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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **10/01/13**, and ending **09/30/14**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MICHIGAN CENTER FOR RURAL HEALTH</b>		<b>D</b> Employer identification number <b>38-3180997</b>
	Doing Business As		<b>E</b> Telephone number <b>517-432-9216</b>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,948,877</b>
	<b>MSU, B-218 FEE HALL</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>EAST LANSING MI 48824-1316</b>		<b>F</b> Name and address of principal officer <b>JOHN BARNAS</b> <b>MSU, B-218 FEE HALL</b> <b>EAST LANSING MI 48824-1316</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>N/A</b>	
<b>J</b> Website: <b>WWW.MCRH.MSU.EDU</b>		<b>H(c)</b> Group exemption number <b>N/A</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation <b>1994</b>	<b>M</b> State of legal domicile <b>MI</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,687,449</b>	<b>1,827,857</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>114,168</b>	<b>120,162</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,021</b>	<b>858</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,803,638</b>	<b>1,948,877</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>730,510</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>398,583</b>	<b>399,289</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>2015</b>		<b>0</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>644,717</b>	<b>509,882</b>
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>1,773,810</b>	<b>1,907,874</b>
<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>29,828</b>	<b>41,003</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>326,078</b>	<b>362,770</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>151,981</b>	<b>147,670</b>
		<b>174,097</b>	<b>215,100</b>

## 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.

<b>Sign Here</b>	Signature of officer <i>John Barnas</i>	Date <b>2/17/15</b>				
	<b>JOHN BARNAS</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEPHEN B KUTAS</b>	Preparer's signature <i>Stephen B. Kutas CPA</i>	Date <b>2/16/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01283223</b>	
	Firm's name <b>KUTAS &amp; ASSOCIATES, PC</b>	Firm's EIN <b>38-2387719</b>				
	Firm's address <b>6017 W ST JOSEPH LANSING, MI 48917</b>		Phone no <b>517-323-7508</b>			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

2015 FEB 05 2015

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission.

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

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

Yes  No

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

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

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 \$ **566,426** including grants of \$ ) (Revenue \$ **48,131** )  
**RH FLEXIBILITY PLAN: PROGRAM TO CREATE A SERIES OF RURAL NETWORKS THROUGH WHICH THE CRITICAL ACCESS HOSPITALS WILL BE ABLE TO IMPROVE HEALTH SERVICES WITHIN MICHIGAN RURAL COMMUNITIES.**

4b (Code ) (Expenses \$ **420,254** including grants of \$ **403,388** ) (Revenue \$ )  
**SMALL HOSPITAL IMPROVEMENT PROGRAM: PROGRAM TO IMPLEMENT ACTIVITIES AND PROVIDE SERVICES FOR IMPROVING SMALL HOSPITALS IN RURAL AREAS OF MICHIGAN.**

4c (Code ) (Expenses \$ **395,315** including grants of \$ **395,315** ) (Revenue \$ )  
**PRIMARY CARE CONTRACT: PROGRAM TO INCREASE ACCESS TO PRIMARY CARE SERVICES ON MICHIGAN'S INHABITED ISLANDS.**

4d Other program services (Describe in Schedule O )

(Expenses \$ **477,346** including grants of \$ **200,000** ) (Revenue \$ **72,031** )

4e Total program service expenses **1,859,341**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows for Form 1096 (1a, 1b), Form W-3 (2a), Form 990-T (3a, 3b), Form 8886-T (5c), Form 8282 (7d), Form 8899 (7g), Form 1098-C (7h), Form 990 (10a, 10b), Form 990 (11a, 11b), Form 1041 (12a, 12b), Form 990 (13a, 13b, 13c), and Form 720 (14a, 14b).

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		N/
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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 during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **JOHN BARNAS**    **MSU, B-218 FEE HALL**  
**EAST LANSING**    **MI 48824**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>AFONSO C. FERREIRA, MD</b> PRESIDENT	2.00 0.00	X						0	0	0
(2) <b>BRUCE CASWELL</b> DIRECTOR	1.00 0.00	X						0	0	0
(3) <b>ELIZABETH HERTEL</b> SECRETARY/TREASURER	1.00 0.00	X						0	0	0
(4) <b>KURT KRAUSE</b> DIRECTOR	1.00 0.00	X						0	0	0
(5) <b>THOMAS J. VERYSER</b> DIRECTOR	1.00 0.00	X						0	0	0
(6) <b>DAVID B. JAHN</b> VICE PRESIDENT	2.00 0.00	X						0	0	0
(7) <b>RUTH CRANE</b> DIRECTOR	1.00 0.00	X						0	0	0
(8) <b>DIANNA L. SCHAFER, MPA</b> IMMEDIATE PAST PRES	1.00 0.00	X						0	0	0
(9) <b>BRUCE RENDON</b> DIRECTOR	1.00 0.00	X						0	0	0
(10) <b>NANCY L. SPENCER</b> DIRECTOR	1.00 0.00	X						0	0	0
(11) <b>EDWARD CANFIELD</b> DIRECTOR	1.00 0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>WILLIAM D. STRAMPEL</b>  <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(13) <b>JOHN BARNAS</b>  <b>EXECUTIVE DIRECTOR</b>	40.00 0.00			X				75,821	0	27,702
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>75,821</b>		<b>27,702</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>75,821</b>		<b>27,702</b>

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,827,857				
	g Noncash contributions included in lines 1a-1f	\$					
	<b>h Total. Add lines 1a-1f</b>		<b>1,827,857</b>				
<b>Program Service Revenue</b>	2a CONFERENCE REGISTRATION	Busn Code 611710	93,589	93,589			
	b CONSULTING	541900	26,573	26,573			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>120,162</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		858			858	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis & sales exps					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn Code					
11a	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions</b>			<b>1,948,877</b>	<b>120,162</b>	<b>0</b>	<b>858</b>	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	998,703	998,703		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,457	80,229	22,228	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	224,388	221,997	2,391	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,471	8,202	2,269	
9 Other employee benefits	39,259	34,675	4,584	
10 Payroll taxes	22,714	18,996	3,718	
11 Fees for services (non-employees)				
a Management				
b Legal	351	254	97	
c Accounting	26,155	22,711	3,444	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	20,094	16,683	3,411	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	42,325	38,450	3,875	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,548	65,548		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,715	2,689	1,026	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CAH EXPENSES</b>	292,571	292,571		
b <b>PRACTICE MANAGEMENT</b>	19,000	19,000		
c <b>ICD CODING</b>	17,000	17,000		
d <b>STATE RURAL HEALTH PLAN</b>	15,123	15,123		
e All other expenses	8,000	6,510	1,490	
25 Total functional expenses. Add lines 1 through 24e	1,907,874	1,859,341	48,533	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	256,161	1	85,380
	2		2	21,296
	3	69,917	3	256,094
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10a	36,350		
	10b	36,350	10c	
	11		11	
	12		12	
	13		13	
	14		14	
	15		15	
16		326,078	16	362,770
<b>Liabilities</b>	17	5,021	17	4,974
	18		18	
	19	146,960	19	142,696
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25		25	
	26		151,981	26
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	174,097	27	215,100
	28		28	
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	174,097	33	215,100	
34	326,078	34	362,770	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,948,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,907,874
3	Revenue less expenses Subtract line 2 from line 1	3	41,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,097
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	215,100

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?	X	
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	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,120,261	1,335,120	1,611,208	1,687,449	1,827,857	7,581,895
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,120,261	1,335,120	1,611,208	1,687,449	1,827,857	7,581,895
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						7,581,895

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,120,261	1,335,120	1,611,208	1,687,449	1,827,857	7,581,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,262	1,157	625	2,021	858	5,923
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						7,587,818
12 Gross receipts from related activities, etc (see instructions)					12	578,181
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.92 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.88 %
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization

Employer identification number

**MICHIGAN CENTER FOR RURAL HEALTH**

**38-3180997**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a  Public 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 XIII

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 XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements				
d Equipment		29,762	29,762	
e Other		6,588	6,588	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H).

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Rows numbered (1) through (9).

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,961,377</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>12,500</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>12,500</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>1,948,877</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<b>5</b>	<b>1,948,877</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>1,920,374</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>12,500</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>12,500</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>1,907,874</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<b>5</b>	<b>1,907,874</b>

**Part XIII Supplemental Information**

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

**Part XIII** Supplemental Information (continued)

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**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**2013**
**Open to Public  
Inspection**

Employer identification number

**38-3180997**
**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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes  No

**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALLEGAN GENERAL HOSPITAL 555 LINN ST ALLEGAN MI 49010	38-1359180	501(C)(3)	8,404				SEE SITMT 1
(2)	ASPIRUS KEWEENAW 205 OSCEOLA ST LAURIUM MI 49913-2199	38-1443361	501(C)(3)	16,538				SEE SITMT 1 & SITMT 2
(3)	ASPIRUS ONTONAGON HOSPITAL 601 S SEVENTH ST ONTONAGON MI 49953-1496	38-2860882	501(C)(3)	8,404				SEE SITMT 1
(4)	BARAGA COUNTY MEMORIAL HOSPITAL 770 N MAIN ST L'ANSE MI 49946	38-2892565	501(C)(3)	15,664				SEE SITMT 1 & SITMT 2
(5)	BORGESS-LEE MEMORIAL HOSPITAL 420 W. HIGH ST DOWAGIAC MI 49047	38-1490190	501(C)(3)	8,404				SEE SITMT 1
(6)	BRONSON LAKEVIEW HOSPITAL 408 HAZEN ST. PAWPAW MI 49079-0209	38-1359218	501(C)(3)	8,404				SEE SITMT 1
(7)	CARO COMMUNITY HOSPITAL 401 N HOOPER, PO BOX 435 CARO MI 48723-0435	38-3426063	501(C)(3)	8,404				SEE SITMT 1
(8)	CARSON CITY HOSPITAL 406 E ELM STREET CARSON CITY MI 48811	38-1490180	501(C)(3)	8,404				SEE SITMT 1
(9)	CHARLEVOIX AREA HOSPITAL 14700 LAKESHORE DR CHARLEVOIX MI 49720	75-3078034	501(C)(3)	8,404				SEE SITMT 1

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

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

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

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Schedule I (Form 990) (2013)

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

Name of the organization

**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.▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

**38-3180997****MICHIGAN CENTER FOR RURAL HEALTH****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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SPARROW CLINTON 805 S OAKLAND/PO BOX 260 MI 48879-2253	38-1358172	501(C)(3)	8,404				SEE STMT 1
(2)	DEKERVILLE COMMUNITY HOSPITAL 3559 PINE ST, PO BOX 126 DEKERVILLE MI 48427	38-1415390	501(C)(3)	8,404				SEE STMT 1
(3)	EATON RAPIDS MEDICAL CENTER 1500 S. MAIN ST. EATON RAPIDS MI 48827	38-1559180	501(C)(3)	8,404				SEE STMT 1
(4)	ASPIRUS GRAND VIEW HOSPITAL 10561 N GRAND VIEW LN IRONWOOD MI 49938	23-2330671	501(C)(3)	8,404				SEE STMT 1
(5)	HARBOR BEACH COMMUNITY HOSPITAL 210 S FIRST ST HARBOR BEACH MI 48441-0040	38-1565380	501(C)(3)	8,404				SEE STMT 1
(6)	HAYES GREEN BEACH MEMORIAL HOSPITAL 321 E HARRIS ST CHARLOTTE MI 48813	38-2007629	501(C)(3)	8,404				SEE STMT 1
(7)	HELEN NEWBERRY JOY HOSPITAL 502 W HARRIE ST NEWBERRY MI 49868	38-2873485	501(C)(3)	8,404				SEE STMT 1
(8)	HERRICK HOSPITAL 500 E POTTAWATOMIE TECUMSEH MI 49286	38-3049015	501(C)(3)	8,404				SEE STMT 1
(9)	HILLS & DALES GENERAL HOSPITAL 4675 HILL ST CASS CITY MI 48726-1099	38-1619577	501(C)(3)	8,404				SEE STMT 1

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

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

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

DAA



**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

 Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**
**Open to Public  
Inspection**

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997**
**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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes  No

**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HURON MEDICAL CENTER 1100 S VAN DYKE RD BAD AXE MI 48413	38-1474929	501(C)(3)	8,404				SEE STMT 1
(2)	SPARROW IONIA 479 LAFAYETTE ST IONIA MI 48846	38-3218134	501(C)(3)	8,404				SEE STMT 1
(3)	NORTHSTAR HEALTH SYSTEM 1400 W ICE LAKE RD IRON RIVER MI 49935	38-3236977	501(C)(3)	8,404				SEE STMT 1
(4)	KALKASKA MEMORIAL HEALTH CENTER 419 S CORAL ST, PO BOX 249 KALKASKA MI 49646-9348	38-6032904	501(C)(3)	8,404				SEE STMT 1
(5)	MACKINAC STRAITS HEALTH SYSTEM 1140 N STATE STREET ST IGNACE MI 49781	20-8756459	501(C)(3)	41,804				SEE STMT 1 & STMT 3
(6)	MARLETTE COMMUNITY HOSPITAL 2770 MAIN ST, PO BOX 307 MARLETTE MI 48453-0307	38-1507302	501(C)(3)	8,404				SEE STMT 1
(7)	MCKENZIE MEMORIAL HEALTH SYSTEM 120 DELAWARE ST. SANDUSKY MI 48471-1087	38-1738615	501(C)(3)	8,404				SEE STMT 1
(8)	MERCY HEALTH PARTNERS - LAKESHORE CAMPUS - 720 S STATE STREET SHELBY MI 49455	38-2549295	501(C)(3)	8,404				SEE STMT 1
(9)	MERCY HOSPITAL GRAYLING 1100 EAST MICHIGAN AVE GRAYLING MI 49738-1398	38-2113393	501(C)(3)	8,404				SEE STMT 1

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

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

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DAA

**SCHEDULE I  
(Form 990)****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.Department of the Treasury  
Internal Revenue Service

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997**

OMB No 1545-0047

**2013****Open to Public  
Inspection****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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes
  No
**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SPECTRUM HEALTH BIG RAPIDS 605 OAK ST BIG RAPIDS MI 49307	38-1368744	501(C)(3)	18,002				SEE STMT 1 & STMT 2
(2)	MUNISING MEMORIAL HOSPITAL 1500 SAND POINT RD MUNISING MI 49862	38-1507046	501(C)(3)	8,404				SEE STMT 1
(3)	OSF ST. FRANCIS HOSPITAL & MEDICAL GROUP OF ESCANABA - 3401 LUDINGTON ESCANABA MI 49829	38-1359528	501(C)(3)	8,404				SEE STMT 1
(4)	PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVE. FRANKFORT MI 49635-9348	38-1415623	501(C)(3)	8,404				SEE STMT 1
(5)	PORTAGE HEALTH SYSTEM 500 CAMPUS DR HANCOCK MI 49930-1576	38-1381288	501(C)(3)	8,404				SEE STMT 1
(6)	SCHUEBER HEALTHCARE NETWORK 170 N CASEVILLE RD PIGEON MI 48755	38-1456056	501(C)(3)	16,229				SEE STMT 1 & STMT 2
(7)	SCHOOLCRAFT MEMORIAL HOSPITAL 500 MAIN ST MANISTIQUE MI 49854	74-2517055	501(C)(3)	15,629				SEE STMT 1 & STMT 2
(8)	SHERIDAN COMMUNITY HOSPITAL 301 N MAIN ST SHERIDAN MI 48884-9775	38-1369796	501(C)(3)	8,404				SEE STMT 1
(9)	SOUTH HAVEN COM HOSPITAL 955 SOUTH BAILEY AVENUE SOUTH HAVEN MI 49090	38-1676780	501(C)(3)	8,404				SEE STMT 1

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

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

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**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2013**
**Open to Public  
Inspection**

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997**
**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SPECTRUM HEALTH - REED CITY CAMPUS 300 N. PATTERSON; PO BOX 75 REED CITY MI 49677	38-2770076	501(C)(3)	8,404				SEE STMT 1
(2)	ST JOSEPH HEALTH SYSTEM 200 HEMLOCK ST TAWAS CITY MI 48764	38-4443395	501(C)(3)	8,404				SEE STMT 1
(3)	ST MARY'S OF MICHIGAN STANDISH HOSPITAL - 805 W CEDAR ST STANDISH MI 48658-0579	38-1671120	501(C)(3)	8,404				SEE STMT 1
(4)	THREE RIVERS HEALTH 1111 W BROADWAY THREE RIVERS MI 49093	38-2317300	501(C)(3)	16,964				SEE STMT 1 & STMT 2
(5)	MIDMICHIGAN MEDICAL CENTER 515 S QUARTER ST GLADWIN MI 48624	38-6020434	501(C)(3)	15,019				SEE STMT 1 & STMT 2
(6)	OTSEGO MEMORIAL HOSPITAL 825 N CENTER ST GAYLORD MI 49735	38-1303843	501(C)(3)	15,124				SEE STMT 1 & STMT 2
(7)	WEST SHORE MEDICAL CENTER 1465 E PARKDALE AVE MANISTEE MI 49660	38-3565083	501(C)(3)	8,404				SEE STMT 1
(8)	DRUMMOND ISLAND MEDICAL CENTER BOX 98 DRUMMOND ISLAND MI 49726	38-3503863	501(C)(3)	122,451				SEE STMT 3
(9)	BEAVER ISLAND RHC 3730 KINGS HIGHWAY BEAVER ISLAND MI 49782	38-3299988	501(C)(3)	100,000				SEE STMT 3

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

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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**2013**

**Open to Public  
Inspection**

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997**

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

Yes  No

**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MACKINAC ISLAND RHC 7474 MARKET STREET MACKINAC ISLAND MI 49757	38-2218858	501(C)(3)	100,000				SEE STMT 3
(2)	SPECTRUM HEALTH UNITED HOSPITAL 615 BOWER GREENVILLE MI 48838	38-1297435	501(C)(3)	16,808				SEE STMT 1
(3)	MICHIGAN STATE UNIVERSITY BOARD OF TRUSTEES EAST LANSING MI 48824-1046	38-6005984	501(C)(3)	10,000				SEE STMT 4
(4)	WEST MACKINAW HEALTH BOX 182 ENGADINE MI 49827	38-2784832	501(C)(3)	25,901				SEE STMT 3
(5)	LSSU HEALTH CARE 650 W EASTERDAY AVENUE SAULT STE MARIE MI 49783	38-2576021	501(C)(3)	9,250				SEE STMT 3
(6)	BURT TOWNSHIP PRIMARY CARE BOX 430 E21837 GRAND MARAIS AVENUE GRAND MARAIS MI 49839	38-6006889	501(C)(3)	7,713				SEE STMT 3
(7)	MIDMICHIGAN MEDICAL CENTER 703 N MCEWAN ST CLARE MI 48617	38-1518643	501(C)(3)	8,404				SEE STMT 1
(8)	MERCY HOSPITAL - CADILLAC 400 HOBART ST CADILLAC MI 49601	20-3357131	501(C)(3)	8,404				SEE STMT 1
(9)	BAY AREA MEDICAL CONTROL AUTHORITY 3100 SHORE DR. MARINETTE WI 54143	39-1528430	501(C)(3)	9,524				SEE STMT 2

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2013**
**Open to Public  
Inspection**

Name of the organization

Employer identification number

**38-3180997**
**MICHIGAN CENTER FOR RURAL HEALTH**
**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>EASTERN UP MEDICAL CONTROL AUTH</b> 500 OSBORN BLVD. SAULT ST MARIE MI 49783	38-2602147	501(C)(3)	8,630				SEE STMT 2
(2)	<b>IONIA COUNTY MEDICAL CONTROL AUTH</b> 479 LAFAYETTE ST IONIA MI 48846	38-2274975	501(C)(3)	6,140				SEE STMT 2
(3)	<b>MARQUETTE ALGER MEDICAL CONTROL AUTH</b> 420 W MAGNETIC ST MARQUETTE MI 49855	38-1358036	501(C)(3)	7,210				SEE STMT 2
(4)	<b>MASON COUNTY MCA</b> 1 ATKINSON DR. LUDINGTON MI 49431	38-1359266	501(C)(3)	10,225				SEE STMT 2
(5)	<b>MONTCALM COUNTY MEDICAL CONTROL AUTH</b> 615 S. BOWER ST. GREENVILLE MI 48838	38-6004874	501(C)(3)	9,785				SEE STMT 2
(6)	<b>NORTHEAST MI MEDICAL CONTROL AUTH</b> 1501 W CHISHOLM ST. ALPENA MI 49707	38-6000029	501(C)(3)	6,488				SEE STMT 2
(7)	<b>NORTHERN MICHIGAN MED CONTROL AUTH</b> 416 CONNABAL PETOSKEY MI 49770	38-2146751	501(C)(3)	13,535				SEE STMT 2
(8)	<b>OCEANA COUNTY MEDICAL CONTROL AUTH</b> 72 S. STATE ST. SHELBY MI 49455	38-2589966	501(C)(3)	6,750				SEE STMT 2
(9)	<b>OGEAW COUNTY MEDICAL CONTROL AUTH</b> 2463 SOUTH M-30 WEST BRANCH MI 48661	38-6006878	501(C)(3)	5,675				SEE STMT 2

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

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

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

DAA

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

**MICHIGAN CENTER FOR RURAL HEALTH**

Employer identification number

**38-3180997****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?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes  No

**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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SANILAC COUNTY MEDICAL CONTROL AUTH 171 DAWSON ST, SUITE 238 SANDUSKY MI 48471	26-0092309	501(CX3)	10,415				SEE STMT 2
(2)	HILLSDALE COUNTY MED CONTROL AUTH 168 S HOWELL HILLSDALE MI 49242	38-6005550	501(CX3)	6,100				SEE STMT 2
(3)	MANISTEE COUNTY MED CONTROL AUTH 1465 E. PARKDALE AVE. MANISTEE MI 49660	38-0350304	501(CX3)	5,919				SEE STMT 2
(4)	IRON COUNTY MED CONTROL AUTHORITY 1400 W. ICE LAKE RD. IRON RIVER MI 49935	38-6100868	501(CX3)	6,615				SEE STMT 2
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FOR GRANT FUNDS INCLUDED WITH STATEMENT 1 - WHEN MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES, THE ORGANIZATION'S PROCEDURES INCLUDE OBSERVING THE DETAIL OF EXPENDITURES PROVIDED BY THE HOSPITALS IN THE APPLICATION FOR FUNDS FOR THE UPCOMING YEAR.

FOR GRANT FUNDS INCLUDED WITH STATEMENT 2 - WHEN MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES, THE ORGANIZATION'S PROCEDURES INCLUDE THE COLLECTION OF DATA SUBMITTED BY THE GRANT RECIPIENTS WITH REGARD TO THE USAGE OF GRANT FUND EQUIPMENT. THE GRANT RECIPIENT IS ALSO REQUIRED TO

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SIGN A MAINTENANCE AGREEMENT FOR THE EQUIPMENT AND PROVIDE AN ANNUAL INSPECTION FORM TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH.

FOR GRANT FUNDS INCLUDED WITH STATEMENT 3 - WHEN MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES, THE ORGANIZATION'S PROCEDURES INCLUDE GATHERING INFORMATION REGARDING HOW THE FUNDS WERE USED BY EACH OF THE CLINICS IN ORDER TO SUBMIT A REPORT TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH.

FOR GRANT FUNDS INCLUDED WITH STATEMENT 4 - WHEN MONITORING THE USE OF



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**GRANT FUNDS IN THE UNITED STATES, THE ORGANIZATION'S PROCEDURES INCLUDE DISBURSING SCHOLARSHIP FUNDS DIRECTLY TO THE ACCREDITED UNIVERSITY.**

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

**MICHIGAN CENTER FOR RURAL HEALTH****38-3180997****FORM 990 - ORGANIZATION'S MISSION**

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

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

STATE OFFICE OF RURAL HEALTH, NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS, RURAL ACCESS TO EMERGENCY DEVICES, AND OTHER PROGRAMS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE AUDITOR PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE FOR REVIEW; ONE WEEK LATER THE FORM 990 IS PRESENTED BY THE AUDITOR TO THE FULL BOARD OF DIRECTORS AT THE JANUARY BOARD MEETING.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

THE CHAIR OF THE PERSONNEL COMMITTEE REVIEWS MICHIGAN NONPROFIT ASSOCIATION COMPENSATION SURVEY DATA AND THE STATE OF MICHIGAN EMPLOYEE DATA AND PRESENTS THE INFORMATION/RECOMMENDATION TO THE FINANCE COMMITTEE FOR APPROVAL; THEN IT IS PRESENTED TO THE FULL BOARD FOR APPROVAL.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

MICHIGAN CENTER FOR RURAL HEALTH  
EIN: 38-3180997  
FORM 990  
09/30/2014

FORM 990, SCHEDULE I, PART II, LINE 1, COLUMN H:

**STATEMENT 1:** IMPROVE HOSPITAL INPATIENT CARE – PROGRAM TO IMPLEMENT ACTIVITIES AND PROVIDE SERVICES FOR IMPROVING SMALL HOSPITALS IN RURAL AREAS OF MICHIGAN.

**STATEMENT 2:** RURAL ACCESS TO EMERGENCY DEVICES – FUNDING TO PURCHASE, DISTRIBUTE AND IMPLEMENT AUTOMATIC EXTERNAL DEFIBRILLATORS TO RURAL EMERGENCY MEDICAL SERVICES AGENCIES.

**STATEMENT 3:** INCREASE ACCESS TO PRIMARY CARE SERVICES ON MICHIGAN’S INHABITED ISLANDS AND RURAL CLINICS.

**STATEMENT 4:** SCHOLARSHIP FOR STUDENTS TO ATTEND RURAL OSTEOCHAMPS.