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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

Together, we provide excellent healthcare

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

|  |         |                          |                                |                           |
|--|---------|--------------------------|--------------------------------|---------------------------|
| <b>4a</b>  | (Code ) | (Expenses \$ 155,861,884 | including grants of \$ 238,844 | (Revenue \$ 194,188,118 ) |
| Bronson Battle Creek Hospital (BBCH) is a medical center providing acute care medical and surgical services. BBCH has 218 beds and provides services to the greater Battle Creek area and surrounding communities. BBCH is recognized as one of the nation's safest hospitals and features services such as behavioral health, cancer care, robotic surgery, world-class diagnostics, and wound healing. |         |                          |                                |                           |

|   |         |                         |                          |                          |
|---|---------|-------------------------|--------------------------|--------------------------|
| <b>4b</b>   | (Code ) | (Expenses \$ 48,388,086 | including grants of \$ ) | (Revenue \$ 35,036,863 ) |
| In 2015, BBCH's Medicaid cost was \$48,388,086 and Medicaid net revenue was \$35,036,863. |         |                         |                          |                          |

|  |         |                         |                          |               |
|--|---------|-------------------------|--------------------------|---------------|
| <b>4c</b>  | (Code ) | (Expenses \$ 13,081,076 | including grants of \$ ) | (Revenue \$ ) |
| In furtherance of its mission, BBCH incurred \$13,081,076 in bad debt expense to provide care to its patients. |         |                         |                          |               |

|           |  |                        |             |   |
|-----------|--|------------------------|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |                        |             |   |
|           | (Expenses \$                                     | including grants of \$ | (Revenue \$ | ) |

|           |   |             |
|-----------|---|-------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 217,331,046 |
|-----------|---|-------------|

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 Yes   |    |
| 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.<br>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     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a Yes |    |
| 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 Yes |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b Yes |    |

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? If "Yes," complete Schedule I, Parts I and II . . . . .   | 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? If "Yes," complete Schedule I, Parts I and III . . . . .   | 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? If "Yes," complete Schedule J . . . . .  | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .   | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>  |     |     |    |
|     | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  | 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II . . . . .                                 | 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? If "Yes," complete Schedule L, Part III . . . . . | 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? If "Yes," complete Schedule L, Part IV . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  | 32  |     | 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? If "Yes," complete Schedule R, Part I . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  | 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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 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? <b>Note.</b> 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? If "No" to line 3b, provide an explanation in Schedule O. . . . .   | 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)? . . . . . |     | No |
| b   | If "Yes," enter the name of the foreign country:<br>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   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| 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   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>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  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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? If "No," provide an explanation in Schedule O. . . . .   |     |    |

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   | Yes |    |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | 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?  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body?   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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  |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>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? | 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  
**Rebecca East 301 John Street Kalamazoo, MI 49007 (269) 341-6000**

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

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

Form **990** (2015)



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

[illegible]

|           |  |           |           |           |
|-----------|--|-----------|-----------|-----------|
| <b>1b</b> | <b>Sub-Total</b>   |           |           |           |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |           |           |           |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 5,376,974 | 7,779,493 | 1,876,192 |

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 ► 90

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

## Section B. Independent Contractors

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SodexoMagic LLC<br>4880 Paysphere Circle<br>Chicago, IL 60674                     | Food & Environmental Svcs      | 1,617,949           |
| Pine Rest Christian Mental Health<br>300 68th Street SE<br>Grand Rapids, MI 49501 | Contracted Services            | 875,814             |
| graham michigan medical bldg lp<br>505 fifth ave ste 200<br>des moines, IA 50309  | rent                           | 699,495             |
| DBI Business Interiors<br>912 E Michigan Ave<br>Lansing, MI 48912                 | Construction Supplies          | 561,215             |
| Battle Creek Tile & Mosaic Co<br>1338 Michian Ave W<br>Battle Creek, MI 49037     | Construction Supplies          | 512,391             |

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 ▶ 27

Part VIII

Statement of Revenue

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

|   |                       |   |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|---|-----------------------|---|----------------|----------------------|--|---|---|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . .   | 1a             | 21,181               |  |   |   |
|   | b                     | Membership dues . . . . .   | 1b             |                      |  |   |   |
|   | c                     | Fundraising events . . . . .  | 1c             |                      |  |   |   |
|   | d                     | Related organizations . . . .   | 1d             | 605,649              |  |   |   |
|   | e                     | Government grants (contributions)   | 1e             | 211,253              |  |   |   |
|   | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f             | 55,818               |  |   |   |
|   | g                     | Noncash contributions included in lines<br>1a-1f \$   |                |                      |  |   |   |
|   | h                     | Total. Add lines 1a-1f . . . . .  |                | 893,901              |  |   |   |
| Program Service Revenue                                   | 2a                    | Net Patient Service Revenue   | Business Code  |                      |  |   |   |
|   |                       |   | 622110         | 227,014,470          | 227,014,470  |   |   |
|   | b                     | Pharmacy  | 446110         | 1,863,484            |  | 1,863,484                               |   |
|   | c                     |   |                |                      |  |   |   |
|   | d                     |   |                |                      |  |   |   |
|   | e                     |   |                |                      |  |   |   |
|   | f                     | All other program service revenue   |                |                      |  |   |   |
|   | g                     | Total. Add lines 2a-2f . . . . .  |                | 228,877,954          |  |   |   |
| Other Revenue   | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |                | 1,823,178            |  |   | 1,823,178   |
|   | 4                     | Income from investment of tax-exempt bond proceeds . .  |                |                      |  |   |   |
|   | 5                     | Royalties . . . . .   |                |                      |  |   |   |
|   | 6a                    | Gross rents   | (i) Real       |                      |  |   |   |
|   |                       |   | (ii) Personal  |                      |  |   |   |
|   |                       |   | 116,358        |                      |  |   |   |
|   |                       |   |                |                      |  |   |   |
|   | b                     | Less rental<br>expenses   | 0              |                      |  |   |   |
|   | c                     | Rental income<br>or (loss)  | 116,358        |                      |  |   |   |
|   | d                     | Net rental income or (loss) . . . . .   |                | 116,358              |  |   | 116,358   |
|   | 7a                    | Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities |                      |  |   |   |
|   |                       |   | (ii) Other     |                      |  |   |   |
|   |                       |   |                |                      |  |   |   |
|   |                       |   |                |                      |  |   |   |
|   | b                     | Less cost or<br>other basis and<br>sales expenses   | 20,687         |                      |  |   |   |
|   | c                     | Gain or (loss)  | -20,687        |                      |  |   |   |
|   | d                     | Net gain or (loss) . . . . .  |                | -20,687              |  |   | -20,687   |
|   | 8a                    | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>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<br>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<br>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                   | Miscellaneous   | 900099         | 2,490,350            | 2,046,439  | 443,911                                 |   |
|   | b                     | Cafeteria Revenue   | 722210         | 1,166,017            |  |   | 1,166,017   |
|   | c                     | Outside service revenue   | 900099         | 114,232              | 114,232  |   |   |
|   | d                     | All other revenue . . . . .   |                | 131,817              | 49,840   | 81,977                                  |   |
|   | e                     | Total. Add lines 11a-11d . . . . .  |                | 3,902,416            |  |   |   |
|   | 12                    | Total revenue. See Instructions . . . . .   |                | 235,593,120          | 229,224,981  | 2,389,372                               | 3,084,866   |

**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 . . . . . ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                              |  |   |                                    |
|---|------------------------------|--|---|------------------------------------|
|   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 238,845                      | 238,845                                |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                              |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 107,238,557                  | 96,503,977                             | 10,734,580                                    |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | -798,000                     | -798,000                               |   |                                    |
| <b>9</b> Other employee benefits . . . . .  | 18,879,937                   | 16,990,055                             | 1,889,882                                     |                                    |
| <b>10</b> Payroll taxes . . . . .   | 6,177,621                    | 5,559,241                              | 618,380                                       |                                    |
| <b>11</b> Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 26,265,132                   | 23,635,992                             | 2,629,140                                     |                                    |
| <b>b</b> Legal . . . . .  | 99,514                       |  | 99,514  |                                    |
| <b>c</b> Accounting . . . . .   |                              |  |   |                                    |
| <b>d</b> Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 102,910                      |  | 102,910                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   |                              |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 4,884                        | 4,884                                  |   |                                    |
| <b>13</b> Office expenses . . . . .   | 1,415,927                    | 1,274,193                              | 141,734                                       |                                    |
| <b>14</b> Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 5,229,886                    | 4,706,374                              | 523,512                                       |                                    |
| <b>17</b> Travel . . . . .  |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| <b>20</b> Interest . . . . .  | 43,376                       | 39,034                                 | 4,342   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 11,989,684                   | 11,989,684                             |   |                                    |
| <b>23</b> Insurance . . . . .   | 810,751                      |  | 810,751                                       |                                    |
| <b>24</b> 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.)   |                              |  |   |                                    |
| <b>a</b> Medical supplies   | 38,649,148                   | 38,598,638                             | 50,510  |                                    |
| <b>b</b> bad debt expense   | 13,081,076                   | 13,081,076                             |   |                                    |
| <b>c</b> Physician professional   | 3,640,178                    | 3,275,797                              | 364,381                                       |                                    |
| <b>d</b> maintenance expense  | 2,295,583                    | 2,065,796                              | 229,787                                       |                                    |
| <b>e</b> All other expenses   | 183,865                      | 165,460                                | 18,405  |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 235,548,874                  | 217,331,046                            | 18,217,828                                    | 0                                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X**

**Balance Sheet**

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

|                             |  |   |                        | (A)               |            | (B)         |
|-----------------------------|--|---|------------------------|-------------------|------------|-------------|
|                             |  |   |                        | Beginning of year |            | End of year |
| Assets                      | <b>1</b>   | Cash—non-interest-bearing . . . . .   |                        | 3,554,158         | <b>1</b>   | 6,545,083   |
|                             | <b>2</b>   | Savings and temporary cash investments . . . . .  |                        |                   | <b>2</b>   |             |
|                             | <b>3</b>   | Pledges and grants receivable, net . . . . .  |                        |                   | <b>3</b>   |             |
|                             | <b>4</b>   | Accounts receivable, net . . . . .  |                        | 22,556,342        | <b>4</b>   | 40,229,578  |
|                             | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                        |                   | <b>5</b>   |             |
|                             | <b>6</b>   | 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 . . . . . |                        |                   | <b>6</b>   |             |
|                             | <b>7</b>   | Notes and loans receivable, net . . . . .   |                        |                   | <b>7</b>   |             |
|                             | <b>8</b>   | Inventories for sale or use . . . . .   |                        | 4,884,473         | <b>8</b>   | 4,614,640   |
|                             | <b>9</b>   | Prepaid expenses and deferred charges . . . . .   |                        | 535,102           | <b>9</b>   | 526,216     |
|                             | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 136,790,112 |                   |            |             |
|                             | <b>b</b>   | Less: accumulated depreciation . . . . .  | <b>10b</b> 46,535,609  | 78,253,955        | <b>10c</b> | 90,254,503  |
|                             | <b>11</b>  | Investments—publicly traded securities . . . . .  |                        |                   | <b>11</b>  |             |
|                             | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .  |                        | 41,533,119        | <b>12</b>  | 8,493,265   |
|                             | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .   |                        | 1,688,545         | <b>13</b>  | 1,653,291   |
|                             | <b>14</b>  | Intangible assets . . . . .   |                        |                   | <b>14</b>  |             |
|                             | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .  |                        | 2,508,926         | <b>15</b>  | 1,000,593   |
|                             | <b>16</b>  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  |                        | 155,514,620       | <b>16</b>  | 153,317,169 |
| Liabilities                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .   |                        | 22,777,354        | <b>17</b>  | 23,791,666  |
|                             | <b>18</b>  | Grants payable . . . . .  |                        |                   | <b>18</b>  |             |
|                             | <b>19</b>  | Deferred revenue . . . . .  |                        |                   | <b>19</b>  |             |
|                             | <b>20</b>  | Tax-exempt bond liabilities . . . . .   |                        |                   | <b>20</b>  |             |
|                             | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |                        |                   | <b>21</b>  |             |
|                             | <b>22</b>  | 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 . . . . .  |                        |                   | <b>22</b>  |             |
|                             | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .  |                        |                   | <b>23</b>  |             |
|                             | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .  |                        |                   | <b>24</b>  |             |
|                             | <b>25</b>  | 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 . . . . .   |                        | 32,937,678        | <b>25</b>  | 28,754,899  |
|                             | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |                        | 55,715,032        | <b>26</b>  | 52,546,565  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |                        |                   |            |             |
|                             | <b>27</b>  | Unrestricted net assets . . . . .   |                        | 99,111,456        | <b>27</b>  | 100,339,558 |
|                             | <b>28</b>  | Temporarily restricted net assets . . . . .   |                        | 688,132           | <b>28</b>  | 431,046     |
|                             | <b>29</b>  | Permanently restricted net assets . . . . .   |                        |                   | <b>29</b>  |             |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |                        |                   |            |             |
|                             | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .  |                        |                   | <b>30</b>  |             |
|                             | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                        |                   | <b>31</b>  |             |
|                             | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |                        |                   | <b>32</b>  |             |
|                             | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .  |                        | 99,799,588        | <b>33</b>  | 100,770,604 |
|                             | <b>34</b>  | <b>Total liabilities and net assets/fund balances</b> . . . . .   |                        | 155,514,620       | <b>34</b>  | 153,317,169 |

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  | 235,593,120 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 235,548,874 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 44,246      |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 99,799,588  |
| 5  | Net unrealized gains (losses) on investments  | 5  | -1,598,085  |
| 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  | 2,524,855   |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 100,770,604 |

Part XII

Financial Statements and Reporting

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

☒

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>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 |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Additional Data

Software ID:  
Software Version:  
EIN: 38-2776791  
Name: Bronson Battle Creek Hospital

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC ) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC ) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Donald Parfet<br>.....<br>chairperson              | 1 00<br>.....<br>8 00  | X   |                       | X       |              |                              |        | 0  | 1,675   | 0   |
| Randall Eberts<br>.....<br>vice Chairperson        | 1 00<br>.....<br>8 00  | X   |                       | X       |              |                              |        | 0  | 2,019   | 0   |
| nelson Karre<br>.....<br>Vice Chairperson          | 1 00<br>.....<br>8 00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| La June Montgomery Tabron<br>.....<br>Treasurer    | 1 00<br>.....<br>8 00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| Geoffrey Wardwell<br>.....<br>Secretary            | 1 00<br>.....<br>8 00  | X   |                       | X       |              |                              |        | 0  | 797   | 0   |
| Mark B Atkinson MD<br>.....<br>Past Chief of Staff | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 2,362   | 0   |
| Barbara James<br>.....<br>director                 | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 1,939   | 0   |
| Eileen Wilson-Oyelaran<br>.....<br>Director        | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| James Gunderson<br>.....<br>Director               | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 1,948   | 0   |
| James E Greene<br>.....<br>Director                | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 1,164   | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Charles Zeller MD<br>.....<br>Director  | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 2,285   | 0   |
| William Richardson<br>.....<br>director   | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 1,258   | 0   |
| William Johnston<br>.....<br>director   | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Brenda Hunt<br>.....<br>director  | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Maresh C Karamchandani<br>.....<br>Director   | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 789,879   | 27,360  |
| Steven J Lins MD<br>.....<br>director   | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 1,289   | 0   |
| Neil Nyberg<br>.....<br>director  | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 849   | 0   |
| SCOTT GIBSON MD<br>.....<br>Director  | 1 00<br>.....<br>8 00  | X   |                       |         |              |                              |        | 0  | 86,434  | 0   |
| Aaron Lane-Davies<br>.....<br>director  | 6 80<br>.....<br>33 20   | X   |                       |         |              |                              |        | 0  | 267,349   | 36,560  |
| Frank J Sardone<br>.....<br>President & CEO   | 6 80<br>.....<br>33 20   | X   |                       | X       |              |                              |        | 0  | 1,583,121   | 356,430   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Kenneth L Taft<br>.....<br>Executive Vice President   | 6 80<br>.....<br>33 20   |   |                       | X       |              |                              |        | 0  | 856,121   | 209,360   |
| James Falahee<br>.....<br>SR VP LEGAL & LEG AFFAIRS   | 6 80<br>.....<br>33 20   |   |                       | X       |              |                              |        | 0  | 667,351   | 159,810   |
| Scott Larson MD<br>.....<br>Sr VP Medical Affairs/CMO   | 6 80<br>.....<br>33 20   |   |                       | X       |              |                              |        | 0  | 686,444   | 134,730   |
| John Hayden<br>.....<br>Sr VP Chief HR Officer  | 6 80<br>.....<br>33 20   |   |                       | X       |              |                              |        | 0  | 472,520   | 119,790   |
| Rebecca East<br>.....<br>SR VP CFO  | 6 80<br>.....<br>33 20   |   |                       | X       |              |                              |        | 0  | 414,413   | 127,170   |
| Kathleen M Harrelson<br>.....<br>Sr VP, Clinical Operations   | 6 80<br>.....<br>33 20   |   |                       |         | X            |                              |        | 0  | 412,202   | 119,350   |
| John L Jones Jr<br>.....<br>Sr VP, Reg & Phys Svs   | 6 80<br>.....<br>33 20   |   |                       |         | X            |                              |        | 0  | 387,017   | 114,960   |
| Michael S Way<br>.....<br>Sr VP Sup Chain Fac & RE B  | 6 80<br>.....<br>33 20   |   |                       |         | X            |                              |        | 0  | 266,473   | 94,700  |
| James E McKernan<br>.....<br>Sr VP COO BBCH   | 6 80<br>.....<br>32 20   |   |                       |         | X            |                              |        | 0  | 360,519   | 101,530   |
| Denise Neeley<br>.....<br>VP CNO  | 6 80<br>.....<br>33 20   |   |                       |         | X            |                              |        | 0  | 305,176   | 89,460  |



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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Rebecca Trella<br>.....<br>VP Post Acute Care | 6 80<br>.....<br>33 20   |   |                       |         | X            |                              |        | 0   | 206,889  | 47,78   |
| Tarek El Shaarawy MD<br>.....<br>Physician    | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,385,947   | 0  | 35,01   |
| Joseph Burkhardt<br>.....<br>Physician        | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,436,275   | 0  | 27,41   |
| Chandramouli Madala<br>.....<br>physician     | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 720,160   | 0  | 23,61   |
| Randy Mudge<br>.....<br>physician             | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 779,749   | 0  | 34,43   |
| Mark Russell<br>.....<br>physician            | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 1,054,843   | 0  | 16,66   |

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

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Bronson Battle Creek Hospital

**Employer identification number**  
38-2776791

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 (Form 990 or 990-EZ))

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 . . . . .

g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
|                                       |         |   | Yes  | No |  |  |
|                                       |         |   |  |    |  |  |
|                                       |         |   |  |    |  |  |
|                                       |         |   |  |    |  |  |
| Total                                 |         |   |  |    |  |  |

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<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |  |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                        | 15 |  |

16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |         |         |         |         |         |          |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |         |         |         |         |         |          |

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))   | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17  | <b>18</b> |  |
| <b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>        |           |  |
| <b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |           |  |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>  |           |  |

Part IV 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1   |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2   |    |
| 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  |    |
| 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 <b>Part VI</b> 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 <b>Part VI</b> 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  |    |
| 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  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c <b>Substitutions only.</b> 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 <b>Part VI</b> .   | 6   |    |
| 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   |    |
| 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   |    |
| 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 <b>Part VI</b> .  | 9a  |    |
| 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 <b>Part VI</b> .  | 9b  |    |
| 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 <b>Part VI</b> .   | 9c  |    |
| 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 |    |
| 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 |    |
| b A family member of a person described in (a) above?  | 11b |    |
| 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 |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <div>1</div> <div>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?<br/><i>If "No," describe in <b>Part VI</b> 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.</i></div> |     |    |
| <div>2</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>  |     |    |

Section C. Type II Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <div>1</div> <div>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)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <div>1</div> <div>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?</div> |     |    |
| <div>2</div> <div>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?<br/><i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>   |     |    |
| <div>3</div> <div>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?<br/><i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>  |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div> |  |  |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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?<br/><i>If "Yes," then in <b>Part VI</b> 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.</i></div>  |  |  |
| <div>b</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>   |  |  |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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.</div>   |  |  |
| <div>b</div> <div>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.</div>   |  |  |

**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) |
|---------------------------------|--|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                        | 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) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

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

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

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

| 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 2015 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2015   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d From 2013. . . . .  |                             |  |   |
| e From 2014. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2015 distributable amount  |                             |  |   |
| i Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2015 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2015 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c Excess from 2013. . . . .   |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |



**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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Bronson Battle Creek Hospital

Employer identification number  
38-2776791

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other

**c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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 |
|---|-----------------|---------------|---------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                 | 215,635       | 215,635             | 215,635             | 213,178            |
| <b>b</b> Contributions . . . . .                                  |                 |               |                     |                     |                    |
| <b>c</b> Net investment earnings, gains, and losses               |                 |               |                     |                     | 2,457              |
| <b>d</b> Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                 | 215,635       |                     |                     |                    |
| <b>f</b> Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| <b>g</b> End of year balance . . . . .                            |                 |               | 215,635             | 215,635             | 215,635            |

- 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 on 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 . . . . .
- 3a(i)** Yes ☐ No ☐

**3a(ii)** ☐ ☐

**3b** ☐ ☐
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a)Cost or other basis (investment) | (b)Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|---|-------------------------------------|--------------------------------|-----------------------------|---------------|
| <b>1a</b> Land . . . . .  |                                     | 3,303,395                      |                             | 3,303,395     |
| <b>b</b> Buildings . . . . .  |                                     | 70,957,388                     | 18,310,253                  | 52,647,135    |
| <b>c</b> Leasehold improvements . . . . .   |                                     | 1,506,513                      | 752,669                     | 753,844       |
| <b>d</b> Equipment . . . . .  |                                     | 60,700,451                     | 27,472,687                  | 33,227,764    |
| <b>e</b> Other . . . . .  |                                     | 322,365                        |                             | 322,365       |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶ |                                     |                                |                             | 90,254,503    |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 222,638,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII )<br>. . . . .   | <b>2d</b> | -13,146,504 |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -13,146,504 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 235,784,504 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | -191,384    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -191,384    |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 235,593,120 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 222,424,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 0           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 222,424,000 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 13,124,874  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 13,124,874  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 235,548,874 |

**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   |
|------------------|---|
| Part V, Line 4   | Roy Campbell endowment fund provides nursing scholarships for students at Kellogg Community College. The Briede charitable remainder trust funds project is designed to improve patient care and serve the community. Fovette Dush annuity benefit supports special needs in pediatrics and BBCH's family birth center. Special needs includes such things as the cost of medical care, pharmaceuticals, extended therapy and medical equipment, as well as basic needs like food, blankets, car seats, and clothing. |

**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Part XI, Line 2d - Other Adjustments  | bad debt expense -13,081,076   Rounding -28   Reimbursed Expenses -65,400   |
| Part XI, Line 4b - Other Adjustments  | Temporarily restricted contributions -190,681   temporarily restricted investment income 19,984<br>Gain or Loss on sale of assets -20,687 |
| Part XII, Line 4b - Other Adjustments | bad debt expense 13,081,076   Rounding -915   Gain or Loss on Sale of Assets -20,687   Reimbursed expenses 65,400                         |
|                                       |   |
|                                       |   |
|                                       |   |
|                                       |   |
|                                       |   |
|                                       |   |

SCHEDULE H

(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

|                               |                                |
|-------------------------------|--------------------------------|
| Name of the organization      | Employer identification number |
| Bronson Battle Creek Hospital | 38-2776791                     |

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|  |   |     |     |    |
|--|---|-----|-----|----|
|  |   | Yes | No  |    |
| 1a   | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | 1a  | Yes |    |
| b  | If "Yes," was it a written policy? . . . . .  | 1b  | Yes |    |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |     |    |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year   |     |     |    |
| a  | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   | 3a  | Yes |    |
| b  | Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                         | 3b  | Yes |    |
| c  | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  |     |     |    |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?  | 4   | Yes |    |
| 5a   | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | 5a  | Yes |    |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  | 5b  |     | No |
| c  | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  | 5c  |     |    |
| 6a   | Did the organization prepare a community benefit report during the tax year?  | 6a  | Yes |    |
| b  | If "Yes," did the organization make it available to the public?   | 6b  | Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. |   |     |     |    |

| 7 Financial Assistance and Certain Other Community Benefits at Cost                         |   |                               |                                     |                               |                                   |                              |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1)   |   |                               | 854,792                             |                               | 854,792                           | 0.380 %                      |
| b Medicaid (from Worksheet 3, column a)   |   | 72,156                        | 48,388,086                          | 35,036,863                    | 13,351,223                        | 6.000 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs                    |   | 72,156                        | 49,242,878                          | 35,036,863                    | 14,206,015                        | 6.380 %                      |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 123   | 48,643                        | 671,099                             |                               | 671,099                           | 0.300 %                      |
| f Health professions education (from Worksheet 5)   | 19  | 909                           | 947,645                             |                               | 947,645                           | 0.430 %                      |
| g Subsidized health services (from Worksheet 6)   |   |                               |                                     |                               |                                   |                              |
| h Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 33  | 3,709                         | 173,086                             |                               | 173,086                           | 0.080 %                      |
| j <b>Total</b> . Other Benefits   | 175   | 53,261                        | 1,791,830                           |                               | 1,791,830                         | 0.810 %                      |
| k <b>Total</b> . Add lines 7d and 7j  | 175   | 125,417                       | 51,034,708                          | 35,036,863                    | 15,997,845                        | 7.190 %                      |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2Economic development                                      | 7   | 1,300                         | 14,086                               |                               | 14,086                             | 0.010 %                      |
| 3Community support   | 33  | 1,141                         | 50,534                               |                               | 50,534                             | 0.020 %                      |
| 4Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6Coalition building  | 16  | 679                           | 8,672                                |                               | 8,672                              | 0 %                          |
| 7Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8Workforce development                                     | 1   | 43                            | 81,860                               |                               | 81,860                             | 0.040 %                      |
| 9Other   |   |                               |                                      |                               |                                    |                              |
| 10Total  | 57  | 3,163                         | 155,152                              |                               | 155,152                            | 0.070 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

213,081,706

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3708,989

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

564,457,582

6Enter Medicare allowable costs of care relating to payments on line 5.

670,001,409

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-5,543,827

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity                                | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 2 Physician Hospital Organization of Battle Creek | Contracting services                          | 50.000 %   | 0 %  | 50.000 %                                      |
| 1   |   |  |  |   |
| 2   |   |  |  |   |
| 3   |   |  |  |   |
| 4   |   |  |  |   |
| 5   |   |  |  |   |
| 6   |   |  |  |   |
| 7   |   |  |  |   |
| 8   |   |  |  |   |
| 9   |   |  |  |   |
| 10  |   |  |  |   |
| 11  |   |  |  |   |
| 12  |   |  |  |   |
| 13  |   |  |  |   |



## Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Bronson Battle Creek Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_ **1** \_\_\_\_\_

|  |   | Yes        | No  |
|--|---|------------|-----|
| <b>Community Health Needs Assessment</b> |   |            |     |
| <b>1</b>                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....   | <b>1</b>   | No  |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....  | <b>2</b>   | No  |
| <b>3</b>                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br><b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input type="checkbox"/> Demographics of the community<br><b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input type="checkbox"/> How data was obtained<br><b>e</b> <input type="checkbox"/> The significant health needs of the community<br><b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Section C) | <b>3</b>   | Yes |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>  |            |     |
| <b>5</b>                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>.....   | <b>5</b>   | Yes |
| <b>6a</b>                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....   | <b>6a</b>  | Yes |
| <b>6b</b>                                | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....  | <b>6b</b>  | No  |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br><b>a</b> <input type="checkbox"/> Hospital facility's website (list url) <u>www.bronsonhealth.com</u><br><b>b</b> <input type="checkbox"/> Other website (list url) _____<br><b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)  | <b>7</b>   | Yes |
| <b>8</b>                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .   | <b>8</b>   | Yes |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>  |            |     |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....  | <b>10</b>  | No  |
| <b>a</b>                                 | If "Yes" (list url) _____   |            |     |
| <b>10b</b>                               | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....   | <b>10b</b> | Yes |
| <b>11</b>                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed   |            |     |
| <b>12a</b>                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....  | <b>12a</b> | No  |
| <b>12b</b>                               | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....   | <b>12b</b> |     |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____   |            |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

|   |  |                               |     |
|---|--|-------------------------------|-----|
| Name of hospital facility or letter of facility reporting group |  | Bronson Battle Creek Hospital |     |
|   |  | Yes                           | No  |
| 13  | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13                            | Yes |
| a   | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %  |                               |     |
| b   | <input type="checkbox"/> Income level other than FPG (describe in Section C)   |                               |     |
| c   | <input type="checkbox"/> Asset level   |                               |     |
| d   | <input type="checkbox"/> Medical indigency   |                               |     |
| e   | <input type="checkbox"/> Insurance status  |                               |     |
| f   | <input type="checkbox"/> Underinsurance discount   |                               |     |
| g   | <input type="checkbox"/> Residency   |                               |     |
| h   | <input type="checkbox"/> Other (describe in Section C)   |                               |     |
| 14  | Explained the basis for calculating amounts charged to patients?   | 14                            | Yes |
| 15  | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                 | 15                            | Yes |
| a   | <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |                               |     |
| b   | <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |                               |     |
| c   | <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |                               |     |
| d   | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |                               |     |
| e   | <input type="checkbox"/> Other (describe in Section C)   |                               |     |
| 16  | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | 16                            | Yes |
| a   | <input type="checkbox"/> The FAP was widely available on a website (list url)<br><u>https://www.bronsonhealth.com/medical-financial-assistance-policy/</u>   |                               |     |
| b   | <input type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>https://www.bronsonhealth.com/medical-financial-assistance/financial-assist</u>   |                               |     |
| c   | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>https://www.bronsonhealth.com/medical-financial-assistance/financial-assist</u>  |                               |     |
| d   | <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |                               |     |
| e   | <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |                               |     |
| f   | <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |                               |     |
| g   | <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility  |                               |     |
| h   | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |                               |     |
| i   | <input type="checkbox"/> Other (describe in Section C)   |                               |     |
| Billing and Collections   |  |                               |     |
| 17  | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?                             | 17                            | Yes |
| 18  | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  |                               |     |
| a   | <input type="checkbox"/> Reporting to credit agency(ies)   |                               |     |
| b   | <input type="checkbox"/> Selling an individual's debt to another party   |                               |     |
| c   | <input type="checkbox"/> Actions that require a legal or judicial process  |                               |     |
| d   | <input type="checkbox"/> Other similar actions (describe in Section C)   |                               |     |
| e   | <input type="checkbox"/> None of these actions or other similar actions were permitted   |                               |     |

**Part V**

**Facility Information** *(continued)*

Bronson Battle Creek Hospital

**Name of hospital facility or letter of facility reporting group**

|  |  | Yes           | No |
|--|--|---------------|----|
| <b>19</b>  | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)<br><b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission<br><b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge<br><b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills<br><b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made | <b>19</b>     | No |
| <b>Policy Relating to Emergency Medical Care</b>   |  |               |    |
| <b>21</b>  | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why<br><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)   | <b>21</b> Yes |    |
| <b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b> |  |               |    |
| <b>22</b>  | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care<br><b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged<br><b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged<br><b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)<br><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .<br>If "Yes," explain in Section C   | <b>23</b>     | No |
| <b>24</b>  | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C   | <b>24</b>     | No |

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |

**Part V**   **Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

| Name and address  | Type of Facility (describe)       |
|---|-----------------------------------|
| <b>1</b> 1 - Fieldstone Center<br>165 N Washington Ave<br>Battle Creek, MI 49037            | Psychiatric services              |
| <b>2</b> 3 - Bronson Battle Creek Urgent Care<br>5352 Beckley Rd<br>Battle Creek, MI 49015  | Urgent care and MRI               |
| <b>3</b> 4 - Bronson Laboratory<br>175 College Street<br>Battle Creek, MI 49017             | Laboratory Testing                |
| <b>4</b> 5 - Occupational medicine & health center<br>265 Fremont<br>battle Creek, MI 49017 | Occ medicine, employed physicians |
| <b>5</b>  |                                   |
| <b>6</b>  |                                   |
| <b>7</b>  |                                   |
| <b>8</b>  |                                   |
| <b>9</b>  |                                   |
| <b>10</b>   |                                   |

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Line 3c         | THE ORGANIZATION USES THE FOLLOWING FPG TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS 250% of FPL is entitled to a 90% reduction300% of FPL is entitled to a 80% reduction350% of FPL is entitled to a 70% reduction |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Line 7          | COSTING METHODOLOGY IS A COST TO CHARGE RATIO AS DEFINED BY THE IRS<br>INSTRUCTIONS FOR LINES A-C COSTING METHODOLOGY IS ACTUAL COSTS PER THE<br>HOSPITAL ACCOUNTING SYSTEM FOR LINES E-I |



| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part I, Ln 7 Col(f)     | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$13,081,076 |

| Form and Line Reference                | Explanation  |
|--|--|
| Part II, Community Building Activities | <p>Bronson Battle Creek (BBCH) is proud of its extensive collaboration with health care organizations in the region. We are active participants in dozens of local health initiatives and find particular focus through our Community Health Needs Assessment priorities of Access to Care and Healthy Lifestyles. Ongoing and frequent partners in collaboration include Calhoun County Health Department, Regional Health Alliance, Grace Health, Summit Pointe and Battle Creek Community Foundation. Bronson Operation Fit: BBCH led the research, development, and now partners in the operation of a collaborative effort to fight obesity among children. Operation Fit is focused on (1) promoting physical activity, (2) encouraging better nutrition and improved lunchroom environment and (3) assuring support systems through education of students, parents, teachers and administrators. Operation Fit is currently at work in four Battle Creek elementary schools.</p> <p>EMERGENCY MANAGEMENT: BBCH IS ACTIVE WITH REGIONAL EMERGENCY PLANNERS AND HOMELAND SECURITY TO ASSURE THE COMMUNITY UNDERSTANDS AND TRUSTS OUR PREPAREDNESS FOR DISASTER (PERCEPTION AND TRUST). SILENT OBSERVER: A KEY COMPONENT OF A HEALTHY COMMUNITY IS SAFETY. BBCH SUPPORTS THE LOCAL SILENT OBSERVER AND EFFORTS TO ASSURE BOTH SAFETY AND CRIME REDUCTION. MOST OFTEN THESE EFFORTS IMPACT OUR FINANCIALLY CHALLENGED NEIGHBORHOODS, WHERE CRIME IS TRULY A HEALTH ISSUE.</p> <p>URBAN LEAGUE: BBCH SUPPORTS A UNIQUE SUMMER PROGRAM THAT ASSISTS YOUTH (MANY AFRICAN AMERICANS FROM FINANCIALLY AT-RISK FAMILIES) IN THE ACHIEVEMENT OF SOCIAL AND ECONOMIC EQUALITY. PROGRAMMING INCLUDES EDUCATION, JOB TRAINING AND PLACEMENT, CRIME PREVENTION, HEALTH PROGRAMS AND CHARACTER BUILDING AND FITS WELL WITH ALL FOUR OF OUR COMMUNITY NEEDS ASSESSMENT PRIORITIES.</p> <p>CALHOUN COUNTY CANCER CONTROL COALITION: FOUNDED BY A PHYSICIAN WHO SERVES IN BBCH GOVERNANCE, THE CALHOUN COUNTY CANCER CONTROL COALITION WORKS HARD TO EDUCATE THE COUNTY ON CANCER, ENCOURAGE HEALTHY LIFESTYLES AND OFFER SPECIAL ACCESS TO CARE FOR THOSE FINANCIALLY AT-RISK. KEY PROGRAMMING INCLUDED A BBC HOSTED HEALTH FAIR AND SEVERAL DOZEN FREE COLONOSCOPIES ANNUALLY FOR FINANCIALLY AT-RISK COMMUNITY MEMBERS.</p> <p>THE REGIONAL HEALTH ALLIANCE BRINGS TOGETHER BBCH, OAKLAWN HOSPITAL, THE CALHOUN COUNTY HEALTH DEPARTMENT, GRACE HEALTH AND SUMMIT POINT (COMMUNITY MENTAL HEALTH) TO IMPROVE MINORITY HEALTH, INFANT MORTALITY, SCHOOL WELLNESS, TEEN PREGNANCY, HEALTHY LIFESTYLES, AND ACCESS TO CARE. HEALTH IMPROVEMENT ADVOCACY: BBCH SHARES OUR COMMUNITY NEEDS ASSESSMENT AND COMMUNITY BENEFIT PROGRAMMING WITH OUR LEGISLATORS AND COMMUNITY. A KEY STRATEGY FOR BBCH HAS BEEN LEADERSHIP IN ENROLLMENT EFFORTS FOR UNDER AND UNINSURED WORKFORCE DEVELOPMENT.</p> <p>BBCH, CALHOUN AREA TECHNOLOGY CENTER, AND KELLOGG COMMUNITY COLLEGE FOUNDED THE 21ST CENTURY HEALTH CAREERS PROGRAM TO ENGAGE AND ENCOURAGE HIGH SCHOOL JUNIORS AND SENIORS TO CONSIDER CAREERS IN THE MEDICAL FIELD. THIS UNIQUE PROGRAM ALLOWS IN-DEPTH EXPERIENCE WORKING SIDE-BY-SIDE WITH SKILLED PROFESSIONALS IN A RANGE OF HEALTH CARE SETTINGS. OUR 21ST CENTURY PROGRAM WAS RECOGNIZED BY THE WALL STREET JOURNAL AS A NATIONAL CAREER MODEL AND BY THE STATE OF MICHIGAN WITH ITS GOVERNOR'S EXCELLENCE IN PRACTICE AWARD FOR ACHIEVEMENT IN CAREER PREPARATION. OVER THE PAST 15 YEARS, MORE THAN 1,000 HIGH SCHOOL STUDENTS BEGAN THEIR EXPLORATION AND THEN MAPPED THEIR CAREER COURSES IN HEALTH CARE. RIGHT HERE BBCH MANAGERS ARE ACTIVE SERVANT/LEADERS WITH A VARIETY OF HEALTH CARE ORGANIZATIONS WORKING IN OUR COMMUNITY: FROM LIFECARE AMBULANCE TO THE UNITED WAY, TO OUR SENIOR CARE CONTINUUM.</p> <p>NORTHPOINTE WOODS- BRONSON BATTLE CREEK LEADERS HELP ASSURE OUR COMMUNITY NEEDS ASSESSMENT PRIORITIES OF HEALTHY LIFESTYLES, ACCESS TO CARE, PERCEPTION AND TRUST, AND CHRONIC DISEASE PROGRAMMING ARE SIGNIFICANT CONSIDERATIONS WITH OTHER MAJOR HEALTH CARE ORGANIZATIONS. OTHER IMPORTANT PROGRAMMING CONNECTIONS AT BBCHS INCLUDE EDUCATING ELEMENTARY SCHOOL KIDS IN A PROFESSIONAL HEALTH CARE ENVIRONMENT WHILE ACTING AS MENTORS IN THE HOSPITAL SETTING WITH BIG BROTHERS/ BIG SISTERS, SUPPORTING CARE FOR BABIES BORN TO FINANCIALLY AT-RISK TEEN MOTHERS THROUGH NURSE FAMILY PARTNERSHIP, AND SHARING LEARNING, COORDINATION AND EXCHANGE OF INFORMATION EVERY MONTH WITH LOCAL NON-PROFIT GROUPS IN THE COORDINATING COUNCIL.</p> |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 2        | UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE Bad debt expense is disclosed based on gross charges |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part III, Line 3        | Bad debt write offs support the community by providing a portion of services without payment. The amount of bad debt expense attributable to patients eligible under the financial assistance policy was estimated by reviewing the bad debt detail for a specific write-off code. |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part III, Line 4        | AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED FOR INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS SEE "ACCOUNTS RECEIVABLE" ON PAGE 8 OF THE NOTES TO THE AUDITED FINANCIAL STATEMENTS FOR MORE INFORMATION |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part III, Line 8        | COSTING METHODOLOGY IS A COST TO CHARGE RATIO AS DEFINED BY THE IRS 990 INSTRUCTIONS SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT DUE TO ITS REPRESENTATION OF COST OF A PORTION OF SERVICES PROVIDED TO THE COMMUNITY WITHOUT PAYMENT Part III, LINE 7 BRONSON BATTLE CREEK EXPERIENCES ADDITIONAL COMMUNITY BENEFIT EXPENSE OF \$22,783,736 AND DIRECT OFFSETTING REVENUE OF \$17,969,112 FOR A NET COMMUNITY BENEFIT OF \$4,814,624 RELATED TO SERVICES PROVIDED MEDICARE ADVANTAGE INSUREDS |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part III, Line 9b       | The policy requires the collection agency be notified and activity suspended when a request for financial assistance is made and a patient submits an application on previously listed accounts. If a patient qualifies for full financial assistance, the account is returned to Bronson from the agency and any initiated ECA is reversed. If the patient qualifies for partial financial assistance, a determination is sent to the agency indicating the new balance and any initiated ECA is reversed. If the patient does not provide complete application information or is determined to be ineligible, a denial letter is issued and the agency resumes collection activity. |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 2         | <p>Bronson Battle Creek Hospital (BBCH) assesses the health needs of the community through community needs assessments every three years. A community needs assessment is a point-in-time effort to measure the health and well being of the community. It serves as an important input into Bronson Battle Creek Hospital's strategy and community health planning. A community needs assessment also serves as a benchmark for future assessment of relative progress toward established community health objectives. BBCH'S COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO -GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED-IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY-ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS, AND PANELS-PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING. BBCH'S COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA: QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC.) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS). THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF HUMAN AND CAPITAL RESOURCES FOR THE COMMUNITY. BBCH'S COMMUNITY NEEDS ASSESSMENT BEGAN IN 2012 AND WAS COMPLETED IN 2013. THE ASSESSMENT WAS CONDUCTED BY BBCH AND INCLUDED SIGNIFICANT REVIEW OF COMMUNITY DATA, INTERVIEWS WITH KEY COMMUNITY LEADERS, ANALYSIS AND SUMMARY BY AN INDEPENDENT COMMUNITY WRITER, AND ASSESSMENT AND REVIEW BY OUR COMMUNITY BENEFIT MINISTRY TEAM. THE ASSESSMENT WAS SHARED WITH OUR BOARD OF DIRECTORS.</p> |



| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 3         | The financial assistance policy is posted on the hospital's website, and is available in the emergency room, the admitting department, the patient financial counseling office, and the hospital's website (www.bronsonhealth.com) The plain language summary is also included in the patient's discharge documents, on patient statements and the hospital's website Both the policy and the plain language summary are available upon request |

| Form and Line Reference | Explanation  |
|-------------------------|--|
| Part VI, Line 4         | BRONSON BATTLE CREEK HOSPITAL'S ACUTE CARE HOSPITAL IS LOCATED IN THE CITY OF BATTLE CREEK, A MEDIUM-SIZED COMMUNITY THAT IS BEST KNOWN AS HOME TO THE KELLOGG COMPANY. BRONSON BATTLE CREEK HOSPITAL IS PART OF THE BRONSON HEALTHCARE SYSTEM, AND IS A PARTNERSHIP BETWEEN BRONSON HEALTH CARE GROUP (51% OWNER AND OPERATING PARTNER) AND THE BBCH COMMUNITY PARTNERS (49% OWNER). Bronson Battle Creek Hospital serves a nine county region in Southwest, South-central Michigan. About 84% of patients served come from within Calhoun County. Patient Demographics: 11 55% <21 years of age, 19 12% 21-39 years of age, 37 26% 40-64 years of age, 32 07% 65 years of age and older. Patient Diversity Demographics: 79 91% Caucasian, 14 16% African-American, 1 29% Asian, 4 64% Other. Patient Insurance Demographics: 34 13% Private insurance, 29 27% Medicare, 9 59% Medicare and supplemental insurance, 23 27% Medicaid or other public assistance, 3 74% No coverage. |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 5         | BRONSON BATTLE CREEK HOSPITAL (BBCH) MAINTAINS AN OPEN MEDICAL STAFF OUR STANDARDS FOR ACCEPTANCE TO THE MEDICAL STAFF ARE VERY HIGH, BUT ALL QUALIFIED PHYSICIANS IN THE COMMUNITY ARE ENCOURAGED AND WELCOME TO JOIN THE BBCH EMERGENCY DEPARTMENT (ED) IS AN ACTIVE SERVICE THAT CARES FOR BETWEEN 45,000 - 53,000 PATIENTS EACH YEAR THE ED CARES FOR ANYONE, REGARDLESS OF ABILITY TO PAY 6% OF OUR ED PATIENTS ARE UNINSURED, AND AN ADDITIONAL 41% ARE ON MEDICAID THE ED TRULY SERVES AS THE FINAL SAFETY NET FOR BOTH EMERGENT AND PRIMARY CARE IN THE COMMUNITY CONSISTENT WITH THE NON-PROFIT STATUS, BBCH USES OPERATING MARGIN AS A CATALYST FOR REINVESTMENT IN FACILITIES, TECHNOLOGY, STAFF, AND MEDICAL SERVICES FOR THE COMMUNITY |

| Form and Line Reference | Explanation   |
|-------------------------|---|
| Part VI, Line 6         | <p>BRONSON BATTLE CREEK HOSPITAL (BBCH) IS PART OF AN AFFILIATED SYSTEM THAT INCLUDES TWO OTHER HOSPITALS BRONSON METHODIST HOSPITAL AND BRONSON LAKEVIEW HOSPITAL ALL OF THESE HOSPITALS ARE CONTROLLED BY BRONSON HEALTHCARE GROUP, WHICH IS A COMMUNITY-OWNED AND GOVERNED NOT-FOR-PROFIT HOLDING COMPANY THE BRONSON HEALTHCARE GROUP (BHG) BOARD IS COMPRISED OF 25 MEMBERS OF THE COMMUNITY EACH OF THE THREE HOSPITALS IN THE BHG SYSTEM ADMITS PATIENTS REGARDLESS OF ABILITY TO PAY AND PROVIDES OUTREACH SERVICES TO THEIR RESPECTIVE COMMUNITIES BRONSON METHODIST HOSPITAL IS THE LARGEST OF THE THREE HOSPITALS IN THE BHG SYSTEM AS SUCH, IT HAS A LARGER ROLE IN PROVIDING SERVICES AND PROMOTING THE HEALTH OF THE MANY COMMUNITIES IT SERVES THE HEALTH PROMOTION ACTIVITIES OF BRONSON METHODIST HOSPITAL ARE DESCRIBED IN #5 ABOVE IN ADDITION TO THE THREE HOSPITALS, THE BHG SYSTEM INCLUDES SEVERAL SMALLER ENTITIES WHOSE EFFECTS SUPPORT THE HOSPITALS AND THEIR MISSION OF PROVIDING EXCELLENT HEALTHCARE TO THEIR COMMUNITIES THESE ENTITIES INCLUDE BRONSON HEALTHCARE GROUP, BRONSON MEDICAL GROUP, Bronson Commons, BRONSON STAFFING SERVICES, BRONSON LIFESTYLE IMPROVEMENT &amp; RESEARCH CENTER, BRONSON HEALTH FOUNDATION, BRONSON AT HOME, BRONSON PROPERTIES CORPORATION</p> |

| Form and Line Reference                    | Explanation |
|--|-------------|
| Part VI, Line 7, Reports Filed With States | MI          |

**Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 38-2776791  
Name: Bronson Battle Creek Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

|   | Licensed hospital   | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|---|---|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | Bronson Battle Creek Hospital<br>300 North Ave<br>Battle Creek, MI 49016<br>www.bronsonhealth.com | X                          |                     |                   |                          |                   | X           |          |                  |                          |

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

▶ **Attach to Form 990.**

# 2015

Name of the organization  
Bronson Battle Creek Hospital

38-2776791

**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

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

**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 . . . . . 0



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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  |
|------------------|--|
| Part I, Line 2   | Donations are made in furtherance of the recipient organization's exempt purpose and are considered unrestricted with regard to the use of the funds |

Additional Data

Software ID:  
Software Version:  
EIN: 38-2776791  
Name: Bronson Battle Creek Hospital

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Senior Health Partners<br>200 W Michigan Ave Ste 104<br>Battle Creek,MI 49017                    | 38-3013991 | 501(c)(3)                     | 85,000                   |                                   |  |  | Contribution for senior services   |
| Battle Creek Hot Air Balloon Champions<br>3140 5th Ave<br>Battle Creek,MI 490377902              | 38-2287342 | 501(c)(3)                     | 7,500                    |                                   |  |  | Sponsorship                        |
| Battle Creek Community Foundation<br>32 West Michigan Avenue<br>Suite 1<br>battle Creek,MI 49017 | 38-2045459 | 501(c)(3)                     | 10,820                   |                                   |  |  | General Support                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bronson Health Foundation<br>601 John Street<br>Kalamazoo, MI 49007               | 38-2415081     | 501(c)(3)                            | 9,313                           |  |  |   | General Support                           |
| Calhoun Intermediate School District<br>17111 G Drive North<br>Marshall, MI 49068 | 38-6062816     | 115                                  | 93,395                          |  |  |   | General Support                           |
| Community Healthcare Connect<br>62 East Michigan Avenue<br>battle Creek, MI 49017 | 20-2717744     | 501(c)(3)                            | 6,000                           |  |  |   | General Support                           |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Bronson Battle Creek Hospital

Employer identification number  
38-2776791

Part I

Questions Regarding Compensation

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

**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 on 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 on 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  |
|------------------|--|
| Part I, Line 1a  | HEALTH CLUB DUES ARE AVAILABLE FOR BOARD OF DIRECTORS. THOSE WHO PARTICIPATE RECEIVE A 1099 AND THE DUES ARE TREATED AS A TAXABLE FRINGE BENEFIT.  |
| Part I, Line 3   | BRONSON HEALTHCARE GROUP, A RELATED ORGANIZATION, USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY AND/OR STUDY AND APPROVAL BY BOARD AND/OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR.   |
| Part I, Line 4b  | Taft, Kenneth L \$108,249 SERP Distribution Taft, Kenneth L \$80,443 SERP Contribution Falahee Jr, James B \$150,566 SERP Distribution Falahee Jr, James B \$61,296 SERP Contribution Sardone, Frank J \$234,418 SERP Distribution Sardone, Frank J \$182,943 SERP Contribution Larson, Scott D \$90,701 SERP Distribution Larson, Scott D \$70,322 SERP Contribution Hayden, John T \$41,084 SERP Distribution Hayden, John T \$36,130 SERP Contribution East, Rebecca L \$61,592 SERP Contribution INCLUDED IN PART II, COLUMN (B) (III) AND (F) ARE AMOUNTS THAT WERE PAID TO THE EXECUTIVE UNDER THE BRONSON HEALTHCARE GROUP, INC. SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THESE AMOUNTS WERE CREDITED TO AN ACCOUNT FOR THE EXECUTIVE IN PRIOR YEARS AND WERE PREVIOUSLY REPORTED IN COLUMN C IN THE PRIOR YEAR, BUT THE EXECUTIVE WAS REQUIRED TO REMAIN EMPLOYED UNTIL THE YEAR FOR WHICH THIS FORM IS BEING FILED IN ORDER TO BECOME VESTED IN HIS OR HER ACCOUNT. AMOUNTS HAVE BEEN CREDITED TO THESE EXECUTIVES' ACCOUNTS EACH YEAR SINCE THE SERP WAS ADOPTED IN 1994, AND THE ACCOUNTS HAVE ALSO BEEN ADJUSTED FOR GAINS AND LOSSES SINCE THAT TIME. THEREFORE, THESE AMOUNTS SHOULD BE VIEWED AS HAVING BEEN EARNED OVER THE EXECUTIVE'S ENTIRE PERIOD OF EMPLOYMENT AS AN EXECUTIVE OF BRONSON. THE AMOUNT CREDITED TO EACH EXECUTIVE'S ACCOUNT IN THE SERP EACH YEAR AND EACH EXECUTIVE'S TOTAL COMPENSATION PACKAGE WAS APPROVED BY AN INDEPENDENT CONSULTANT TO ENSURE THAT THESE AMOUNTS ARE COMPARABLE TO OR LESS THAN THE AMOUNTS AWARDED TO EXECUTIVES OF COMPARABLE HEALTH CARE ORGANIZATIONS. |

Additional Data

Software ID:

Software Version:

EIN: 38-2776791

Name: Bronson Battle Creek Hospital

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 on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1Mahesh C Karamchandani<br>Director                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 746,892  | 36,279                              | 6,708                               | 13,250   | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 14,110   |                         | 817,239                         |   |
| 1Aaron Lane-Davies<br>director                      | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 207,988  | 57,378                              | 1,983                               | 16,642   | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 19,927   |                         | 303,918                         |   |
| 2Frank J Sardone<br>President & CEO                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 802,396  | 325,004                             | 455,721                             | 340,294  | -                       | -                               | 559,422   |
|   |      |  |                                     |                                     | 16,144   |                         | 1,939,559                       |   |
| 3Kenneth L Taft<br>Executive Vice President         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 473,113  | 171,414                             | 211,594                             | 188,420  | -                       | -                               | 279,663   |
|   |      |  |                                     |                                     | 20,944   |                         | 1,065,485                       |   |
| 4James Falahee<br>SR VP LEGAL & LEG AFFAIRS         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 355,997  | 97,026                              | 214,328                             | 139,120  | -                       | -                               | 247,592   |
|   |      |  |                                     |                                     | 20,697   |                         | 827,168                         |   |
| 5Scott Larson MD<br>Sr VP Medical Affairs/CMO       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 409,546  | 108,771                             | 168,127                             | 119,133  | -                       | -                               | 199,472   |
|   |      |  |                                     |                                     | 15,602   |                         | 821,179                         |   |
| 6John Hayden<br>Sr VP Chief HR Officer              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 298,427  | 93,584                              | 80,509                              | 109,600  | -                       | -                               | 134,068   |
|   |      |  |                                     |                                     | 10,198   |                         | 592,318                         |   |
| 7Rebecca East<br>SR VP CFO                          | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 320,360  | 14,105                              | 79,948                              | 113,529  | -                       | -                               | 14,105  |
|   |      |  |                                     |                                     | 13,642   |                         | 541,584                         |   |
| 8Kathleen M Harrelson<br>Sr VP, Clinical Operations | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 320,824  | 70,626                              | 20,752                              | 105,701  | -                       | -                               | 70,526  |
|   |      |  |                                     |                                     | 13,650   |                         | 531,553                         |   |
| 9John L Jones Jr<br>Sr VP, Reg & Phys Svs           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 296,106  | 70,800                              | 20,111                              | 94,325   | -                       | -                               | 70,350  |
|   |      |  |                                     |                                     | 20,638   |                         | 501,980                         |   |
| 10Michael S Way<br>Sr VP Sup Chain Fac & RE B       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 201,832  | 45,364                              | 19,277                              | 81,368   | -                       | -                               | 44,764  |
|   |      |  |                                     |                                     | 13,339   |                         | 361,180                         |   |
| 11James E McKernan<br>Sr VP COO BBCH                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 300,196  | 56,840                              | 3,483                               | 80,950   | -                       | -                               | 56,840  |
|   |      |  |                                     |                                     | 20,581   |                         | 462,050                         |   |
| 12Denise Neeley<br>VP CNO                           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 245,415  | 40,066                              | 19,695                              | 74,200   | -                       | -                               | 40,066  |
|   |      |  |                                     |                                     | 15,264   |                         | 394,640                         |   |
| 13Rebecca Trella<br>VP Post Acute Care              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 170,942  | 35,150                              | 797                                 | 36,455   | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 11,328   |                         | 254,672                         |   |
| 14Tarek El Shaarawy MD<br>Physician                 | (i)  | 1,343,934  | 40,000                              | 2,013                               | 13,250   | 21,763                  | 1,420,960                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 0  | 0                       | 0                               |   |
| 15Joseph Burkhardt<br>Physician                     | (i)  | 1,433,781  | 0                                   | 2,494                               | 5,300  | 22,115                  | 1,463,690                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 0  | 0                       | 0                               |   |
| 16Chandramouli Madala<br>physician                  | (i)  | 710,102  | 0                                   | 10,058                              | 13,250   | 10,368                  | 743,778                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 0  | 0                       | 0                               |   |
| 17Randy Mudge<br>physician                          | (i)  | 713,029  | 65,000                              | 1,720                               | 13,250   | 21,183                  | 814,182                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 0  | 0                       | 0                               |   |
| 18Mark Russell<br>physician                         | (i)  | 1,048,949  | 0                                   | 5,894                               | 13,250   | 3,412                   | 1,071,505                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | -                       | -                               | 0   |
|   |      |  |                                     |                                     | 0  | 0                       | 0                               |   |

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
Bronson Battle Creek Hospital**Employer identification number**

38-2776791

**Return Reference****Explanation**Form 990, Part VI,  
Section A, line 2

Kenneth Taft, Frank Sardone, Steven J Lins, MD and Scott C Gibson, MD have a business relationship All board members have a business relationship with all Bronson subsidiaries due to being on Bronson Healthcare Group Board of Directors



| Return Reference                        | Explanation   |
|---|---|
| Form 990, Part VI,<br>Section A, line 6 | Bronson Healthcare Group (BHG) is the class A member and holds 51% of the membership interest in the hospital<br>BBCH Community Partners is the class B member and holds 49% of the membership interest in the hospital |

| Return<br>Reference                   | Explanation  |
|---------------------------------------|--|
| Form 990, Part VI, Section A, line 7a | Bronson Healthcare Group (BHG) is the Class A member of the Bronson Battle Creek Hospital(BBCH) and as such elects 12 members of the BBCH board Community Partners shall, after consulting with and seeking input from the nominating committee of BHG, appoint 6 members to the board The remaining 3 members of the board should be ex officio with vote and shall consist of the president, the chief of staff, and immediate past chief of the medical staff of the hospital |

| Return<br>Reference                            | Explanation   |
|--|---|
| Form 990,<br>Part VI,<br>Section A,<br>line 7b | <p>Bronson Healthcare Group (BHG) is the Class A member of the Bronson Battle Creek Hospital (BBCH) and has certain reserved powers over the actions of BBCH. The board of directors has the power to:</p> <ul style="list-style-type: none"><li>-Amendment, restatement, or repeal of the Hospital's articles of incorporation or bylaws</li><li>-Adoption, execution, revocation, or abandonment a plan of dissolution, merger, consolidation, reorganization, or other major change in corporate structure involving the Hospital</li><li>-Sale, lease exchange, or other disposition of all or substantially all of the Hospital's property and assets</li><li>-Acquisition of any other entity or the establishment of any subsidiary or affiliate</li><li>-Adoption of all operating and capital expenditure budgets</li><li>-Incur operating or capital expenditures which cause aggregate operating or capital expenditures to exceed budgeted aggregates and/or the dollar amount specified by BHG</li><li>-Secure borrowings with the exception of equipment leases and purchase money security interest approved as a part of a budget</li><li>-Change the mission statement, purposes, or strategic goals of the hospital</li><li>-Any significant change in the scope of services or programs</li><li>-Appointment, removal, or compensation of the president or any director or officer</li></ul> |

| Return<br>Reference                   | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 11 | <p>The SR VP/CFO &amp; Controller review s the 990s The SR VP/CFO met w ith the Finance Committee Chairperson, the previous Finance Committee Chairperson and a committee member on September 19, 2016 to review the prepared Form 990 and schedules The Finance Committee of the board review ed the prepared Form 990 at its regularly scheduled meeting on October 24, 2016 The review w as led by the SR VP/CFO and Plante Moran The members of the organization's governing body w ere provided the prepared Form 990 for review</p> |

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B, line<br>12c | <p>The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy. The conflict of interest policy and its accompanying questionnaire are reviewed and revised, if necessary, on an annual basis by the organization's general counsel/corporate compliance officer and the board executive committee. All board members and all employees holding the title of vice president and above are covered by the conflict of interest policy and annually complete the conflict of interest questionnaire. All completed conflict of interest questionnaires are reviewed by the organization's general counsel/corporate compliance officer and the executive committee. Determinations as to whether a conflict exists are made by the general counsel/corporate compliance officer and the executive committee. Actual conflicts are reviewed by the general counsel/corporate compliance officer and the executive committee. Persons with a conflict are prohibited from participating in the governing body deliberations and decisions on the transaction in question.</p> |

| Return<br>Reference                            | Explanation   |
|--|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 15 | <p>For the CEO, Officers and other key employees, the Executive committee of the Board of Directors, which functions as the compensation committee for Bronson HealthCare Group, retains the services of an external executive compensation consultant (Sullivan, Cotter and Associates) who conducts a thorough compensation and benefit survey process that is used to determine the appropriate adjustment in cash compensation and benefits provided. This process is done annually and was undertaken in 2014. The consultant uses three to five national healthcare-based surveys for comparability data, each one of like revenue sized healthcare systems to the Bronson Healthcare Group. The consultant prepares a detailed report with recommendations for pay and/or benefit adjustments, and presents the information to the executive committee of the Board of Directors (when the CEO's survey data and recommendations are presented, the CEO and staff are excused from the deliberations). After all questions of the Board members are answered, formal motions are proposed, seconded and voted on (for any pay adjustments and for receipt of the consultants report). At the subsequent meeting of the full Board of Directors, the Chair presents recommendations of the Executive Committee, and the full Board acts on a formal motion that is seconded and voted on.</p> |

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| Form 990, Part VI, Section C, line 19 | The organization makes its governing documents and conflict of interest policy available to the public by posting them on the organization's website and providing copies on request. The organization's financial statements, other than the Form 990, are not available to the public. |

| Return Reference             | Explanation  |
|------------------------------|--|
| Form 990, Part XI,<br>line 9 | Pension related changes 3,371,243 Net assets released from restriction for capital -190,681 Loss on controlling interest<br>-732,207 Net Asset Transfers 76,500 Rounding |



| Return<br>Reference           | Explanation   |
|-------------------------------|---|
| Form 990 PART<br>XII, LINE 2C | BRONSON HEALTHCARE GROUP HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE<br>AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM THIS PROCESS HAS NOT CHANGED FROM THE PRIOR<br>YEAR |

SCHEDULE R  
(Form 990)

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](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bronson Battle Creek Hospital

Employer identification number  
38-2776791

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled 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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity     | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Dispropportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-----------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
|  |                             |  |  |  |                                 |  | Yes                                      | No |  | Yes                                       | No |                                |
| (1) Hospital Network Leasing<br><br>6212 American Ave<br>Portage, MI 49002<br>38-3638430           | Provide Support<br>Services | MI   | N/A                                    |  |                                 |  |  |    |  |   |    |                                |
| (2) Hospital Network Ventures LLC<br><br>6212 American Ave<br>portage, MI 49002<br>38-3302979      | provide Support<br>Services | MI   | N/A                                    |  |                                 |  |  |    |  |   |    |                                |
| (3) Advanced Imaging Services<br><br>5352 Beckley Rd Ste A<br>Battle Creek, MI 49015<br>20-4594297 | Radiology/Imaging           | MI   | Bronson Battle<br>Creek Hospital       | related  | -2,741                          |  |  | No |  | Yes                                       |    | 51 000 %                       |
|  |                             |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                             |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                             |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                             |  |  |  |                                 |  |  |    |  |   |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1) Bronson Mgmt Services Corp<br><br>601 John St<br>Kalamazoo, MI 49007<br>38-2415032                      | Other medical services  | MI  | N/A                                 | C  |                                 |   |                                |  | No |
| (2) Bronson Lifestyle Improvement & Research<br><br>601 John St<br>kalamazoo, MI 49007<br>38-3552556        | Rehabilitation Services | MI  | N/A                                 | C  |                                 |   |                                |  | No |
| (3) Bronson Practice Mgmt<br><br>601 John St<br>kalamazoo, MI 49007<br>38-2511179                           | Other medical services  | MI  | N/A                                 | C  |                                 |   |                                |  | No |
| (4) Physician Hospital Organization dba IHP<br><br>165 N Washington<br>Battle Creek, MI 49017<br>38-3252060 | Medical Staff           | MI  | Bronson Battle<br>Creek Hospital    | C  | 224,305                         | 2,518,526                                 | 50 000 %                       | Yes  |    |
| (5) Westley Development Company<br><br>301 John St<br>Kalamazoo, MI 49007<br>38-3619232                     | Real estate ownership   | MI  | N/A                                 | C  |                                 |   |                                |  | 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 |
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> | Yes |    |
| <b>1l</b> | Yes |    |
| <b>1m</b> | Yes |    |
| <b>1n</b> |     | No |
| <b>1o</b> | Yes |    |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 38-2776791

Name: Bronson Battle Creek Hospital

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

| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|---------------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                                 |  |                            |   |                                  | Yes   | No |
| Bronson Healthcare Group Inc<br>601 John St<br>Kalamazoo, MI 49007<br>38-2418383   | Provide support services        | MI   | 501(c)(3)                  | Line 11c, III-FI                                    | N/A                              |   | No |
| Bronson Health Foundation<br>601 John St<br>kalamazoo, MI 49007<br>38-2415081      | Supporting Organization         | MI   | 501(c)(3)                  | Line 7  | Bronson Healthcare Group         |   | No |
| Bronson Lakeview Hospital<br>601 John St<br>kalamazoo, MI 49007<br>38-1359218      | Hospital                        | MI   | 501(c)(3)                  | Line 3  | bronson Healthcare Group         |   | No |
| Bronson Commons<br>601 John St<br>kalamazoo, MI 49007<br>38-2842451                | Skilled Nursing Facility        | MI   | 501(c)(3)                  | Line 9  | bronson Healthcare Group         |   | No |
| VBEMS<br>601 John St<br>kalamazoo, MI 49007<br>38-2745910                          | Ambulance Service               | MI   | 501(c)(3)                  | Line 9  | bronson Healthcare Group         |   | No |
| Bronson Properties Corporation<br>601 John St<br>kalamazoo, MI 49007<br>38-6052573 | provide support services        | MI   | 501(c)(3)                  | Line 11 b, II                                       | bronson Healthcare Group         |   | No |
| Bronson at Home<br>116 Goodale Ave<br>Battle Creek, MI 49037<br>38-3298476         | Nursing, Hospice, & Equip Sales | MI   | 501(c)(3)                  | Line 9  | bronson Healthcare Group         |   | No |
| Bronson Methodist Hospital<br>601 John St<br>kalamazoo, MI 49007<br>38-1359087     | Hospital                        | MI   | 501(c)(3)                  | Line 3  | bronson Healthcare Group         |   | No |
| BBC Auxiliary<br>300 North Ave<br>Battle Creek, MI 49017<br>38-3355520             | Provide support services        | MI   | 501(c)(3)                  | Line 11 a, I  | bronson Healthcare Group         |   | No |
| Bronson Healthcare Midwest<br>601 John St<br>Kalamazoo, MI 49007<br>46-2134675     | Physician Services              | MI   | 501(c)(3)                  | Line 3  | Bronson Healthcare Group         |   | No |

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

| <b>(a)</b><br>Name of related organization |                                | <b>(b)</b><br>Transaction<br>type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount<br>involved |
|--|--------------------------------|--|-------------------------------|--|
| <b>(1)</b>                                 | Bronson Healthcare Group       | M                                      | 33,779,992                    | cost   |
| <b>(1)</b>                                 | bronson Healthcare Group       | O                                      | 3,300,028                     | Cost   |
| <b>(2)</b>                                 | Bronson Methodist Hospital     | M                                      | 2,357,078                     | Cost   |
| <b>(3)</b>                                 | Bronson Methodist Hospital     | O                                      | 252,679                       | Cost   |
| <b>(4)</b>                                 | Bronson Methodist Hospital     | L                                      | 9,072,431                     | Cost   |
| <b>(5)</b>                                 | Bronson Health Foundation      | L                                      | 90,869                        | Cost   |
| <b>(6)</b>                                 | Bronson at Home                | L                                      | 674,367                       | cost   |
| <b>(7)</b>                                 | bronson properties corporation | K                                      | 268,014                       | amt per rental agree                                   |
| <b>(8)</b>                                 | Bronson Healthcare Group       | L                                      | 1,843,977                     | actual Cash Amount                                     |
| <b>(9)</b>                                 | Bronson Health Foundation      | C                                      | 605,649                       | actual Cash Amount                                     |
| <b>(10)</b>                                | Bronson Health Foundation      | B                                      | 9,313                         | actual Cash Amount                                     |