO THE EXECUTIVE COMMITTEE IN ADVANCE OF MEETINGS. THE COMPETITIVE ASSESSMENT REPORT IS PREPARED BY A NATIONALLY KNOWN INDEPENDENT EXECUTIVE COMPENSATION FIRM AND, FOR FY 2012 (7/1/11-6/30/12), WAS BASED ON THE FOLLOWING INDEPENDENT SURVEYS OF HEALTH CARE EXECUTIVES AT COMPARABLE HEALTH SYSTEMS: * SULLIVAN, COTTER AND ASSOCIATES, INC. 2011 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS; * INTEGRATED HEALTHCARE STRATEGIES 2011 HEALTHCARE EXECUTIVE COMPENSATION SURVEY; * MERCER HUMAN RESOURCES CONSULTING 2011 INTEGRATED HEALTH NETWORKS COMPENSATION SURVEY; * TOWERS WATSON DATA SERVICES 2011/2012 HOSPITAL AND HEALTHCARE MANAGEMENT COMPENSATION REPORT. THESE SOURCES ARE CONSISTENT WITH THOSE USED IN LAST YEAR'S ANALYSIS. COMPENSATION ADJUSTMENTS ARE APPROVED BY 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 IS NATIONAL AND REFLECTS 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 COMPLYING WITH THE POTENTIAL 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).</p> |

| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governing documents, conflict of interest policy and financial statements available to the public | 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 number of hours devoted per week to related organization | Form 990, Part VII, Section A, Column B | PATRICK MILES - 2 RICHARD BREON - 50 ROBERT HOOKER - 2 LARRY JONGEKRIJG - 2 |

| Identifier                            | Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REPORTED<br>COMPENSATION<br>AND HOURS | FORM 990,<br>PART VII,<br>SECTION A | THE COMPENSATION REPORTED FOR EMPLOYEES OF THE ORGANIZATION 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, 2011. EMPLOYEES 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,<br>Line 5 | NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -1886902,<br>UNCOLLECTIBLE PLEDGES - -3219, |

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

2011

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)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of related organization                                                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| (1) PRIORITY HEALTH MANAGED BENEFITS<br>1231 EAST BELTLINE NE<br>GRAND RAPIDS, MI 49525<br>38-3085182 | ADMIN                   | MI                                                        | SPECTRUM HEALTH<br>SYSTEM           | C CORPORATION                                          | 137,858,928                     | 35,117,638                               | 1 00 %                         |
| (2) MICHIGAN MEDICAL PATIENT CARE<br>4100 LAKE DR SE STE 300<br>GRAND RAPIDS, MI 49546<br>38-2851295  | MEDICAL                 | MI                                                        | SPECTRUM HEALTH<br>SYSTEM           | C CORPORATION                                          | 7,455,561                       | 9,794,290                                | 1 00 %                         |
| (3) WEST MICHIGAN HEART<br>2900 BRADFORD STREET NE<br>GRAND RAPIDS, MI 49525<br>38-2125186            | PHYSICIANS              | MI                                                        | SPECTRUM HEALTH<br>SYSTEM           | C CORPORATION                                          | 31,682,589                      | 8,715,673                                | 1 00 %                         |
| (4) SPECTRUM HEALTH PHYSICIAN ALLIANCE<br>100 MICHIGAN ST NE<br>GRAND RAPIDS, MI 49503<br>37-1655728  | PHYSICIANS              | MI                                                        | SPECTRUM HEALTH<br>SYSTEM           | C CORPORATION                                          | 28                              | 1,708,258                                | 1 00 %                         |
|                                                                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |

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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1) PRIORITY HEALTH               | L                               | 134,083                | CASH, FMV, OR GAAP                              |
| (2)                               |                                 |                        |                                                 |
| (3)                               |                                 |                        |                                                 |
| (4)                               |                                 |                        |                                                 |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

Schedule R (Form 990) 2011

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                                                                                                               |
|----------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------|
| SECTION 512 (B)(13) CONTROLLED ENTITY? | PART II, COLUMN (G) | THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED HEALTH SYSTEM AND HAS A COMMON PARENT ORGANIZATION, SPECTRUM HEALTH SYSTEM |

Software ID: 11000230  
Software Version: v2011.1.0  
EIN: 38-2752328  
Name: SPECTRUM HEALTH FOUNDATION

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

| (a)<br>Name, address, and EIN of related organization                                                       | (b)<br>Primary Activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|---------------------------------------------|----------------------------------|----------------------------------------------------|----|
| SPECTRUM HEALTH SYSTEM<br><br>100 MICHIGAN ST NE<br>GRAND RAPIDS, MI 49503<br>38-3382353                    | MANAGEMENT              | MI                                               | 501(C)(3)                  | 11 - Type III<br>- FI                       | N/A                              |                                                    | No |
| SPECTRUM HEALTH HOSPITALS<br><br>100 MICHIGAN ST NE<br>GRAND RAPIDS, MI 49503<br>38-1360529                 | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| SPECTRUM HEALTH PRIMARY CARE PTNRS<br><br>1840 WEALTHY ST SE<br>GRAND RAPIDS, MI 49506<br>38-1358164        | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| SPECTRUM HEALTH CONTINUING CARE<br><br>750 FULLER AVE NE<br>GRAND RAPIDS, MI 49503<br>38-3242232            | REHAB/CARE              | MI                                               | 501(C)(3)                  | 11 - Type I                                 | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| PRIORITY HEALTH<br><br>1231 EAST BELTLINE NE<br>GRAND RAPIDS, MI 49525<br>38-2715520                        | HMO                     | MI                                               | 501(C)(4)                  | N/A                                         | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| REED CITY HOSPITAL CORPORATION<br><br>300 N PATTERSON RD<br>REED CITY, MI 49677<br>38-2770076               | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| NEWAYGO COUNTY GENERAL HOSPITAL ASSOCIATION<br><br>212 S SULLIVAN AVENUE<br>FREMONT, MI 49412<br>38-1359517 | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| ZEELAND COMMUNITY HOSPITAL<br><br>8333 FELCH STREET<br>ZEELAND, MI 49464<br>38-1411184                      | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |
| SPECTRUM HEALTH UNITED<br><br>615 S BOWER<br>GREENVILLE, MI 48838<br>38-1358412                             | HEALTHCARE              | MI                                               | 501(C)(3)                  | 3                                           | SPECTRUM HEALTH SYSTEM           |                                                    | No |

Additional Data

Software ID: 11000230  
Software Version: v2011.1.0  
EIN: 38-2752328  
Name: SPECTRUM HEALTH FOUNDATION

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

|                                              |                |           |                        |                         |             |
|----------------------------------------------|----------------|-----------|------------------------|-------------------------|-------------|
| 4d. Other program services                   |                |           |                        |                         |             |
| (Code                                        | ) (Expenses \$ | 7,441,063 | including grants of \$ | 6,909,665 ) (Revenue \$ | 1,052,597 ) |
| ALL OTHER ACHIEVEMENTS-PLEASE SEE SCHEDULE I |                |           |                        |                         |             |



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

| (A)<br>Name and Title                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                      |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ROBERT ROSKAM<br>Director            | 2 00                          | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| SANDRA WRIGHT<br>Ex-Officio          | 2 00                          | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| SARLA PURI MD<br>Director            | 2 00                          | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| LARRY JONGEKRIJG<br>CFO              | 50 00                         |                                        |                       | X       |              |                              |        | 148,788                                                              | 0                                                                         | 25,403                                                                                        |
| DEBORAH LOCKE<br>VP, Principal Gifts | 50 00                         |                                        |                       |         | X            |                              |        | 165,377                                                              | 0                                                                         | 30,727                                                                                        |