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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MIDMICHIGAN HEALTH

Doing business as

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

Room/suite

4000 WELLNESS DRIVE

City or town, state or province, country, and ZIP or foreign postal code

MIDLAND, MI 48670

F Name and address of principal officer

DIANE POSTLER-SLATTERY

4000 WELLNESS DRIVE

MIDLAND, MI 48670

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.MIDMICHIGAN.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1982

M State of legal domicile MI

Part I	Summary																															
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE EXCELLENT HEALTH SERVICES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN OUR COMMUNITIES																															
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																															
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>16</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>13</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>349</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>15</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>519,060</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>466,154</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	16	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	349	6	Total number of volunteers (estimate if necessary)	6	15	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	519,060	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	466,154							
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

FRANCINE M PADGETT SR VP & TREASURER

Date

2016-05-16

Print/Type preparer's name

LAURA M EBEL

Preparer's signature

LAURA M EBEL

Date

2016-05-16

Check ☐ if self-employed

PTIN P00184232

Firm's name ▶ ANDREWS HOOPER PAVLIK PLC

Firm's EIN ▶ 38-3133790

Firm's address ▶ 5300 GRATIOT RD

SAGINAW, MI 486386035

Phone no (989) 497-5300

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

[illegible][illegible]

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	) (Revenue \$	)

4e	Total program service expenses	43,045,685
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	No
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
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		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b 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)		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	Yes	
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)?	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		
b	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?			
b	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.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶FM PADGETT SR VP TREASURER 4000 WELLNESS DR MIDLAND, MI 48670 (989) 839-3181

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,639,280	149,440	1,041,240

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 48

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THREE RIVERS CORPORATION PO BOX 1467 MIDLAND, MI 48641	CONSTRUCTION	14,650,666
MIDLAND EMERGENCY ROOM 2000 DILLOWAY DR MIDLAND, MI 48640	ER PHYSICIANS	5,930,271
CERNER CORP PO BOX 412702 KANSAS CITY, MO 641412702	COMP SOFTWARE	5,919,978
MIDMICHIGAN ANESTHESIOLOGY PO BOX 67000 DEPT 103901 DETROIT, MI 48267	PHYSICIAN SERV	2,465,501
MIDLAND RADIOLOGY ASSOCIATES C/O MELLON BANK DEPT 14195 PALATINE, IL 600554195	RADIOLOGY	2,139,586

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶90

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	12,358			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	12,358			
Program Service Revenue	2a	EXEMPT SUBSIDIARY REVENUE				
		Business Code				
		561000	56,878,690	56,878,690		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	56,878,690			
	3	Investment income (including dividends, interest, and other similar amounts)	5,126,355	2,859,717		2,266,638
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
		23,348,813				
	b	Less cost or other basis and sales expenses	22,830,670			
	c	Gain or (loss)	518,143			
	d	Net gain or (loss)	518,143			518,143
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	MCCO	900099	1,697,668	1,697,668	
	b	MIDMICHIGAN HLTH NETWORK LLC	900099	464,351	464,351	
	c	MIDMICHIGAN HLTH NETWORK LLC	900099	160,700	160,700	
	d	All other revenue		151,988	54,709	97,279
	e	Total. Add lines 11a-11d		2,474,707		
	12	Total revenue. See Instructions	65,010,253	61,596,775	519,060	2,882,060

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 domestic organizations and domestic governments. See Part IV, line 21.	177,512	177,512		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,258,172	2,129,086	2,129,086	
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.	17,626,266	14,277,736	3,348,530	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,754,091	2,073,702	680,389	
9	Other employee benefits.	3,490,746	2,644,383	846,363	
10	Payroll taxes.	1,402,220	1,051,665	350,555	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	680,862		680,862	
c	Accounting.	207,155	155,366	51,789	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	167,344		167,344	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,152,903	16,300,293	1,852,610	
12	Advertising and promotion.	14,964	11,971	2,993	
13	Office expenses.	926,148	694,611	231,537	
14	Information technology.	849,607	637,212	212,395	
15	Royalties.				
16	Occupancy.	75,709	56,782	18,927	
17	Travel.	166,615	83,285	83,330	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	162,894		162,894	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	10,116,179		10,116,179	
23	Insurance.	2,771,568	2,752,081	19,487	
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					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	64,000,955	43,045,685	20,955,270	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			4,794,641	2	3,683,947
	3	Pledges and grants receivable, net			5,334	3	
	4	Accounts receivable, net				4	
	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 instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			13,664,087	9	10,470,359
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	85,131,927			
	b	Less accumulated depreciation	10b	53,197,688	35,256,383	10c	31,934,239
	11	Investments—publicly traded securities			31,360,480	11	32,597,856
	12	Investments—other securities See Part IV, line 11			95,087,418	12	109,385,130
	13	Investments—program-related See Part IV, line 11			585,420,850	13	589,605,710
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,354,688	15	1,336,735
16	Total assets. Add lines 1 through 15 (must equal line 34)			766,943,881	16	779,013,976	
Liabilities	17	Accounts payable and accrued expenses			19,982,093	17	34,080,333
	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			55,830,395	25	78,514,957
	26	Total liabilities. Add lines 17 through 25			75,812,488	26	112,595,290
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			690,945,639	27	666,222,644
28		Temporarily restricted net assets			185,754	28	196,042
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			691,131,393	33	666,418,686
34		Total liabilities and net assets/fund balances			766,943,881	34	779,013,976

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	65,010,253
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,000,955
3	Revenue less expenses Subtract line 2 from line 1	3	1,009,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	691,131,393
5	Net unrealized gains (losses) on investments	5	-347,260
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	-25,374,745
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	666,418,686

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 38-2459948

Name: MIDMICHIGAN HEALTH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE POSTLER-SLATTERY PRESIDENT &	50 00 0 00	X		X				818,581	0	174,843
(1) MARGUERITTE KUHN MD DIRECTOR	2 00 50 00	X						0	149,440	3,305
(2) ERIC BLACKHURST DIRECTOR	2 00	X						0	0	0
(3) JOAN DAVID DIRECTOR	2 00	X						0	0	0
(4) BOBBIE ARNOLD CHAIR	2 00	X						0	0	0
(5) SARA WASSENAAR DDS DIRECTOR	2 00	X						0	0	0
(6) GLENN SMITH VICE CHAIR	2 00	X						0	0	0
(7) BOB DENOoyer DIRECTOR	2 00	X						0	0	0
(8) CARL SCHWIND DIRECTOR	2 00	X						0	0	0
(9) DON SHEETS DIRECTOR	2 00	X						0	0	0
(10) BILL WEIDEMAN DIRECTOR	2 00	X						0	0	0
(11) DENNIS DUNLAP DIRECTOR	2 00	X						0	0	0
(12) DAVID SPAHLINGER MD DIRECTOR	2 00	X						0	0	0
(13) DOUG STRONG DIRECTOR	2 00	X						0	0	0
(14) JENNE VELASQUEZ DDS DIRECTOR	2 00	X						0	0	0
(15) JIM WHEELER DIRECTOR	2 00	X						0	0	0
(16) GREGORY ROGERS EXEC VICE PR	50 00 0 00			X				1,110,447	0	174,955
(17) FRANCINE PADGETT SVP, CFO & T	50 00 0 00			X				669,226	0	148,306
(18) DONNA RAPP SVP & SECRET	50 00			X				551,573	0	119,663
(19) BRIAN RODGERS SENIOR VICE	50 00 0 00			X				507,937	0	102,418
(20) GREG GHILARDI VP HUMAN RES	50 00				X			295,809	0	75,840
(21) LYDIA WATSON PINNEY MD CHIEF MEDICA	50 00					X		377,872	0	26,134
(22) MARK SANTAMARIA PRESIDENT -	50 00 0 00					X		362,050	0	59,836
(23) DANIEL WALTZ VP CIO	50 00					X		302,263	0	6,586
(24) RAYMOND STOVER PRESIDENT -	50 00					X		274,243	0	120,247

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SCOTT CURRIE VP REVENUE C	50 00					X		230,467	0	29,107
(1) RICHARD REYNOLDS FORMER PRESI	0 00 0 00						X	138,812	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization MIDMICHIGAN HEALTH	Employer identification number 38-2459948
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☒

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

a

☒

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations 7

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 7					0	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Total. 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 Yes	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	No

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART I, LINE 11H	MIDMICHIGAN GLADWIN PINES 38-2754875 9 0 0 MIDMICHIGAN VISITING NURSE ASSOCIATION 38-1459397 9 0 0
SUPPLEMENTAL INFORMATION	THE AMOUNT OF SUPPORT PROVIDED TO THE SUPPORTED ORGANIZATIONS IS EQUAL TO THE PROGRAM SERVICE EXPENSE REPORTED ON FORM 990, PART IX MIDMICHIGAN HEALTH IS LISTED IN THE GOVERNING DOCUMENTS OF EACH OF THE SUPPORTED ORGANIZATIONS AS THE SOLE MEMBER OF THE ORGANIZATION THE PURPOSE OR PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE AS FOLLOWS (1) TO OWN, OPERATE, ACQUIRE, ESTABLISH, SPONSOR, DEVELOP AND MAINTAIN HOSPITALS, HEALTH CARE RELATED FACILITIES, HEALTH PROMOTION AND EDUCATION PROGRAMS, AND OTHER ACTIVITES DESIGNED TO PROVIDE FOR THE CARE AND TREATMENT OF THE SICK, INFIRM, AGED, AND DISTRESSED, AND TO FURTHER THE GENERAL HEALTH AND WELL BEING OF THE PUBLIC WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ECONOMIC CONDITION (2) TO DEVELOP AND IMPLEMENT MANAGEMENT SYSTEMS AND POLICIES WHICH WILL CARRY OUT AND CONDUCT THE HEREIN STATED PURPOSES (3) TO CARRY OUT AND CONDUCT THE HEREIN STATED PURPOSES AND ACTIVITIES DIRECTLY OR THROUGH ONE OR MORE SUBSIDIARY ORGANIZATIONS OR JOINTLY IN CONJUNCTION WITH ONE OR MORE OTHER ORGANIZATIONS ENGAGED IN HEALTH CARE ACTIVITIES FOR MEMBERS OF THE PUBLIC

Additional Data

Software ID:
Software Version:
EIN: 38-2459948
Name: MIDMICHIGAN HEALTH

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) MIDMICHIGAN MEDICAL CENTER - MIDLAND	380833014			No	0	0
(A) MIDMICHIGAN MEDICAL CENTER - GRATIOT	381437919			No	0	0
(B) MIDMICHIGAN MEDICAL CENTER - CLARE	381518643			No	0	0
(C) MIDMICHIGAN MEDICAL CENTER - GLADWIN	386020434			No	0	0
(D) MIDMICHIGAN STRATFORD VILLAGE	382623324			No	0	0
(E) MIDMICHIGAN GLADWIN PINES	382754875			No	0	0
(F) MIDMICHIGAN VISITING NURSE ASSOCIATION	381459397			No	0	0

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MIDMICHIGAN HEALTH	Employer identification number 38-2459948
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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 value of contributions to (during year)	
3	Aggregate value of 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, 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

b

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

(i) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | b (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
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 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		2,877,503	1,755,845	1,121,658
c Leasehold improvements				
d Equipment		80,771,897	51,441,843	29,330,054
e Other		1,482,527		1,482,527
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,934,239

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	62,339,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-347,260
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,069
e	Add lines 2a through 2d	2e	-345,191
3	Subtract line 2e from line 1	3	62,684,505
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	167,344
b	Other (Describe in Part XIII)	4b	2,158,404
c	Add lines 4a and 4b	4c	2,325,748
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	65,010,253

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	63,835,680
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	2,069
e	Add lines 2a through 2d	2e	2,069
3	Subtract line 2e from line 1	3	63,833,611
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	167,344
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	167,344
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	64,000,955

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.

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS 2,069
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INCOME FROM CONSOLIDATED SUBSIDIARIES 2,158,404
SCHEDULE D, PAGE 4, PART XII, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS 2,069

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 38-2459948
Name: MIDMICHIGAN HEALTH

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) MIDMICHIGAN MEDICAL CENTER-MIDLAND	406,932,785	C
(2) MIDMICHIGAN MEDICAL CENTER-GRATIOT	58,227,878	C
(3) MIDMICHIGAN MEDICAL CENTER-GLADWIN	39,267,722	C
(4) MIDMICHIGAN MEDICAL CENTER-CLARE	28,072,510	C
(5) MIDMICHIGAN HEALTH DEVELOPMENT ASSOC	23,216,731	C
(6) MIDMICHIGAN VISITING NURSE ASSOC	17,052,661	C
(7) MIDMICHIGAN PHYSICIANS GROUP	6,267,290	C
(8) MIDMICHIGAN STRATFORD VILLAGE	5,556,006	C
(9) MIDMICHIGAN HEALTH NETWORK	2,048,127	C
(10) MIDMICHIGAN GLADWIN PINES	1,917,701	C
(11) MIDMICHIGAN COLLABORATIVE CARE ORG	926,299	C
(12) MIDMICHIGAN ASSURANCE GROUP	120,000	C
(13) REGIONAL DIALYSIS SERVICES		C
(14) THUMB AREA DIALYSIS		C

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDMICHIGAN HEALTH

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
38-2459948

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY - MIDMI REGIONAL OFFICE 1111 S HENRY SUITE A BAY CITY, MI 48706	13-1788491	501C3	14,500				GENERAL SUPPORT
(2) MIDLAND COMMUNITY TENNIS CENTER 900 EAST WACKERLY ST MIDLAND, MI 48642	38-1534400	501C3	6,500				GENERAL SUPPORT
(3) MIDMICHIGAN COMMUNITY COLLEGE 1375 S CLARE AVENUE HARRISON, MI 48625	38-1812272	501C3	10,714				GENERAL SUPPORT
(4) MIDLAND AREA CHAMBER OF COMMERCE 300 RODD STREET SUITE 101 MIDLAND, MI 48642	38-0832915	501C6	6,200				GENERAL SUPPORT
(5) MIDLAND COMMUNITY CENTER 2205 S JEFFERSON AVENUE MIDLAND, MI 48640	38-1534400	501C3	6,500				GENERAL SUPPORT
(6) DELTA COLLEGE FOUNDATION 1961 DELTA ROAD UNIVERSITY CENTER, MI 48710	38-2274266	501C3	11,667				GENERAL SUPPORT
(7) MIDMICHIGAN HEALTH INFO ALLIANCE PO BOX 129 ROSCOMMON, MI 48653	45-2133862	501C3	25,000				GENERAL SUPPORT

2

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

6

3

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

1

Part III

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

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

Part IV

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	MIDMICHIGAN HEALTH PROVIDES CHARITABLE CONTRIBUTIONS TO THOSE ORGANIZATIONS THAT APPLY AND MEET THE REQUIRED CRITERIA FOR CHARITABLE GIVING THE MIDMICHIGAN HEALTH COMMUNITY BENEFIT COORDINATOR FOLLOWS UP WITH EACH REQUEST TO ASCERTAIN THAT EACH REQUEST MEETS THE COMMUNITY BENEFIT STANDARDS NO FUNDS ARE PROVIDED DIRECTLY TO INDIVIDUALS, AND IT IS EXPECTED THAT WRITTEN ACKNOWLEDGEMENT FROM THE DONEE IS RECEIVED IN A TIMELY FASHION

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
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.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) 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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
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.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	THE FOLLOWING PERSONS LISTED IN PART VII, SECTION A, RECEIVED PAYMENT OF THE MONTHLY SOCIAL COUNTRY CLUB DUES WHICH APPROXIMATES 163 PER MONTH MIDMICHIGAN HEALTH HAS TAKEN A CONSERVATIVE POSTURE WITH RESPECT TO ALL PERQUISITES AND ALL PERQUISITES MUST BE JUSTIFIED BY BUSINESS NEED AMOUNTS RELATED TO THE NON-BUSINESS USE ARE TREATED AS TAXABLE INCOME GHILARDI, GREG VP HUMAN RESOURCES PADGETT, FRANCINE SVP, CFO & TREASURER POSTLER-SLATTERY, DIANE PRESIDENT & CEO RAPP, DONNA SVP & SECRETARY RODGERS, BRIAN SENIOR VICE PRES ROGERS, GREGORY EXEC VICE PRES STOVER, RAYMOND PRESIDENT - GRATIOT WATSON PINNEY, LYDIA CHIEF MEDICAL OFFICER
SCHEDULE J, PAGE 1, PART I, LINE 4	GREGORY ROGERS 0 553,046 0 FRANCINE PADGETT 0 213,212 0 DONNA RAPP 0 179,587 0 BRIAN RODGERS 0 135,426 0 RICHARD REYNOLDS 0 18,812 0
SCHEDULE J, PART III	THESE PAYMENTS RELATE TO THE NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) AND WERE PAID IN ACCORDANCE WITH THE VESTING OF THE PLAN THESE PAYMENTS WERE PREVIOUSLY REPORTED IN THE FISCAL YEAR EARNED ON FORM 990 AS DEFERRED COMPENSATION PART I, LINE 4B REYNOLDS, POSTLER-SLATTERY, ROGERS, PADGETT, RAPP, RODGERS, GHILARDI, CURRIE, STOVER, AND SANTAMARIA ARE PARTICIPANTS IN A 457(F) PLAN PAYMENTS WERE MADE TO REYNOLDS, ROGERS, PADGETT, RAPP, AND RODGERS IN 2014 THE SERP IS UNFUNDED AND BEGAN ON JANUARY 1, 2009 THE CURRENT PARTICIPANTS OF THE PLAN ARE THOSE WHO HOLD A CORPORATE OFFICE OF VICE PRESIDENT OR ABOVE EACH PARTICIPANTS ANNUAL AWARD IS A BENEFIT RESTORATION AMOUNT THAT PROVIDES THE ADDITIONAL BENEFITS THAT THE PARTICIPANT DID NOT EARN UNDER THE PENSION PLAN AND 403(B) PLAN DURING A PLAN YEAR BECAUSE OF THE STATUTORY LIMITS A PARTICIPANT'S ACCOUNT SHALL BE 100% VESTED IF THE PARTICIPANT IS EMPLOYED BY MIDMICHIGAN HEALTH ON THE DATE THE FIRST OF THE FOLLOWING VESTING EVENTS OCCUR ATTAINMENT OF NORMAL RETIREMENT AGE, DEATH, TERMINATION OF EMPLOYMENT BECAUSE OF TOTAL DISABILITY, OR, PROVIDED THEY HAVE BEEN EMPLOYED AT LEAST FIVE YEARS AND THE PARTICIPANT EARNS 75 POINTS PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED MIDMICHIGAN HEALTH'S COMPENSATION INCLUDES BOTH BASE AND VARIABLE COMPENSATION (NONFIXED PAYMENTS) IN ACCORDANCE WITH ITS POLICIES, ALL ELEMENTS (BASE, VARIABLE, BENEFITS, AND PERQUISITES) ARE COMPARED TO MARKET AND ARE DETERMINED BY THE INDEPENDENT COMPENSATION COMMITTEE AFTER A REVIEW BY AN INDEPENDENT CONSULTANT, SULLIVAN COTTER, TO ENSURE THAT TOTAL COMPENSATION REMAINS WITHIN ACCEPTABLE GUIDELINES (60% OF MEDIAN) THE COMPENSATION COMMITTEE, WHO IS AUTHORIZED TO ACT ON BEHALF OF THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS, APPROVED COMPENSATION FOR THE MIDMICHIGAN HEALTH CEO, SENIOR EXECUTIVES AND PHYSICIANS SULLIVAN COTTER ISSUED A COMPREHENSIVE ASSESSMENT IN 2009 AND AGAIN IN 2013 IN ADDITION, AS A PART OF THE PHYSICIAN ENTERPRISE ENGAGEMENT, KAUFMAN HALL ISSUED A SAFE HARBOR LETTER THAT WAS REVIEWED AT THE JUNE 2013 COMPENSATION COMMITTEE MEETING PART III - OTHER ADDITIONAL INFORMATION ON MAY 8, 2009 MIDMICHIGAN HEALTH'S COMPENSATION COMMITTEE APPROVED ITS FIRST COMPENSATION COMMITTEE CHARTER AND EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY THE BOARD OF DIRECTORS OF MIDMICHIGAN HEALTH APPROVED BOTH THE CHARTER AND THE STRATEGY ON JUNE 8, 2009 MIDMICHIGAN HEALTH ALSO CONTINUES TO UTILIZE AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST WITH THE GOVERNANCE PROCESS AND TO REVIEW AND REPORT ON ALL SYSTEM LEVEL EXECUTIVES, HOSPITAL LEVEL EXECUTIVES AND SELECTED OTHER EXECUTIVES MIDMICHIGAN HEALTH HAS TAKEN A CONSERVATIVE POSTURE WITH RESPECT TO ALL PERQUISITES AND ALL PERQUISITES MUST BE JUSTIFIED BY BUSINESS NEED MIDMICHIGAN HEALTH TARGETS THE BASE SALARY OF ITS EXECUTIVES WITHIN A MARKET COMPETITIVE SALARY RANGE WITH A MIDPOINT APPROXIMATELY EQUAL TO THE 50TH PERCENTILE OF THE BASE SALARY MARKET DATA MARKET DATA IS OBTAINED NATIONALLY FROM HEALTH SYSTEMS, HOSPITALS AND ORGANIZATIONS OF COMPARABLE SIZE BY SULLIVAN COTTER, AN INDEPENDENT CONSULTANT NET OPERATING REVENUE IS THE CRITICAL FACTOR UTILIZED TO DETERMINE COMPARABILITY RICHARD REYNOLDS LEFT MIDMICHIGAN HEALTH IN FEBRUARY, 2013 HIS COMPENSATION DISCLOSED ABOVE REPRESENTS PAYMENT OF DEFERRED COMPENSATION, WHICH WAS REPORTED AS EARNED ON PREVIOUS 990'S IN ADDITION TO HIS SERP PAYMENT OF 18,812 (PART I, LINE 4) SEE ABOVE FOR FURTHER EXPLANATION OF SERP

Additional Data

Software ID:
Software Version:
EIN: 38-2459948
Name: MIDMICHIGAN HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DIANE POSTLER-SLATTERY, PRESIDENT & CEO	(i) (ii)	618,774	190,578	9,229	153,011	21,832	993,424	
MARGUERITTE KUHN MD, DIRECTOR	(i) (ii)	132,395	16,421	624	2,681	624	152,745	
GREGORY ROGERS, EXEC VICE PRES	(i) (ii)	428,074	115,830	566,543	154,301	20,654	1,285,402	553,046
FRANCINE PADGETT, SVP, CFO & TREASURER	(i) (ii)	362,123	81,451	225,652	127,754	20,552	817,532	213,212
DONNA RAPP, SVP & SECRETARY	(i) (ii)	295,023	66,264	190,286	105,349	14,314	671,236	179,587
BRIAN RODGERS, SENIOR VICE PRES	(i) (ii)	291,612	66,264	150,061	83,480	18,938	610,355	135,426
GREG GHILARDI, VP HUMAN RESOURCES	(i) (ii)	240,403	53,324	2,082	52,971	22,869	371,649	
LYDIA WATSON PINNEY MD, CHIEF MEDICAL OFF	(i) (ii)	305,819	70,511	1,542	5,280	20,854	404,006	
MARK SANTAMARIA, PRESIDENT - GRATIOT	(i) (ii)	286,130	64,013	11,907	44,010	15,826	421,886	
DANIEL WALTZ, VP CIO	(i) (ii)	237,568	52,362	12,333	5,210	1,376	308,849	
RAYMOND STOVER, PRESIDENT - GLADWIN	(i) (ii)	221,694	44,500	8,049	98,294	21,953	394,490	
SCOTT CURRIE, VP REVENUE CYCLE	(i) (ii)	193,478	34,917	2,072	23,871	5,236	259,574	
RICHARD REYNOLDS, FORMER PRESIDENT	(i) (ii)			138,812			138,812	138,812

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization MIDMICHIGAN HEALTH	Employer identification number 38-2459948
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JERAMIE SODERBERG	FAMILY MEMBER	42,052	EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization MIDMICHIGAN HEALTH	Employer identification number 38-2459948
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Return Reference	Explanation
FORM 990	PART I, LINES 3 & 4 AND PART VI, SECTION A, LINE 1 - ANY BOARD MEMBERS WHO HAVE A FAMILY OR BUSINESS RELATIONSHIP AS LISTED IN SCHEDULE L ARE NOT CONSIDERED TO BE INDEPENDENT ALL OTHERS WHO ARE NOT INDEPENDENT ARE EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION LISTED IN SCHEDULE R AND ARE COMPENSATED AT MARKET VALUE FOR THE SERVICES PROVIDED TO THAT ORGANIZATION THIS FORM 990 TAX RETURN INCLUDES DATA FROM MIDMICHIGAN COLLABORATIVE CARE ORGANIZATION ALL LINES LEFT BLANK ARE NOT APPLICABLE TO THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS, OTHER COUNTRY

Return Reference	Explanation
FORM 990, PART VI	LINE 2 - THE FOLLOWING OFFICERS AND DIRECTORS HAVE BUSINESS RELATIONSHIPS THROUGH A FOR-PROFIT ENTITY DUE TO THE SMALL SIZE AND LIMITED RESOURCES OF OUR COMMUNITY BOBBIE ARNOLD, ERIC BLACKHURST, BILL WEIDEMAN AND DON SHEETS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE CORPORATION HAS TWO MEMBER CLASSES. ONE MEMBER CLASS CONSISTS SOLELY OF MICHIGAN HEALTH CORPORATION (MHC) AND HOLDS A ONE-TENTH OF ONE PERCENT (0.1%) MEMBERSHIP INTEREST IN MIDMICHIGAN HEALTH. THE OTHER MEMBER CLASS CONSISTS OF THE MEMBERS OF THE MIDMICHIGAN HEALTH DIRECTOR CLASS AND HOLDS A 99.9% MEMBERSHIP INTEREST. MHC EXISTS AS THE SOLE MEMBER OF THE MHC MEMBER CLASS. THE MIDMICHIGAN HEALTH MEMBER CLASS IS COMPOSED OF THE INDIVIDUALS WHO ARE MEMBERS OF THE MIDMICHIGAN HEALTH DIRECTOR CLASS. THE PROPERTY, BUSINESS, AND AFFAIRS OF MIDMICHIGAN HEALTH ARE MANAGED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS MAY EXERCISE ALL OF THE POWER AND AUTHORITY OF THE ORGANIZATION IN SUCH A MANNER AND TO SUCH EXTENT AS THE BOARD OF DIRECTORS SHALL DETERMINE AND DECIDE, EXCEPT AS SPECIFICALLY PROVIDED IN THE LAWS OF THE STATE OF MICHIGAN, THE ARTICLES OF INCORPORATION, AND/OR THE BYLAWS OF MIDMICHIGAN HEALTH. THE BOARD OF DIRECTORS SHALL HAVE TWO DIRECTOR CLASSES, THE FIRST CONSISTING OF THOSE DIRECTORS NOMINATED BY THE MHC MEMBER CLASS AND THE SECOND CONSISTING OF THE DIRECTORS NOMINATED BY THE MIDMICHIGAN HEALTH MEMBER CLASS. THE BOARD OF DIRECTORS ("BOARD") SHALL CONSIST OF NOT LESS THAN 16 PERSONS. THE BOARD CURRENTLY MEETS AT LEAST 8 TIMES A YEAR. ACTIONS BY WRITTEN CONSENT ARE PERMITTED BUT SUCH CONSENT MUST BE UNANIMOUS. ALL OTHER ACTIONS MAY BE TAKEN BY A MAJORITY OF THE TOTAL NUMBER OF DIRECTORS PRESENT ASSUMING A QUORUM.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MHC DIRECTORS HOLD OFFICE FOR SUCCESSIVE THREE YEAR TERMS, WITHOUT TERM LIMITS, UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIED MIDMICHIGAN DIRECTORS HOLD OFFICE FOR A TERM OF ONE YEAR AND UNTIL HIS OR HER SUCCESSOR IS SELECTED AND QUALIFIED NO MIDMICHIGAN DIRECTOR EXCEPT FOR THE CHIEF EXECUTIVE OFFICER SHALL SERVE MORE THAN NINE CONSECUTIVE ONE-YEAR TERMS AT LEAST 60 DAYS PRIOR TO THE ANNUAL MEETING, THE CHAIR OF THE GOVERNANCE AND NOMINATING COMMITTEE PREPARES A LIST OF NOMINEES FOR ELECTION TO THE BOARD OF DIRECTORS AND SUBMITS THE LIST TO THE MEMBERS OF THE MIDMICHIGAN HEALTH MEMBER CLASS AT THE ANNUAL MEETING ONLY MEMBERS OF THE MIDMICHIGAN HEALTH MEMBER CLASS ARE VESTED WITH THE POWER TO ELECT MIDMICHIGAN HEALTH DIRECTORS PROVISIONS EXIST TO OBTAIN ADDITIONAL NOMINATIONS THE BOARD OF DIRECTORS ELECTS A CHAIR, A VICE-CHAIR, A PRESIDENT, ONE OR MORE VICE- PRESIDENTS, A SECRETARY, AND A TREASURER NO OFFICER EXCEPT THE CHAIR, VICE-CHAIR, AND PRESIDENT NEED TO BE A MEMBER OF THE BOARD

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	EACH MEMBER CLASS HAS CERTAIN RESERVE POWERS THE FOLLOWING ACTIONS REQUIRE THE APPROVAL OF THE MHC MEMBER CLASS AND THE MIDMICHIGAN HEALTH MEMBER CLASS - TERMINATION OF THE AFFILIATION OTHER THAN AS EXPRESSLY PROVIDED IN THE AFFILIATION AGREEMENT, - DISSOLUTION OF THE CORPORATION, - CHANGES TO THE ARTICLES OF INCORPORATION, BYLAWS, OR OTHER DOCUMENTS OF MIDMICHIGAN HEALTH OR ITS SUBSIDIARIES THAT WOULD AFFECT MHC'S (AND/OR UMHS') RIGHTS OR INTERESTS UNDER THE AFFILIATION AGREEMENT

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 INFORMATION IS PREPARED BY THE FINANCE STAFF AT THIS ORGANIZATION. THE INFORMATION IS SUBMITTED FOR REVIEW BY A SENIOR FINANCE STAFF MEMBER AT MIDMICHIGAN HEALTH. THE STAFF MEMBER IN CONSULTATION WITH OUR TAX ACCOUNTANT (A CERTIFIED PUBLIC ACCOUNTING FIRM) REQUESTS ADDITIONAL INFORMATION AND OBTAINS CLARIFICATION. ONCE THE INITIAL REVIEW IS COMPLETE, THE INFORMATION IS SUBMITTED TO OUR TAX PROFESSIONALS AT ANDREWS HOOPER PAVLIK PLC. UPON REVIEW BY THEIR PROFESSIONALS, INCLUDING A PARTNER, INFORMATION IS RETURNED TO MIDMICHIGAN HEALTH FOR ITS FINAL REVIEW. THIS REVIEW INCLUDES A REVIEW BY THE SVP AND TREASURER. ALL COMPENSATION DISCLOSURES ARE REVIEWED WITH THE MIDMICHIGAN HEALTH CEO PRIOR TO FILING. PRIOR TO FILING, INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE PRIOR TO FILING. FORM 990, INCLUDING ALL SCHEDULES, IS MADE AVAILABLE TO THIS ORGANIZATION'S BOARD OF DIRECTORS IN A SECURE ELECTRONIC FORMAT WITH A SUMMARY OF ALL THE MAJOR CHANGES FROM THE PRIOR YEAR RETURN. QUESTIONS OR CONCERNS ARE ADDRESSED BY THE SVP AND TREASURER. THE QUESTIONS OR CONCERNS OF THESE REVIEWS ARE PRESENTED TO THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS AND THIS ORGANIZATION'S BOARD OF DIRECTORS, IF ANY ARE IDENTIFIED.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE OF THE BOARD ANNUALLY 1) TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ("THE POLICY"), 2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, AND 3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY THE COMPLETED FORMS ARE REVIEWED BY THE MIDMICHIGAN HEALTH SECRETARY AND FILED FOR REFERENCE AS NEEDED VOTING BOARD MEMBERS WITH CONFLICTS ON SPECIFIC ISSUES MAY BE ASKED TO LEAVE THE MEETING DURING DISCUSSIONS AND DO ABSTAIN FROM VOTING ON ANY ISSUE IN WHICH THEY ARE NOT INDEPENDENT

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ALL CEOS AND OPERATING OFFICERS COMPENSATION IS ANNUALLY APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF MIDMICHIGAN HEALTH THE COMPENSATION IS THEN REVIEWED BY THE BOARD OF DIRECTORS (OR SUBCOMMITTEE THEREOF) FOR DETAILED INFORMATION ON COMPENSATION, PLEASE SEE SCHEDULE J

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	ALL OFFICERS AND KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE FOR ADHERENCE TO CORPORATE POLICIES FOR DETAILED INFORMATION ON COMPENSATION, PLEASE SEE SCHEDULE J

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PAGE 7, PART VII	NO DIRECTORS RECEIVE PAY FOR THE PURPOSE OF SERVING ON THE BOARD. THEY ARE CONSIDERED TO WORK AN AVERAGE OF 2 HOURS A WEEK ON BOARD-RELATED MATTERS. ALL INDIVIDUALS WITH REPORTABLE COMPENSATION ARE PAID BY EITHER THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION FOR SERVICES RELATED TO A PART-TIME OR FULL-TIME POSITION. AVERAGE HOURS PER WEEK FOR THOSE WITH REPORTABLE COMPENSATION ARE RELATED TO THE AFOREMENTIONED POSITIONS. THOSE PERSONS WITH FULL-TIME POSITIONS ARE ESTIMATED TO WORK AN AVERAGE OF 50 HOURS A WEEK.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ASSOCIATION DUES & OTHER FEES 1,040,100 1,040,099 0 PURCHASED/CONTRACT SERVICES 15,260,193 812,511 0

Return Reference	Explanation
FORM 990, PART XI	LINE 9 - OTHER CHANGES IN NET ASSETS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MIDMICHIGAN HEALTH

Employer identification number
38-2459948

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MIDMICHIGAN COLLABORATIVE CARE ORG 4000 WELLNESS DRIVE MIDLAND, MI 48670 46-0548987	SUPPORT	MI	84,393	972,438	MIDMI HLTH

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MIDMICHIGAN ASSURANCE GROUP LTD PO BOX 1051 23 LIME TREE BAY AVE GOVERNORS SQUARE BLDG 4 2ND FLOOR GEORGE TOWN, GRAND CAYMAN CJ 98-0585596	INSURANCE	CJ	MIDMI HLTH	C CORP	100	100	100 000 %		No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 38-2459948

Name: MIDMICHIGAN HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) MIDMICHIGAN MEDICAL CENTER-MIDLAND 4000 WELLNESS DR MIDLAND, MI 48670 38-0833014	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
(1) MIDMICHIGAN MEDICAL CENTER-GRATIOT 300 E WARWICK DR ALMA, MI 48801 38-1437919	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
(2) MIDMICHIGAN MEDICAL CENTER-CLARE 703 NORTH MCEWAN STREET CLARE, MI 48617 38-1518643	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
(3) MIDMICHIGAN MEDICAL CENTER-GLADWIN 515 QUARTER STREET GLADWIN, MI 48624 38-6020434	HOSPITAL	MI	501C3	3	MIDMI HLTH	Yes	
(4) MIDMICHIGAN STRATFORD VILLAGE 2121 ROCKWELL DR MIDLAND, MI 48642 38-2623324	LT CARE	MI	501C3	9	MIDMI HLTH	Yes	
(5) MIDMICHIGAN GLADWIN PINES 449 QUARTER STREET GLADWIN, MI 48624 38-2754875	LT CARE	MI	501C3	9	MIDMI HLTH	Yes	
(6) MIDMI VNA DBA MIDMICHIGAN HOME CARE 3007 N SAGINAW RD MIDLAND, MI 48640 38-1459397	CARE/EQUIP	MI	501C3	9	MIDMI HLTH	Yes	
(7) MIDMICHIGAN PHYSICIANS GROUP 2620 W SUGNET RD MIDLAND, MI 48640 38-3317788	MED OFFICE	MI	501C3	11A	MIDMI HLTH	Yes	
(8) MIDMICHIGAN HEALTH DEV ASSOC 4000 WELLNESS DR MIDLAND, MI 48670 38-2459947	OPERATIONS	MI	501C2		MIDMI HLTH	Yes	
(9) REGIONAL DIALYSIS SERVICES PO BOX 188 ALMA, MI 48801 38-3120704	DIALYSIS	MI	501C3	11A	MIDMI HLTH	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MIDMICHIGAN MEDICAL CENTER-MIDLAND	P	136,369	BOOKS & RECORDS
MIDMICHIGAN PHYSICIANS GROUP	P	615,472	BOOKS & RECORDS
MIDMICHIGAN MEDICAL CENTER-MIDLAND	Q	31,659,804	BOOKS & RECORDS
MIDMICHIGAN MEDICAL CENTER-GRATIOT	Q	9,251,208	BOOKS & RECORDS
MIDMICHIGAN MEDICAL CENTER-CLARE	Q	3,846,845	BOOKS & RECORDS
MIDMICHIGAN MEDICAL CENTER-GLADWIN	Q	2,747,585	BOOKS & RECORDS
MIDMI VNA DBA MIDMI HOME CARE	Q	1,177,065	BOOKS & RECORDS
MIDMICHIGAN GLADWIN PINES	Q	336,507	BOOKS & RECORDS
MIDMICHIGAN STRATFORD VILLAGE	Q	410,395	BOOKS & RECORDS
MIDMICHIGAN PHYSICIANS GROUP	Q	7,326,949	BOOKS & RECORDS
MIDMICHIGAN HDA	Q	641,392	BOOKS & RECORDS
MIDMICHIGAN MEDICAL CENTER-MIDLAND	S	105,472	BOOKS & RECORDS
MIDMICHIGAN PHYSICIANS GROUP	B	1,200,000	BOOKS & RECORDS
MIDMICHIGAN HDA	B	600,000	BOOKS & RECORDS
MIDMICHIGAN GLADWIN PINES	B	1,600,000	BOOKS & RECORDS