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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public  
Inspection

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 OCT 1, 2013 and ending SEP 30, 2014

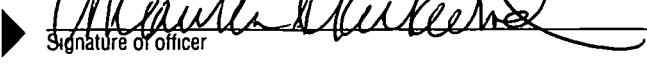
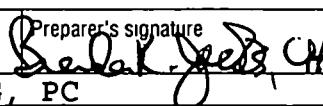
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  <b>HEALTH NET OF WEST MICHIGAN</b> Doing Business As <b>KENT HEALTH PLAN CORPORATION</b>		D Employer identification number  <b>38-3609504</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>620 CENTURY AVE., SW, SUITE 210</b>		Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code <b>GRAND RAPIDS, MI 49503</b>				
	F Name and address of principal officer: <b>MAUREEN KIRKWOOD</b> <b>SAME AS C ABOVE</b>				G Gross receipts \$ <b>5,756,195.</b>
	<input checked="" type="checkbox"/> Tax-exempt status <b>X</b> 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
	<b>J Website:</b> ► <a href="http://WWW.HEALTHNETWM.ORG">WWW.HEALTHNETWM.ORG</a>				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>H(c) Group exemption number</b> ► <b>2001</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO IMPROVE THE HEALTH OF CHILDREN AND ADULTS, PARTICULARLY VULNERABLE POPULATIONS, THROUGH</b>	
	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)	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	
	6 Total number of volunteers (estimate if necessary)	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	
	8 Contributions and grants (Part VIII, line 1h)	
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	<b>RECEIVED 10/18/2015 IRS-OSC OGDEN, UT</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	
	20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances Subtract line 21 from line 20	
	<b>Prior Year</b>	<b>Current Year</b>
	0.	<b>84,687.</b>
	<b>5,079,251.</b>	<b>5,361,936.</b>
9,701.	<b>8,097.</b>	
0.	0.	
<b>5,088,952.</b>	<b>5,454,720.</b>	
782,781.	<b>1,219,626.</b>	
0.	0.	
<b>60,000.</b>	<b>1,017,020.</b>	
0.	0.	
<b>4,039,410.</b>	<b>2,790,715.</b>	
<b>4,882,191.</b>	<b>5,027,361.</b>	
<b>206,761.</b>	<b>427,359.</b>	
<b>Beginning of Current Year</b>	<b>End of Year</b>	
<b>5,071,393.</b>	<b>5,043,301.</b>	
<b>718,834.</b>	<b>263,384.</b>	
<b>4,352,559.</b>	<b>4,779,917.</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.

Sign Here	► 	Date <b>01/11/15</b>			
	► <b>MAUREEN KIRKWOOD, EXECUTIVE DIRECTOR</b>	Type or print name and title			
Paid	Print/Type preparer's name <b>BRENDA K. JACOBS</b>	Preparer's signature 	Date <b>08/10/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00691360</b>
Preparer	Firm's name ► <b>BRICKLEY DELONG, PC</b>	Firm's EIN ► <b>38-2088116</b>			
Use Only	Firm's address ► <b>PO BOX 999 MUSKEGON, MI 49443-0999</b>	Phone no. <b>231-726-5800</b>			

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

 Yes  No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  X1 Briefly describe the organization's mission.

**TO IMPROVE THE HEALTH OF CHILDREN AND ADULTS, PARTICULARLY VULNERABLE POPULATIONS, THROUGH EDUCATION AND CONNECTIONS TO HEALTH CARE AND SUPPORT SERVICES.**

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 O4 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 \$ **1,912,503.** including grants of \$ \_\_\_\_\_) (Revenue \$ **2,003,403.**)  
**PLAN A, D, AND SHARED CARE:**

**PLAN A ADMINISTERS HEALTHCARE BENEFITS TO RESIDENTS OF KENT COUNTY WHO DO NOT QUALIFY FOR ANY OTHER GOVERNMENT SPONSORED HEALTHCARE PROGRAMS. THE ORGANIZATION CONTRACTS DIRECTLY WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH). BENEFITS UNDER THIS PLAN WERE ESTABLISHED BY MDCH. THE PROGRAM IS FUNDED THROUGH A MONTHLY AMOUNT FOR EACH ELIGIBLE PROGRAM PARTICIPANT, BASED UPON THE BEGINNING OF THE MONTH CENSUS. THE CONTRACT ENDED MARCH 31, 2014. SUBSTANTIALLY ALL OF THE PARTICIPANTS OF THIS PROGRAM WILL BE ELIGIBLE FOR MEDICAID. UNTIL MARCH 31, 2014, APPROXIMATELY 2,477 MEMBERS WERE SERVED EACH MONTH.**

4b (Code \_\_\_\_\_) (Expenses \$ **1,954,275.** including grants of \$ **1,219,626.**) (Revenue \$ **3,060,524.**)  
**PLAN B:**

**PLAN B ADMINISTERS HEALTH CARE BENEFITS TO INDIVIDUALS WHOSE INCOMES ARE 150% OR LESS OF POVERTY AND WHO ARE NOT ELIGIBLE FOR ANY GOVERNMENT SPONSORED HEALTHCARE PROGRAM. THE PROGRAM PROVIDES ACCESS TO BASIC COMMUNITY-BASED HEALTHCARE SERVICES THAT ARE NOT FUNDED BY ANY OTHER MEANS. THE PROGRAM IS FUNDED BY SUPPORT FROM THE COMMUNITY, MAINLY FROM LOCAL HOSPITALS. APPROXIMATELY 1,028 MEMBERS WERE SERVED EACH MONTH.**

4c (Code \_\_\_\_\_) (Expenses \$ **473,336.** including grants of \$ \_\_\_\_\_) (Revenue \$ **298,009.**)  
**OTHER PROGRAMS:**

**THROUGH ITS OTHER PROGRAMS, HEALTH NET WORKS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. ACTIVITIES INCLUDE ASSISTING CLIENTS IN NAVIGATING THE HEALTHCARE SYSTEM, PROVIDING HEALTH EDUCATION, WORKING TO REDUCE PEDIATRIC OBESITY AND IMPROVING ACCESS TO AFFORDABLE DENTAL CARE. THESE EFFORTS ARE FUNDED BY CONTRACTS WITH SEVERAL MEDICAID HEALTH PLANS, AS WELL AS VARIOUS GRANTS AND SUPPORT FROM THE COMMUNITY. APPROXIMATELY 448 CLIENTS WERE SERVED EACH MONTH.**

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

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

4e Total program service expenses ► **4,340,114.**

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 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	5 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	6 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	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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	9 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	10 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	11a 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	11b 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	11c 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	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 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	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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	14b 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	15 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	16 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	17 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	18 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	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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

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

## 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 

		Yes	No
1a	119		
1b	0		
1c	X		
2a	18		
2b	X		
3a		X	
3b			
4a		X	
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7a 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?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter:

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....

13c Enter the amount of reserves on hand .....

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**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  X

### Section A. Governing Body and Management

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. 1a  Yes  No

1b Enter the number of voting members included in line 1a, above, who are independent 1b  Yes  No

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  No

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  Yes  No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4  Yes  No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5  Yes  No

6 Did the organization have members or stockholders? 6  Yes  No

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  No

    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  No

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  No

    b Each committee with authority to act on behalf of the governing body? 8b  Yes  No

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  Yes  No

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

10a Did the organization have local chapters, branches, or affiliates? 10a  Yes  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  Yes  No

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  No

    b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a  Yes  No

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b  Yes  No

    b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c  Yes  No

    c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13  Yes  No

13 Did the organization have a written whistleblower policy? 14  Yes  No

14 Did the organization have a written document retention and destruction policy? 15  Yes  No

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  No

    b Other officers or key employees of the organization 15b  Yes  No

    If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a  Yes  No

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? 16b  Yes  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  Yes  No

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MI** 17  Yes  No

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) 18  Yes  No

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. 19  Yes  No

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ERIC BROWN AND CHRIS SLATER (HEART OF WEST MICHIGAN UNITED WAY) - 616-45118 COMMERCE AVE. SW, GRAND RAPIDS, MI 49503** 20  Yes  No

## **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 organization compensated any current officer, director, or trustee

(A)  $\frac{1}{2} \times 10^3$       (B)  $10^3$       (C)  $10^4$       (D)  $10^5$       (E)  $10^6$



## 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 84,687.			
Program Service Revenue	2 a PLAN B PROGRAM b PLAN A, D AND SHARED C c OTHER PROGRAMS d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 524114 524114 524114 5,361,936.	3,060,524. 2,003,403. 298,009.	3,060,524. 2,003,403. 298,009.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	(i) Real 300,000. 301,475. -1,475.	(ii) Personal 9,572. -1,475.	9,572. -1,475.	
	Miscellaneous Revenue	Business Code			
	11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.				

## 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 United States. See Part IV, line 21	1,219,626.	1,219,626.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,400.		62,400.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	774,649.	488,703.	285,946.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	179,971.	115,058.	64,913.	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	9,156.	5,361.	3,795.	
c Accounting	9,973.	5,807.	4,166.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,115.		2,115.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	250,428.	124,068.	126,360.	
12 Advertising and promotion	2,775.	487.	2,288.	
13 Office expenses	49,582.	19,125.	30,457.	
14 Information technology	20,447.	11,938.	8,509.	
15 Royalties				
16 Occupancy	85,215.	49,752.	35,463.	
17 Travel	5,649.	1,647.	4,002.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,886.	5,254.	7,632.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,642.	14,387.	10,255.	
23 Insurance	24,961.	14,574.	10,387.	
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>HEALTH CARE CLAIMS</b>	2,241,915.	2,241,915.		
b <b>MISCELLANEOUS</b>	19,676.	19,676.		
c <b>COMMUNICATIONS</b>	14,912.		14,912.	
d <b>MISCELLANEOUS</b>	13,647.		13,647.	
e All other expenses	2,736.	2,736.		
25 Total functional expenses. Add lines 1 through 24e	5,027,361.	4,340,114.	687,247.	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 ➤  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
Assets	1 Cash - non-interest-bearing	2,117.	1 0.
	2 Savings and temporary cash investments	3,506,487.	2 3,122,336.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	624.	4 267,693.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch 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 174,295.	
	b Less. accumulated depreciation	10b 77,104.	8,659. 10c 97,191.
	11 Investments - publicly traded securities		1,553,506. 11 1,556,081.
	12 Investments - other securities. See Part IV, line 11		12
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11		15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		5,071,393. 16 5,043,301.
Liabilities	17 Accounts payable and accrued expenses		58,816. 17 167,292.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Loans and other 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		660,018. 25 96,092.
	26 Total liabilities. Add lines 17 through 25		718,834. 26 263,384.
Net Assets or Fund Balances	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 Unrestricted net assets		4,352,559. 27 4,660,151.
	28 Temporarily restricted net assets		28 119,766.
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), 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		4,352,559. 33 4,779,917.
	34 Total liabilities and net assets/fund balances		5,071,393. 34 5,043,301.

**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	5,454,720.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,027,361.
3 Revenue less expenses. Subtract line 2 from line 1	3	427,359.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,352,559.
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	-1.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,779,917.

**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	2a	<input checked="" type="checkbox"/>
2b 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	2b	<input checked="" type="checkbox"/>
2c 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	2c	<input checked="" type="checkbox"/>
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? 3b 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	3a	<input checked="" type="checkbox"/>
	3b	

**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

► **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**

**Employer identification number**

HEALTH NET OF WEST MICHIGAN 38-3609504

**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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> 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
e	<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III - Functionally integrated <input type="checkbox"/> Type III - Non-functionally integrated
f	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).
g	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 _____
h	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?
i	Provide the following information about the supported organization(s).

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

Total

**LHA 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.")						
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						
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 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 <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a</b> <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 <b>stop here</b> . 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</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 <b>stop here</b> . 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>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and <b>see instructions</b>	<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		15,000.	3,500.		94,127.	112,627.
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	7,586,277.	8,496,624.	6,169,326.	5,079,251.	5,352,496.	32,683,974.
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	7,586,277.	8,511,624.	6,172,826.	5,079,251.	5,446,623.	32,796,601.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						32,796,601.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,586,277.	8,511,624.	6,172,826.	5,079,251.	5,446,623.	32,796,601.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,322.	61,287.	40,458.	9,701.	8,097.	172,865.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	53,322.	61,287.	40,458.	9,701.	8,097.	172,865.
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)	7,639,599.	8,572,911.	6,213,284.	5,088,952.	5,454,720.	32,969,466.

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

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.48	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.41	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.52	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.59	%
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			► <input checked="" type="checkbox"/>
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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information (See instructions).

**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

**HEALTH NET OF WEST MICHIGAN**

Employer identification number

**38-3609504****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  No

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

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

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

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

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

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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part 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

1b 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part 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		17,490.	17,490.	0.
d Equipment		156,805.	59,614.	97,191.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 97,191.

**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.

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

**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

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

**Part IX Other Assets.**

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

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

**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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>HEALTH CARE CLAIMS PAYABLE &amp;</b>	
(3) <b>INCURRED BUT NOT REPORTED</b>	<b>96,092.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>96,092.</b>

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.

1 Total revenue, gains, and other support per audited financial statements	1	5,452,605.
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 XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	5,452,605.
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	2,115.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	2,115.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,454,720.

**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

1 Total expenses and losses per audited financial statements	1	5,025,246.
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 XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	5,025,246.
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	2,115.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	2,115.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,027,361.

**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 X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER  
INTERNAL REVENUE CODE SECTION 501(C)(3). IN THE PREPARATION OF TAX  
RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE  
AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES  
THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS,  
INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE  
BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE  
AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS  
TAXING AUTHORITIES FOR A PERIOD OF THREE OR FOUR YEARS. THE ORGANIZATION  
IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN CONTACTED BY ANY OF THESE  
JURISDICTIONS. BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX

**Part XIII Supplemental Information (continued)**

POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEAR ENDED SEPTEMBER 30, 2014.

**SCHEDULE I**  
(Form 990)

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

Name of the organization	HEALTH NET OF WEST MICHIGAN					
<b>Part I</b>	<b>General Information on Grants and Assistance</b>					
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. 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.					

<b>Part II</b>	<b>Grants and Other Assistance to Governments and Organizations in the United States</b>						
(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
ARBOR CIRCLE CORPORATION 1115 BALL AVENUE GRAND RAPIDS, MI 49505	38-3263853	501(C)(3)	143,380.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE. NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	20,000.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
CATHOLIC CHARITIES WEST MICHIGAN 360 DIVISION, SUITE 3A GRAND RAPIDS, MI 49503	38-3012473	501(C)(3)	41,890.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
CHERRY STREET HEALTH SERVICES 3351 CLAYSTONE, SUITE 212 GRAND RAPIDS, MI 49546	38-2853534	501(C)(3)	50,041	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
FAMILY OUTREACH CENTER, INC. 1919 S. DIVISION GRAND RAPIDS, MI 49507	38-2272711	501(C)(3)		192,539.	0.		SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
GERONTOLOGY NETWORK 500 CHERRY STREET, S.E. GRAND RAPIDS, MI 49503	38-2774701	501(C)(3)		25,000.	0.		SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
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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SEE PART IV FOR COLUMN (H) DESCRIPTIONS  
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Schedule I (Form 990) (2013)

(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
KENT COUNTY 300 MONROE AVE, N.E. GRAND RAPIDS, MI 49503	38-6004862		350,000.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION.
VISITING NURSE SERVICES OF WESTERN MICHIGAN - 1401 CEDAR, N.E. - GRAND RAPIDS, MI 49503	38-1359195	501(C)(3)	66,085.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
YWCA WEST CENTRAL MICHIGAN 25 SHELDON BLVD, S.E. GRAND RAPIDS, MI 49503	38-1359578	501(C)(3)	40,000.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
ABVI 465 CHERRY ST. S.E. GRAND RAPIDS, MI 49503	38-3382541	501(C)(3)	20,039.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
ASTHMA NETWORK OF WEST MICHIGAN 150 JEFFERSON AVE. S.E., SUITE 140 GRAND RAPIDS, MI 49503	38-3351467	501(C)(3)	6,761.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL
FAMILY FUTURES 678 FRONT AVE. N.W. #210 GRAND RAPIDS, MI 49503	38-2605028	501(C)(3)	110,835.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
AFRICAN AMERICAN HEALTH INSTITUTE 515 MICHIGAN ST. STE 102 GRAND RAPIDS, MI 49503	06-1658200	501(C)(3)	45,256.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
PLANNED PARENTHOOD OF WEST AND NORTHERN MICHIGAN - 425 CHERRY STREET SE - GRAND RAPIDS, MI 49503	38-1782520	501(C)(3)	50,000.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT
THRESHOLDS INC. P.O. BOX 68327 GRAND RAPIDS, MI 49516-8327	38-2063018	501(C)(3)	16,900.	0.			SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT

Schedule I (Form 990) **HEALTH NET OF WEST MICHIGAN****Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

38-3609504 Page 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
CHILDREN'S ASSESSMENT CENTER							
901 MICHIGAN ST. N.E.							
GRAND RAPIDS, MI 49503	38-3042396	501(C)(3)	39,900	0			

**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.

Part IV Summary/Additional Information. Provide the information required in Part I lines 2 Part II, column 1a, and any other additional information.

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THE ORGANIZATION HAS A REVIEW WITH EACH AGENCY AND REVIEWS THEIR REPORTED SPENDING UPON THE SERVICES SUPPORTED IN THE GRANT. IN EACH CASE THE AGENCY'S SPENDING ON THE SERVICES IS SIGNIFICANTLY HIGHER THAN THE AMOUNT OF THE GRANT.

**PART II: LINE 1: COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ARBOR CIRCLE CORPORATION

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## Part IV Supplemental Information

CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: CATHERINE'S HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES WEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: CHERRY STREET HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY OUTREACH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: GERONTOLOGY NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT:

VISITING NURSE SERVICES OF WESTERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA WEST CENTRAL MICHIGAN

## Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: ABVI

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: ASTHMA NETWORK OF WEST MICHIGAN

SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY FUTURES

(H) PURPOSE OF GRANT OR ASSISTANCE:

SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN AMERICAN HEALTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF WEST AND NORTHERN MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

NAME OF ORGANIZATION OR GOVERNMENT: THRESHOLDS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

## Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S ASSESSMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE AGREEMENT - PROVIDED WORKING  
CAPITAL FOR ORGANIZATION TO PURSUE IT TAX EXEMPT MISSION.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (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

**HEALTH NET OF WEST MICHIGAN**

Employer identification number

**38-3609504**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) 2013

## HEALTH NET OF WEST MICHIGAN

## Part II Officers, Directors,

## Key Employees, and Highest Compensated Employee

or 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).

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

**Part III      Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCH. J, PART II:**

IN 2013, MAUREEN KIRKWOOD RECEIVED COMPENSATION OF \$11,969  
AND BENEFITS OF \$1,942 FROM UNITED WAY FOR SERVICES PROVIDED TO HEALTH  
NET OF WEST MICHIGAN.

## 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).

Name of the organization

HEALTH NET OF WEST MICHIGAN

Employer identification number  
38-3609504

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

EDUCATION AND CONNECTIONS TO HEALTH CARE AND SUPPORT SERVICES.

### FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PLAN D PROVIDES COORDINATED ACCESS TO PRESCRIPTION MEDICATIONS FOR KENT COUNTY RESIDENTS WHOSE INCOMES ARE 200% OR LESS OF POVERTY AND WHO ARE NOT ELIGIBLE FOR ANY GOVERNMENT SPONSORED PRESCRIPTION PROGRAM. THE PROGRAM ALSO ASSISTS THE MEMBERS IN UTILIZING PHARMACY ASSISTANCE PROGRAMS PROVIDED BY PHARMACEUTICAL MANUFACTURERS. PLAN D ENDED JULY 31, 2014. UNTIL THAT TIME, APPROXIMATELY 134 MEMBERS WERE SERVED EACH MONTH.

SHARED CARE IS AN AFFORDABLE HEALTHCARE OPTION FOR SMALL BUSINESS TO PROVIDE HEALTHCARE COVERAGE TO THEIR EMPLOYEES. THE MONTHLY COST OF SHARED CARE COVERAGE IS SHARED BY ELIGIBLE EMPLOYERS, THEIR ENROLLED EMPLOYEES AND HEALTH NET. SHARED CARE ENDED MARCH 31, 2014 AND MEMBERS WERE REFERRED TO MEDICAID AND THE MARKETPLACE TO PURSUE OTHER COVERAGE OPTIONS. UNTIL THAT TIME, APPROXIMATELY 79 MEMBERS WERE SERVED EACH MONTH.

### FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION WERE RESTATED ON APRIL 2, 2014 TO CHANGE THE NAME FROM KENT HEALTH PLAN CORPORATION TO HEALTH NET OF WEST MICHIGAN. SEE THE ATTACHED RESTATED ARTICLES OF INCORPORATION.

### FORM 990, PART VI, SECTION B, LINE 11:

Name of the organization

HEALTH NET OF WEST MICHIGAN

Employer identification number

38-3609504

THE COMPLETED 990 WILL BE REVIEWED BY MANAGEMENT AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL PRIOR TO FILING. IT WILL BE PRESENTED TO THE ENTIRE BOARD OF DIRECTORS AS INFORMATION.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST IS MONITORED BY A REVIEW OF ALL FINANCIAL TRANSACTIONS BY TOP MANAGEMENT; BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON MATTERS THAT RELATE TO CONTRACTS BETWEEN HEALTH NET AND THEIR EMPLOYER. ANNUAL CONFLICT OF INTEREST DISCLOSURES ARE REQUIRED BY ALL BOARD MEMBERS AND SENIOR MANAGEMENT AND EACH EMPLOYEE AND CONTRACTOR IS REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST OR TO NOT ENGAGE IN ANY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR PROPOSES COMPENSATION FOR ALL EMPLOYEES AND CONTRACTORS AND THE BOARD OF DIRECTORS APPROVES. THE BOARD OF DIRECTORS APPROVES ALL SIGNIFICANT CONTRACTS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS PROVIDED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS PROVIDED ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE ARTICLES OF NONPROFIT INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE FROM

Name of the organization

HEALTH NET OF WEST MICHIGAN

Employer identification number

38-3609504

MICHIGAN DEPT OF ENERGY, LABOR & ECONOMIC GROWTH ATWWW.CIS.STATE.MI.US/BCS CORP/SR CORP.ASP.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:ROUNDING-1.FORM 990, PART XII, LINE 2CTHE ORGANIZATION HAS A FINANCE COMMITTEE THAT OVERSEES THEREVIEW OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENTAUDITOR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>HEALTH NET OF WEST MICHIGAN</b> Number, street, and room or suite no. If a P O. box, see instructions. <b>620 CENTURY AVE., SW, SUITE 210</b> City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GRAND RAPIDS, MI 49503</b>	Employer identification number (EIN) or <b>38-3609504</b> Social security number (SSN)
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ERIC BROWN AND CHRIS SLATER (HEART OF WEST MICHIGAN UNITE**

- The books are in the care of ► **118 COMMERCE AVE. SW - GRAND RAPIDS, MI 49503**  
Telephone No ► **616-459-6281** Fax No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**  
 5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.  
 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period  
 7 State in detail why you need the extension

**NECESSARY INFORMATION TO PREPARE ACCURATE RETURN NOT YET AVAILABLE**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **C.P.A.**

Date ►

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the RESTATED ARTICLES OF INCORPORATION - NONPROFIT***

***for***

***HEALTH NET OF WEST MICHIGAN***

***ID NUMBER: 772858***

***received by facsimile transmission on April 3, 2014 is hereby endorsed.***

***Filed on April 3, 2014 by the Administrator.***

***This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
In the City of Lansing, this 4th day  
of April, 2014.***

***Sent by Facsimile Transmission***

***Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau***

CSCL/CD-511 (Rev. 01/14)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received	(FOR BUREAU USE ONLY)	
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name <b>SCOTT D. ALFREE</b>		
Address <b>P.O. BOX 352</b>		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	ZIP Code <b>49501-0352</b>
EFFECTIVE DATE:		

Document will be returned to the name and address you enter above.   
If left blank, document will be returned to the registered office.

**RESTATE ARTICLES OF INCORPORATION  
For use by Domestic Nonprofit Corporations  
(Please read information and instructions on the last page)**

*Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Restated Articles:*

1. The present name of the corporation is:

Kent Health Plan Corporation

2. The identification number assigned by the Bureau is:

772-858

3. All former names of the corporation are:

None

4. The date of filing the original Articles of Incorporation was: May 24, 2001

*The following Restated Articles of Incorporation supersede the Articles of Incorporation as amended and shall be the Articles of Incorporation for the corporation:*

**ARTICLE I**

The name of the corporation is:

Health Net of West Michigan

**ARTICLE II**

The purpose or purposes for which the corporation is organized are:

Refer to Exhibit A attached.

### ARTICLE III

1. The corporation is organized on a nonstock basis.  
(stock or nonstock)

2. If organized on a stock basis, the aggregate number of shares which the corporation has authority to issue is \_\_\_\_\_ If the shares are, or are to be divided into classes, the designation of each class, the number of shares in each class, and the relative rights, preferences, and limitations of the shares of each class are as follows:

3. If organized on a nonstock basis, the description and value of its real property assets are: (if none, insert "none")

None

and the description and value of its personal property assets are: (if none, insert "none")

None

(The valuation of the above assets was as of April 2, 2014. The corporation is to be financed under the following general plan:

The Corporation will be financed by grants, gifts, government programs, donations, contributions, loans and the receipt of fees and compensation from goods and services and investment income and other income.

The corporation is organized on a directorship basis.  
(membership or directorship)

## ARTICLE IV

## ARTICLE V (Additional provisions, if any, may be inserted here; attach additional pages if needed.)

Refer to Exhibit B attached.

## 6. COMPLETE SECTION (a) IF THE RESTATE ARTICLES DO NOT FURTHER AMEND THE ARTICLES OF INCORPORATION; OTHERWISE, COMPLETE SECTION (b).

a.  These Restated Articles of Incorporation were duly adopted on the \_\_\_\_\_ day of \_\_\_\_\_, in accordance with the provisions of Section 842 of the Act by the Board of Directors without a vote of the members or shareholders. These Restated Articles of Incorporation only restate and integrate and do not further amend the provisions of the Articles of Incorporation as heretofore amended and there is no material discrepancy between those provisions and the provisions of these Restated Articles.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

By \_\_\_\_\_  
(Signature of Authorized Officer or Agent)

(Type or Print Name)

b.  These Restated Articles of Incorporation were duly adopted on the 2nd day of April, 2014, in accordance with the provisions of Section 842 of the Act. These Restated Articles of Incorporation restate, integrate, and do further amend the provisions of the Articles of Incorporation, and: (Check one of the following)

were duly adopted by the shareholders, the members, or the directors (if organized on a nonstock directorship basis). The necessary number of votes were cast in favor of these Restated Articles of Incorporation.

were duly adopted by the written consent of all the shareholders or members entitled to vote in accordance with Section 407(3) of the Act.

were duly adopted by the written consent of all the directors pursuant to Section 525 of the Act as the corporation is organized on a directorship basis.

were duly adopted by the written consent of the shareholders or members having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act. Written notice to shareholders or members who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders or members is permitted only if such provision appears in the Articles of Incorporation).

Signed this 2nd day of April, 2014By Maureen K. Kuekied  
(Signature of President, Vice-President, Chairperson, or Vice-Chairperson)Maureen T. Kuekied President/Executive Director  
(Type or Print Name) (Type or Print Title)

**EXHIBIT "A"**  
**RESTATED ARTICLES OF INCORPORATION**

**ARTICLE II**  
**PURPOSE**

The purposes of the Corporation are as follows:

- A. To promote, organize, manage and administer programs to create a system for providing or arranging health care services in a cost effective manner for persons unable to pay for such health care services.
- B. To furnish organizational and operational management and program direction for projects designed to alleviate the cost of uncompensated health care in Kent County, Michigan.
- C. To develop and operate, with the support and cooperation of private sector resources, public and private services agencies and governmental bodies, programs to enhance the economic and social well-being and to improve the level of health of the Kent County area, and to increase access to health care services located within Kent County.
- D. To provide advice on methods and programs designed to decrease costs associated with uncompensated health care in the Kent County area, and to act as a clearinghouse for information involved in providing health care services to persons unable to pay for such health care.
- E. In furtherance of its purposes, but not by way of limitation:
  - (i) To acquire, purchase, own, maintain, hold, use, convey, manage, exchange, transfer, mortgage, lease, sublease, or rent all real and personal property of every kind and nature all in support and furtherance of the charitable purposes of organizations described in Section 501(c)(3) of the Code;
  - (ii) To loan, borrow, manage and invest funds;
  - (iii) To accept, seek, solicit, request, receive, and hold in trust or otherwise, contributions, legacies, devices, grants, bequests, donations, gifts and benefactions which may be left, made or given to the Corporation;
  - (iv) To take all such actions and do all such things as may be necessary, convenient or desirable to accomplish the foregoing purposes within the restrictions and limitations of these Articles of Incorporation, the Bylaws of the Corporation, and applicable law, provided that no part of the earnings of the Corporation shall inure to the benefit of any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation affecting one or more of its purposes), no substantial part of the activities of the Corporation shall be to carry on propaganda or to

otherwise attempt to influence legislation, and the Corporation shall not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office (by the publishing or distribution of statements or otherwise), in violation of any provisions applicable to corporations exempt from tax under Section 501(c)(3) of the Code.

F. Notwithstanding any other provisions of these Articles of Incorporation, the Corporation shall not carry on any activity not permitted to be carried on by:

- (i) A corporation described in Section 501(c)(3) of the Code, exempt from federal income tax under Section 501(a) of the Code, or
- (ii) A corporation, contributions to which are deductible under Section 170(c)(2) of the Code, or
- (iii) A corporation classified as other than a private foundation under Section 509(a) of the Code.

**EXHIBIT "B"**  
**RESTATED ARTICLES OF INCORPORATION**

**ARTICLE V**  
**VOLUNTEER DIRECTOR AND OFFICER LIABILITY**

A Volunteer Director or Volunteer Officer, as each of those terms is defined in the Act, shall not be personally liable to the Corporation or its members for monetary damages for a breach of the Volunteer Director's or Volunteer Officer's fiduciary duty; provided, however, that this provision shall not eliminate or limit the liability of a Volunteer Director or Volunteer Officer for any of the following:

- A. A breach of the Volunteer Director's or Volunteer Officer's duty of loyalty to the Corporation;
- B. Acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law;
- C. A violation of section 551(1) of the Act;
- D. A transaction from which the Volunteer Director or Volunteer Officer derived an improper personal benefit;
- E. An act or omission occurring before the effective date of this provision; and
- F. An act or omission that is grossly negligent.

The Corporation hereby assumes all liability to any person other than the Corporation or its members for all acts or omissions of a Director who is a volunteer director as defined in the Act, occurring on or after the effective date of these Articles of Incorporation and incurred in the good faith performance of the Volunteer Director's duties as such; provided, however, that the Corporation shall not be considered to have assumed any liability to the extent such assumption is inconsistent with the status of the Corporation as an organization described in Section 501(c)(3) of the Code.

**ARTICLE VI**  
**VOLUNTEER LIABILITY**

The Corporation hereby assumes liability for all acts or omissions of a Volunteer Director, Volunteer Officer, or other volunteer if any of the following are met:

- A. The volunteer was acting or reasonably believed he or she was acting within the scope of his or her authority;
- B. The volunteer was acting in good faith;

- C. The volunteer's conduct did not amount to gross negligence or willful and wanton misconduct;
- D. The volunteer's conduct was not an intentional tort; and
- E. The volunteer's conduct was not a tort arising out of the ownership, maintenance, or use of a motor vehicle for which tort liability may be imposed as provided in section 3135 of the Insurance Code of 1956, Act No. 218 of the Public Acts of 1956, being section 500.3135 of the Michigan Compiled Laws.

If the Act is amended to authorize the further elimination or limitation of the liability of volunteers of nonprofit corporations, then the liability of the volunteers, in addition to the limitation, elimination and assumption of personal liability contained in this Article, shall be assumed by the Corporation or eliminated or limited to the fullest extent permitted by the Act as so amended, except to the extent such limitation, elimination or assumption of liability is inconsistent with the status of the Corporation as an organization described in Section 501(c)(3) of the Code. No amendment or repeal of this Article shall apply to or have any effect on the liability or alleged liability of any volunteer of this Corporation for or with respect to any acts or omissions of such volunteer occurring prior to the effective date of any such amendment or repeal.

## **ARTICLE VII** **DISSOLUTION**

Upon dissolution of the Corporation, any property remaining after providing for the debts and obligations of the Corporation shall be distributed at the direction of the Board of Directors of the Corporation, for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or to the federal government for a public purpose, or to a state or local unit of government for a public purpose. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is located, to such organization or organizations which are then described in Section 501(c)(3) of the Code, as said Court shall determine.

## **ARTICLE VIII** **AMENDMENT**

These Articles of Incorporation may be altered, added to or repealed at any regular meeting of the Corporation's board of directors, or at any special meeting of the board of directors, provided that written notice of the proposed meeting is given to all directors, which shall set forth the proposed amendment or a summary of the changes to be effected thereby. Notice of the meeting must be given to the directors at least ten (10) days before the date of such meeting. For the amendment to be adopted, it must be approved by vote of two-thirds of all directors then in office.