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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning

, 2018, and ending

, 20

**B** Check if applicable:

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return/terminated return
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

VERSITI MICHIGAN, INC

Doing business as

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

P O BOX 1704

Room/suite

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

GRAND RAPIDS, MI 49501-1704

**F** Name and address of principal officer

CHRIS MISKEL

638 N 18TH STREET, MILWAUKEE, WI 53233-2121

**D** Employer identification number

38-1550001

**E** Telephone number

(616) 774-2300

**G** Gross receipts \$

56,183,144

**H(a)** Is this a group return for subordinates?☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☒ No

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

**I** Tax-exempt status☒

501(c)(3)

501(c)( )

(insert no )

4947(a)(1) or

527

**J** Website ▶ WWW VERSITI ORG**H(c)** Group exemption number ▶**K** Form of organization☒

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation

1955

**M** State of legal domicile

-MI

**Part I Summary**1 Briefly describe the organization's mission or most significant activities HELPING PEOPLE MAKE A LIFESAVING DIFFERENCE THROUGH BLOOD PRODUCTS AND SERVICE EXCELLENCE2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 15

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5 548

6 Total number of volunteers (estimate if necessary)

6 331

7a Total unrelated business revenue from Part VIII, column (A), line 3b

7a 0

b Net unrelated business taxable income from Form 990-T, line 38

7b 23,973

**Revenue**

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

402,706

453,226

9 Program service revenue (Part VIII, line 2g)

55,469,278

55,299,607

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

710,835

313,516

11 Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 6f, 6g, and 7c)

-2,882

-3,142

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

56,579,937

56,063,207

**Expenses**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

22,264,185

22,976,972

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

32,875,360

33,737,156

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

55,139,545

56,714,128

19 Revenue less expenses Subtract line 18 from line 12

1,440,392

-650,921

**Net Assets or Fund Balances**

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

37,358,913

34,281,735

21 Total liabilities (Part X, line 26)

6,534,165

5,106,361

22 Net assets or fund balances Subtract line 21 from line 20

30,824,748

29,175,374

**Part II Signature Block**

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

**Sign Here**

Chris Miskel

Signature of officer

Date

11/14/2019

CHRIS MISKEL

CEO

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

MICHELLE L WEBER

Preparer's signature

Michelle Weber

Date

11/8/19

Check ☐ if self-employed

PTIN

P00556798

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶ 36-6055558

Firm's address ▶ 100 E WISCONSIN AVE MILWAUKEE, WI 53202

Phone no 414-289-8200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2018)

JSA

8E1010 1 000

y50

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

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code \_\_\_\_\_) (Expenses \$ 48,430,979 including grants of \$ 0 ) (Revenue \$ 55,299,607 )

ATTACHMENT 2

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses ► 48,430,979

BADOGJMR

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. . . . . ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	10	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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>2a</b> 548		
<b>b</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) . . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</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 . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 15		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 14		
<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? . . . . .		X
<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? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	X	
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<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? . . . . .	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<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 . . . . .		X

**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? . . . . .		X
<b>b</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? .	X	
<b>b</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 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<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>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
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? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MI**.

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **PAUL MATSON 638 N 18TH ST MILWAUKEE, WI 53233 414-937-6349**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS MISKEL CEO	7 00 48 00	X		X				119,912	839,388	42,389
(2) DALE KENT CHAIR	1 00 3 00	X		X				0	0	0
(3) L ALAN WHALEY VICE CHAIR	1 00 4 00	X		X				0	0	0
(4) JAMES M RAUH TREASURER	1 00 4 00	X		X				0	0	0
(5) MITCHELL G WATT SECRETARY	1 00 3 00	X		X				0	0	0
(6) CATHY BUCK BOARD MEMBER	1 00 3 00	X						0	0	0
(7) RICHARD J FOTSCH BOARD MEMBER	1 00 4 00	X						0	0	0
(8) FRED GEILFUSS BOARD MEMBER, LEGAL ADVISOR	1 00 3 00	X						0	0	0
(9) THOMAS HAUSKE, JR BOARD MEMBER	1 00 3 00	X						0	0	0
(10) GREGORY LARKIN BOARD MEMBER	1 00 4 00	X						0	0	0
(11) ROBERT H MANEGOLD BOARD MEMBER	1 00 4 00	X						0	0	0
(12) JEFFREY S MCDONALD BOARD MEMBER	1 00 3 00	X						0	0	0
(13) JOHN J PERRAS BOARD MEMBER	1 00 3 00	X						0	0	0
(14) E RANDALL WRIGHT BOARD MEMBER	1 00 4 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) PETER ZIEGLER BOARD MEMBER	1 00 4 00	X						0	0	0
( 16) LEEANN WEITEKAMP VP OF MEDICAL SERVICES	55 00 0			X				362,916	0	18,398
( 17) JAMES WILSON PRESIDENT - DECEASED 4/19	55 00 0			X				330,427	0	24,361
( 18) MAUREEN KWIECINSKI EVP & GEN COUNSEL - THRU 8/18	8 00 47 00			X				91,542	518,740	9,804
( 19) BRIAN BAUTISTA EVP & COO - AS OF 4/18	14 00 41 00			X				82,075	246,225	25,750
( 20) JAMES WEIDNER EVP & CHIEF HR OFFICER	10 00 45 00			X				63,950	278,026	36,254
( 21) GITESH DUBAL EVP & CHIEF MARKETING OFFICER	8 00 47 00			X				63,417	359,361	38,616
( 22) ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	5 00 50 00			X				49,692	447,228	39,219
( 23) MARGARET MCELLIGOTT VP & CHIEF QUALITY OFFICER	7 00 48 00			X				35,562	260,790	32,239
( 24) LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	6 00 49 00			X				33,578	302,194	39,304
( 25) GILBERT C WHITE, M D EXECUTIVE VP OF RESEARCH	0 55 00			X				0	632,149	39,859
<b>1b Sub-total</b>								119,912	839,388	42,389
<b>c Total from continuation sheets to Part VII, Section A</b>								1,742,048	4,464,761	463,566
<b>d Total (add lines 1b and 1c)</b>								1,861,960	5,304,149	505,955

**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 **14**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) THOMAS ABSHIRE, M D EVP MSI & CHIEF MED OFFICER	0 55 00			X				0	592,745	27,967
( 27) ILKE PANZER EVP & CIO - THRU 10/18	0 55 00			X				0	456,667	21,491
( 28) BRADLEY PIETZ EVP & CIO - AS OF 10/18	0 55 00			X				0	242,151	23,754
( 29) M ELIZABETH ATKINSON COLE ASSOCIATE MEDICAL DIRECTOR	55 00 0					X		141,339	0	11,725
( 30) MARY C LAWSON DIRECTOR OF DONOR RECRUITMENT	55 00 0					X		127,352	0	9,594
( 31) CINDY RAVEN HISTOCOMPATABILITY DIRECTOR	55 00 0					X		122,767	0	16,585
( 32) ROBERT ELUSKIE DIRECTOR OF INFO TECHNOLOGY	55 00 0					X		121,112	0	24,319
( 33) DAWN KAISER AREA VP & DIRECTOR OF DONOR SE	55 00 0					X		116,319	0	17,006
( 34) SANDI LEMONS FORMER VP & CHIEF HR OFFICER	0 0						X	0	128,485	7,321

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

**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 **14**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	10,893			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e	229,300			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	213,033			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		135,217			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		453,226			
<b>Program Service Revenue</b>	2a	BLOOD PRODUCTS/TESTING	Business Code 621500	48,322,472	48,322,472		
	b	SPECIAL SERVICES	621500	6,977,135	6,977,135		
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		55,299,607			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . .		379,218		
4		Income from investment of tax-exempt bond proceeds . . . . .		0			
5		Royalties . . . . .		0			
6a		Gross rents . . . . .	(i) Real (ii) Personal				
b		Less rental expenses . . . . .					
c		Rental income or (loss) . . . . .					
d		Net rental income or (loss) . . . . .		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses . . . . .					
c		Gain or (loss) . . . . .					
d		Net gain or (loss) . . . . .		-65,702			-65,702
8a		Gross income from fundraising events (not including \$ 10,893 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	7,952			
b		Less direct expenses . . . . .	b	15,414			
c		Net income or (loss) from fundraising events . . . . .		-7,462			-7,462
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a	7,295			
b		Less direct expenses . . . . .	b	8,299			
c		Net income or (loss) from gaming activities . . . . .		-1,004			-1,004
10a		Gross sales of inventory, less returns and allowances . . . . .	a	0			
b		Less cost of goods sold . . . . .	b	0			
c		Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	CREDIT CARD REBATES	900099	5,124			5,124	
b	MISCELLANEOUS REVENUE	900099	200			200	
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		5,324				
12	<b>Total revenue.</b> See instructions . . . . .		56,063,207	55,299,607		310,374	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,313,330		1,313,330	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	16,736,751	14,393,535	2,343,216	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	509,972	456,897	53,075	
9 Other employee benefits . . . . .	3,187,899	2,673,137	514,762	
10 Payroll taxes . . . . .	1,229,020	1,018,195	210,825	
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	90,087		90,087	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	2,259		2,259	
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). <b>ATCH 3</b> . . . . .	8,470,505	8,390,100	80,405	
12 Advertising and promotion . . . . .	198,682	72,138	126,544	
13 Office expenses . . . . .	810,977	596,376	214,601	
14 Information technology . . . . .	308,125	139,443	168,682	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,713,104	979,088	1,734,016	
17 Travel . . . . .	832,998	812,440	20,558	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	463,218	338,136	125,082	
20 Interest . . . . .	15,816		15,816	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	1,710,478	767,009	943,469	
23 Insurance . . . . .	247,263		247,263	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a IMPORTED BLOOD COMPONENTS . . . . .	11,717,471	11,717,471		
b MEDICAL LAB SUPPLIES . . . . .	5,445,357	5,450,867	-5,510	
c DONOR RECOGNITION . . . . .	440,978	440,978		
d DONOR RECRUITMENT . . . . .	133,805	133,324	481	
e All other expenses . . . . .	136,033	51,845	84,188	
25 Total functional expenses. Add lines 1 through 24e . . . . .	56,714,128	48,430,979	8,283,149	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	5,546,615	1	3,454,886
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	93,329	3	134,120
	4 Accounts receivable, net	4,867,653	4	5,120,576
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,082,216	8	1,153,198
	9 Prepaid expenses and deferred charges	553,864	9	579,133
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 31,641,765		
	b Less accumulated depreciation	10b 20,644,783		
		11,801,896	10c	10,996,982
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	13,085,753	12	12,505,510
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	327,587	15	337,330	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	37,358,913	16	34,281,735	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	5,504,314	17	5,106,361
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,029,851	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,534,165	26	5,106,361
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,661,899	27	29,044,116
	28 Temporarily restricted net assets	152,699	28	121,108
	29 Permanently restricted net assets	10,150	29	10,150
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	30,824,748	33	29,175,374
34 <b>Total liabilities and net assets/fund balances</b>	37,358,913	34	34,281,735	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	56,063,207
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	56,714,128
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-650,921
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	30,824,748
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-871,435
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-127,018
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	29,175,374

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 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? . . . . .  
**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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2018)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

**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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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)**.

09

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

- 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) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,206,994	413,021	490,987	402,706	453,226	3,966,934
<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 . . . . .	41,106,448	46,720,288	55,986,833	55,469,278	55,299,607	254,582,454
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .	43,313,442	47,133,309	56,477,820	55,871,984	55,752,833	258,549,388
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<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 . . . . .	20,402,773	20,475,467	27,650,583	27,648,190	26,659,495	122,836,508
<b>c</b> Add lines 7a and 7b. . . . .	20,402,773	20,475,467	27,650,583	27,648,190	26,659,495	122,836,508
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						135,712,880

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .	43,313,442	47,133,309	56,477,820	55,871,984	55,752,833	258,549,388
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	452,545	400,847	232,168	385,525	379,218	1,850,303
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	452,545	400,847	232,168	385,525	379,218	1,850,303
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>ATCH 1.</b> . . . . .	18,881	13,936	17,684	20,805	20,571	91,877
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	43,784,868	47,548,092	56,727,672	56,278,314	56,152,622	260,491,568
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	52.10%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	51.85%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	71%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	<b>18</b>	77%

- 19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**Part IV** Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<b>3a</b>	
<b>b</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.	<b>3b</b>	
<b>c</b> 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.	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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.	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b> , 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).	<b>5a</b>	
<b>b</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?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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> .	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>8</b>	
<b>9a</b> 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> .	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) 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> .	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	<b>10a</b>	
<b>b</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.)	<b>10b</b>	

**Part IV** Supporting Organizations (continued)

	Yes	No
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	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

**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	<b>Total annual distributions.</b> 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 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013 . . . . .			
b	From 2014 . . . . .			
c	From 2015 . . . . .			
d	From 2016 . . . . .			
e	From 2017 . . . . .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2014 . . . .			
b	Excess from 2015 . . . .			
c	Excess from 2016 . . . .			
d	Excess from 2017 . . . .			
e	Excess from 2018 . . . .			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

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ATTACHMENT 1

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## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SPECIAL EVENT GROSS REVENUE	18,881	13,936	17,684	14,695	15,247	80,443
CREDIT CARD REBATES				2,903	5,124	8,027
COURIER SERVICES				2,320		2,320
CLASS ACTION PROCEEDS				765		765
MISCELLANEOUS INCOME				122	200	322
<b>TOTALS</b>	<u>18,881</u>	<u>13,936</u>	<u>17,684</u>	<u>20,805</u>	<u>20,571</u>	<u>91,877</u>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

**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? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" 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) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,150	10,150	10,150	10,150	10,150
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,150	10,150	10,150	10,150	10,150

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 ☐ 100 0000 %

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

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

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,546,071		2,546,071
b Buildings		14,108,496	9,375,389	4,733,107
c Leasehold improvements		1,031,423	754,531	276,892
d Equipment		11,302,967	8,255,203	3,047,764
e Other		2,652,808	2,259,660	393,148
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				10,996,982

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) MUTUAL FUNDS	12,505,510	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	12,505,510	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	55,104,012
<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>	-871,435
<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) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-871,435
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	55,975,447
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,259
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	85,501
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	87,760
<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>	56,063,207

**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>	56,753,386
<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>	41,517
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	41,517
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	56,711,869
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,259
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,259
<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>	56,714,128

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## PART V

## ENDOWMENTS

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PERPETUATE THE MISSION OF VERSITI MICHIGAN, INC. ADDITIONALLY, THE FILING ORGANIZATION IS A BENEFICIARY OF THE VERSITI BLOOD RESEARCH INSTITUTE FOUNDATION'S ("VBRIF") ENDOWMENT AS A SUPPORTED ORGANIZATION. THE VBRIF BOARD DESIGNATED ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD AS ENDOWMENT FUNDS TO ENSURE THE CONTINUING AVAILABILITY OF FUNDS FOR RESEARCH PURPOSES.

THE AMOUNT OF THE VBRIF TOTAL ENDOWMENT AS OF 12/31/2018 WAS \$77,632,272 AND WAS ALL BOARD RESTRICTED.

## PART X

## INCOME TAXES

THE FOLLOWING FINANCIAL STATEMENT INCOME TAX FOOTNOTE REPRESENTS A MODIFIED VERSION OF WHAT WAS PRESENTED IN THE FINANCIALS TO ACCURATELY REFLECT UNRELATED BUSINESS INCOME TAX RETURN FILINGS.

VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION HAVE ALL RECEIVED TAX DETERMINATION LETTERS CONFIRMING THAT THE ORGANIZATIONS QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION.

**Part XIII** Supplemental Information (continued)

AND MEASUREMENT THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED

VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS WISCONSIN AND THE FOUNDATION HAVE FILED FEDERAL AND STATE OF WISCONSIN INCOME TAX RETURNS TO REPORT UNRELATED BUSINESS INCOME THROUGH 2009 AND ARE NO LONGER SUBJECT TO TAX AUTHORITY EXAMINATIONS FOR YEARS PRIOR TO 2010 UNDER THE FEDERAL AND STATE STATUTE MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR WISCONSIN OR THE FOUNDATION FOR 2010 THROUGH 2017, HOWEVER INCOME TAX RETURNS ARE EXPECTED TO BE FILED FOR 2018 AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2017 WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES MICHIGAN HAS NOT HISTORICALLY FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS BUT IS EXPECTED TO FILE FOR 2018 TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED IN YEARS PRIOR TO 2014, ILLINOIS FILED BOTH FEDERAL AND

**Part XIII** Supplemental Information (continued)

STATE OF ILLINOIS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR ILLINOIS FOR TAX YEARS 2014 THROUGH 2017, AND INCOME TAX RETURNS ARE EXPECTED TO BE FILED FOR 2018. AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2014 THROUGH 2017 WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. IN YEARS PRIOR TO 2014, INDIANA FILED FEDERAL UNRELATED BUSINESS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME. IN 2014 THROUGH 2016, INDIANA FILED FEDERAL AND INDIANA RETURNS TO REPORT AN UNRELATED BUSINESS LOSS. IN 2017, INDIANA FILED INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME IN ORDER TO MAINTAIN THE PRIOR YEAR NET OPERATING LOSSES. INDIANA IS EXPECTED TO FILE INCOME TAX RETURNS FOR 2018. THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR BOTH FEDERAL AND STATE PURPOSES FOR ANY RETURNS NOT FILED. VERSITI HAS NOT FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS; THEREFORE THE YEARS SINCE 2012, THE YEAR OF INCEPTION, ARE STILL OPEN TO EXAMINATION. VERSITI IS EXPECTED TO FILE INCOME TAX RETURNS IN 2018. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES, IF NECESSARY, INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN THE PROVISION FOR INCOME TAXES. THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME TAXES THAT HAVE BEEN ACCRUED OR RECOGNIZED AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

**Part XIII** Supplemental Information (continued)

ON DECEMBER 22, 2017, TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT OF 2017 (THE ACT) WAS PASSED, RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING TAX LAW WHILE THERE WERE NO MATERIAL EFFECTS ON THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE ACT, MANAGEMENT IS EVALUATING THE ONGOING IMPACT OF THE ACT ON THE ORGANIZATION

## PART XI, LINE 4B

## OTHER CHANGES TO REVENUE

LOSS ON SALE OF FIXED ASSETS REPORTED WITH REVENUE	\$ (17,804)
FUNDRAISING EXPENSES REPORTED WITH REVENUE	\$ (15,414)
GAMING EXPENSES REPORTED WITH REVENUE	\$ (8,299)
DONATED GIFTS REPORTED FOR TAX NOT BOOK	\$ 127,018
	-----
TOTAL	\$ 85,501

## PART XII, LINE 2D

## OTHER CHANGES TO EXPENSES

LOSS ON SALE OF FIXED ASSETS REPORTED WITH REVENUE	\$17,804
FUNDRAISING EXPENSES REPORTED WITH REVENUE	\$15,414
GAMING EXPENSES REPORTED WITH REVENUE	\$ 8,299
	-----
TOTAL	\$41,517

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	18,845			18,845
	2 Less Contributions . . . . .	10,893			10,893
	3 Gross income (line 1 minus line 2) . . . . .	7,952			7,952
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	67			67
	6 Rent/facility costs . . . . .	5,840			5,840
	7 Food and beverages . . . . .	6,208			6,208
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	3,299			3,299
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				15,414
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-7,462

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities MI,

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

**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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

- 4** 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.

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** 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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

- 6** 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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

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

- 8** 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.

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b	X	
6a		X
6b	X	
7	X	
8		X
9		

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

Schedule J (Form 990) 2018



**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 aren't 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	(iv) Other reportable compensation				
1 CHRIS MISKEL CEO	(i) 76,175	(ii) 29,118	(iii) 14,619	(iv) 0	(C) 2,975	(D) 2,323	(E) 125,210	(F) 0
2 LEEANN WEITEKAMP VP OF MEDICAL SERVICES	(i) 533,228	(ii) 203,826	(iii) 102,334	(iv) 0	(C) 20,827	(D) 16,264	(E) 876,479	(F) 0
3 JAMES WILSON PRESIDENT - DECEASED 4/19	(i) 316,312	(ii) 45,718	(iii) 886	(iv) 0	(C) 11,660	(D) 6,738	(E) 381,314	(F) 0
4 MAUREEN KWIECINSKI EVP & GEN COUNSEL - THRU 8/18	(i) 241,401	(ii) 87,696	(iii) 1,330	(iv) 0	(C) 10,156	(D) 14,205	(E) 354,788	(F) 0
5 BRIAN BAUTISTA EVP & COO - AS OF 4/18	(i) 40,775	(ii) 28,551	(iii) 22,216	(iv) 0	(C) 1,135	(D) 336	(E) 93,013	(F) 0
6 JAMES WEIDNER EVP & CHIEF HR OFFICER	(i) 231,060	(ii) 161,790	(iii) 125,890	(iv) 0	(C) 6,432	(D) 1,901	(E) 527,073	(F) 0
7 GITESH DUBAL EVP & CHIEF MARKETING OFFICER	(i) 70,607	(ii) 11,468	(iii) 0	(iv) 0	(C) 3,240	(D) 3,197	(E) 88,512	(F) 0
8 ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	(i) 211,821	(ii) 34,404	(iii) 0	(iv) 0	(C) 9,721	(D) 9,592	(E) 265,538	(F) 0
9 MARGARET MCELLIGOTT VP & CHIEF QUALITY OFFICER	(i) 53,782	(ii) 10,168	(iii) 0	(iv) 0	(C) 3,192	(D) 3,587	(E) 70,729	(F) 0
10 LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	(i) 233,820	(ii) 44,206	(iii) 0	(iv) 0	(C) 13,878	(D) 15,597	(E) 307,501	(F) 0
11 GILBERT C WHITE, M D EXECUTIVE VP OF RESEARCH	(i) 51,126	(ii) 12,291	(iii) 0	(iv) 0	(C) 2,915	(D) 2,878	(E) 69,210	(F) 0
12 THOMAS ABSHIRE, M D EVP MSI & CHIEF MED OFFICER	(i) 289,714	(ii) 69,647	(iii) 0	(iv) 0	(C) 16,517	(D) 16,306	(E) 392,184	(F) 0
13 ILKE PANZER EVP & CIO - THRU 10/18	(i) 38,628	(ii) 11,036	(iii) 28	(iv) 0	(C) 2,003	(D) 1,919	(E) 53,614	(F) 0
14 BRADLEY PIETZ EVP & CIO - AS OF 10/18	(i) 347,652	(ii) 99,324	(iii) 252	(iv) 0	(C) 18,029	(D) 17,268	(E) 482,525	(F) 0
15 M ELIZABETH ATKINSON C ASSOCIATE MEDICAL DIRECTOR	(i) 27,985	(ii) 7,547	(iii) 30	(iv) 0	(C) 2,240	(D) 1,629	(E) 39,431	(F) 0
16 SANDI LEMONS FORMER VP & CHIEF HR OFFICER	(i) 205,223	(ii) 55,347	(iii) 220	(iv) 0	(C) 16,425	(D) 11,945	(E) 289,160	(F) 0
	(i) 26,967	(ii) 6,611	(iii) 0	(iv) 0	(C) 2,012	(D) 1,918	(E) 37,508	(F) 0
	(i) 242,700	(ii) 59,494	(iii) 0	(iv) 0	(C) 18,108	(D) 17,266	(E) 337,568	(F) 0
	(i) 514,914	(ii) 117,235	(iii) 0	(iv) 0	(C) 26,158	(D) 13,701	(E) 672,008	(F) 0
	(i) 485,353	(ii) 107,392	(iii) 0	(iv) 0	(C) 25,820	(D) 2,147	(E) 620,712	(F) 0
	(i) 349,485	(ii) 96,518	(iii) 10,664	(iv) 0	(C) 10,024	(D) 11,467	(E) 478,158	(F) 0
	(i) 212,151	(ii) 30,000	(iii) 0	(iv) 0	(C) 15,719	(D) 8,035	(E) 265,905	(F) 0
	(i) 140,453	(ii) 0	(iii) 886	(iv) 0	(C) 5,694	(D) 6,031	(E) 153,064	(F) 0
	(i) 0	(ii) 0	(iii) 0	(iv) 0	(C) 0	(D) 0	(E) 0	(F) 0
	(i) 0	(ii) 0	(iii) 0	(iv) 0	(C) 0	(D) 0	(E) 0	(F) 0
	(i) 0	(ii) 0	(iii) 128,485	(iv) 0	(C) 0	(D) 7,321	(E) 135,806	(F) 0

Schedule J (Form 990) 2018

**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.

PART I, LINE 4A

**SEVERANCE PAYMENTS**

CERTAIN INDIVIDUALS LEFT THE ORGANIZATION IN 2018. THE INDIVIDUALS RECEIVED SEVERANCE IN 2018, WHICH IS INCLUDED ON SCHEDULE J, PART II DUE TO CONFIDENTIALITY AGREEMENTS, NEITHER THE NAMES NOR THE AMOUNTS WILL BE LISTED.

PART I, LINES 5B, 6B AND 7

**NON-FIXED PAYMENTS**

INCENTIVE PAYOUT OPPORTUNITIES, BASED ON PERCENTAGE OF BASE PAY RATE, ARE AVAILABLE TO CERTAIN EMPLOYEES OF THE FILING ORGANIZATION WHILE LEVELS OF THE INCENTIVE PAYOUT OPPORTUNITY ARE FIXED AND DETERMINED PERCENTAGES OF BASE COMPENSATION, THE INCENTIVE PAYOUT IS DETERMINED, IN PART, ON THE CONSOLIDATED REVENUE AND NET EARNINGS OF OPERATING DIVISIONS. THE INCENTIVE PAYOUT IS SUBJECT TO THE REVIEW OF ACCOMPLISHMENTS/OBJECTIVES AND THE ULTIMATE DETERMINATION OF INCENTIVE COMPENSATION IS SUBJECT TO PRESIDENT/CEO AND EXECUTIVE COMMITTEE OF THE BOARD APPROVAL.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( GIFT CARDS ) . . . . .	X	2	42,000	FMV
26 Other ▶ ( RAFFLE ITEMS ) . . . . .	X	46	8,199	FMV
27 Other ▶ ( FAIR VOUCHERS ) . . . . .	X	2	85,018	FMV
28 Other ▶ ( ) . . . . .				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**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

**2018**

**Open to Public  
Inspection**

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE ORGANIZATION CHANGED ITS NAME FROM MICHIGAN BLOOD TO VERSITI

MICHIGAN, INC

PART VI, SECTION A, LINE 5

DIVERSION OF ASSETS

THE ORGANIZATION HAD FUNDS DIVERTED FROM ITS OPERATING BANK ACCOUNT AS A

RESULT OF THE EMOTET VIRUS AFTER RECOVERIES AND INSURANCE COVERAGE, THE

NET LOSS TO THE ORGANIZATION WAS \$48,000 THE ORGANIZATION ENGAGED A

CYBER SECURITY FIRM TO PERFORM FORENSICS AND REMEDIATION, AND IT HAS

TAKEN STEPS TO MITIGATE THE POSSIBILITY OF A RECURRENCE

PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

VERSITI, INC (A 501(C)(3) ORGANIZATION) IS THE SOLE VOTING MEMBER

PART VI, SECTION A, LINES 7A AND 7B

MEMBER OR STOCKHOLDER POWERS

VERSITI, INC HAS RESERVE POWERS, INCLUDING THE ABILITY TO ELECT A

MAJORITY OF DIRECTORS

PART VI, SECTION B, LINE 11B

FORM 990 REVIEW

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

VERSITI MICHIGAN UTILIZES GRANT THORNTON LLP TO COMPLETE THE IRS FORM 990 AND RELATED SCHEDULES FOLLOWING COMPLETION, THEY ARE REVIEWED BY THE CONTROLLER AND CEO THE DRAFT FORMS ARE THEN REVIEWED BY THE COMPLIANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION TO THE IRS THE FULL BOARD IS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

VERSITI MICHIGAN MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, CURRENT DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A DISCLOSURE FORM BASED ON IRS REQUIREMENTS THAT INCLUDES THE FOLLOWING

WHETHER THEY HAVE ANY DIRECT OR INDIRECT RELATIONSHIP EITHER THROUGH BUSINESS OR FAMILY MEMBER WITH THE ORGANIZATION

WHETHER THEY RECEIVED COMPENSATION FROM ANY ORGANIZATION THAT SHARES COMMON OWNERSHIP OR CONTROL WITH THE ORGANIZATION

WHETHER THEY HAVE SERVED AS AN OFFICER, DIRECTOR, KEY EMPLOYEE, PARTNER OR MEMBER OF AN ENTITY (OR SHAREHOLDER OF A PROFESSIONAL CORPORATION) DOING BUSINESS WITH THE ORGANIZATION

THESE ANSWERS ARE ACCUMULATED, SUMMARIZED AND EVALUATED BY MANAGEMENT TO DETERMINE IF ANY CONFLICTS EXIST IDENTIFIED CONFLICTS ARE ADDRESSED IN ACCORDANCE WITH THE WRITTEN POLICY

Name of the organization  
VERSITI MICHIGAN, INC

Employer identification number  
38-1550001

PART VI, SECTION B, LINES 15A AND 15B

COMPENSATION PROCESS

THE COMPENSATION COMMITTEE OF THE VERSITI BOARD OF DIRECTORS, ACTING IN ITS CAPACITY AS THE COMPENSATION COMMITTEE, SETS AND MONITORS THE COMPENSATION PHILOSOPHY FOR VERSITI AND THE RELATED ENTITIES THAT IT SUPPORTS, INCLUDING VERSITI MICHIGAN OTHER THAN THE VERSITI PRESIDENT & CHIEF EXECUTIVE OFFICER, THE COMPENSATION COMMITTEE DOES NOT INCLUDE MEMBERS OF MANAGEMENT AND IS COMPRISED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO VERSITI OR VERSITI MICHIGAN COMPENSATION ARRANGEMENTS THE VERSITI PRESIDENT AND CHIEF EXECUTIVE OFFICER RECUSES HER/HIMSELF FROM ALL DISCUSSIONS AND APPROVALS RELATED TO HER/HIS COMPENSATION

THE VERSITI COMPENSATION COMMITTEE REVIEWS VERSITI MICHIGAN EXECUTIVE COMPENSATION ARRANGEMENTS TO ENSURE SUCH ARRANGEMENTS ARE FAIR, REASONABLE, AND NOT EXCESSIVE WHEN COMPARED TO SIMILARLY-SITUATED EXECUTIVES EXECUTIVE COMPENSATION ARRANGEMENTS ARE REVIEWED FOR REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY IN ACCORDANCE WITH THE VERSITI REASONABLENESS REVIEW POLICY THE COMPENSATION COMMITTEE ASSESSES THE REASONABLENESS OF EXECUTIVE COMPENSATION ARRANGEMENTS AFTER IT OBTAINS AND REVIEWS APPROPRIATE DATA FOR COMPARABILITY FROM THE HUMAN RESOURCE DEPARTMENT AND AN INDEPENDENT COMPENSATION CONSULTANT THE COMPENSATION COMMITTEE ENGAGES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT ANNUALLY THE INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS OF COMPENSATION LEVELS AT REGIONAL AND NATIONAL ORGANIZATIONS OF COMPARABLE SIZE, SCOPE AND STRUCTURE AND PROVIDES THE

Name of the organization

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COMMITTEE WITH COMPREHENSIVE DATA ON THE AVAILABILITY OF SIMILAR SERVICES WITHIN THE GEOGRAPHIC AREA, COMPENSATION SURVEYS, WRITTEN OFFERS FROM SIMILAR INSTITUTIONS, AND OTHER INFORMATION RELEVANT TO COMPARABILITY OF COMPENSATION THE COMPENSATION COMMITTEE'S REVIEW, RECOMMENDATIONS AND APPROVALS ARE DOCUMENTED CONCURRENTLY IN THE COMMITTEE MINUTES, WHICH ARE SUBSEQUENTLY REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AS REASONABLE, ACCURATE AND COMPLETE

VERSITI AND VERSITI MICHIGAN HAVE INCENTIVE PROGRAMS FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CORPORATE OFFICERS DESCRIBED IN DETAILED WRITTEN POLICIES APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY

#### EVALUATION AND COMPENSATION REVIEW

-CEO - EACH YEAR, THE EXECUTIVE/COMPENSATION COMMITTEE EVALUATES THE VERSITI/VERSITI MICHIGAN CEO'S PERFORMANCE AGAINST ESTABLISHED OBJECTIVES, DETERMINES INCENTIVE PAYMENT AND MERIT INCREASE BASED UPON PERFORMANCE AND MARKET DATA PROVIDED BY THE THIRD PARTY COMPENSATION CONSULTANT, AND WORKS WITH THE CEO TO ESTABLISH OBJECTIVES FOR THE NEXT YEAR

-OTHER CORPORATE OFFICERS - EACH YEAR, THE VERSITI/VERSITI MICHIGAN CEO REVIEWS THE PERFORMANCE AND THE ACHIEVEMENT OF INDIVIDUAL GOALS AND OBJECTIVES OF EACH VERSITI/VERSITI MICHIGAN CORPORATE OFFICER THE VERSITI/VERSITI MICHIGAN CEO PRESENTS HIS/HER RECOMMENDATIONS TO THE

Name of the organization  
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COMPENSATION COMMITTEE, WHICH REVIEWS AND APPROVES RECOMMENDED  
COMPENSATION RANGES, AND APPROVES FINAL SALARY AND INCENTIVE PAYMENTS

CORPORATE OFFICERS ARE POSITIONED WITHIN THE APPROPRIATE SALARY RANGE  
BASED UPON

- EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE,
- PERFORMANCE OF THE EXECUTIVE'S AREAS OF RESPONSIBILITY,
- THE EXECUTIVE'S CONTRIBUTION TO OVERALL PERFORMANCE,
- THE IMPORTANCE OF RETAINING THE EXECUTIVE,
- INTERNAL EQUITY CONSIDERATIONS,
- THE FINANCIAL RESOURCES AVAILABLE, AND
- EXECUTIVE BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET

PART VI, SECTION C, LINE 19

ORGANIZATION'S DOCUMENTS OPEN TO THE PUBLIC

VERSITI MICHIGAN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

PART VII

AVERAGE HOURS

THE HOURS LISTED ON FORM 990, PART VII ARE REPRESENTATIVE OF AN AVERAGE  
FOR THE OFFICERS AND EXECUTIVE TEAM EACH INDIVIDUAL PERSON'S WEEKLY  
TALLY MAY BE GREATER OR LESSER PER WEEK BASED ON THEIR INDIVIDUAL ROLES  
AND RESPONSIBILITIES WITHIN THE FILING ORGANIZATION AND RELATED PARTIES

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS



Name of the organization  
VERSITI MICHIGAN, INC

Employer identification number  
38-1550001

NONCASH CONTRIBUTIONS NOT REPORTED ON BOOKS (\$127,018)

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF VERSITI MICHIGAN IS TO PROVIDE A SAFE AND ADEQUATE BLOOD SUPPLY AND BLOOD-RELATED SERVICES FOR THE COMMUNITIES SERVED BY HOSPITAL PARTNERS THROUGHOUT THE STATE. VERSITI MICHIGAN IS THE SOLE PROVIDER OF BLOOD FOR 63 HOSPITAL FACILITIES. THESE HOSPITALS INCLUDE MAJOR MEDICAL CENTERS (SECONDARY- AND TERTIARY-CARE TEACHING FACILITIES) SERVING POPULATIONS TOTALING MORE THAN 2.5 MILLION PEOPLE. VERSITI MICHIGAN SUPPORTS ANOTHER 15 HOSPITALS THROUGH SUPPLEMENTAL CONTRACTS.

THROUGH DONOR CENTERS AND BLOOD DRIVES IN NORTHWEST, EAST-CENTRAL, WEST, SOUTHWEST AND SOUTHEAST MICHIGAN, VERSITI MICHIGAN RECRUITS AND COLLECTS BLOOD FROM VOLUNTEER DONORS TO ACHIEVE ITS LIFESAVING MISSION. ANNUALLY, VERSITI MICHIGAN COLLECTS APPROXIMATELY 139,000 UNITS OF BLOOD FROM VOLUNTEER BLOOD DONORS AND DISTRIBUTES 289,000 BLOOD COMPONENTS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FOR OVER 64 YEARS, VERSITI MICHIGAN HAS PROUDLY SERVED MICHIGAN HOSPITALS AS AN INDEPENDENT, COMMUNITY-BASED, NONPROFIT BLOOD CENTER.

IN ADDITION TO BLOOD DONATION, VERSITI MICHIGAN ADMINISTERS A

Name of the organization  
VERSITI MICHIGAN, INC

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ATTACHMENT 2 (CONT'D)

VARIETY OF KEY PROGRAMS AND SPECIALTY SERVICES THAT FURTHER OUR  
LIFESAVING MISSION THESE SERVICES INCLUDE A NATIONALLY RECOGNIZED  
CENTER FOR THE NATIONAL MARROW DONOR PROGRAM, ONE OF ONLY 20  
PUBLIC CORD BLOOD BANKS IN AMERICA, AND WE WORK ALONGSIDE LOCAL  
HOSPITALS TO DELIVER A NUMBER OF MEDICAL SERVICES AND THERAPEUTIC  
PROCEDURES

VERSITI MICHIGAN IS ALSO AFFILIATED WITH VERSITI, AN ORGANIZATION  
WHOSE MEMBERS SHARE RESOURCES AND EXPERTISE TO IMPROVE PATIENT  
OUTCOMES, AS WELL AS CONDUCT LEADING EDGE MEDICAL RESEARCH AND  
PROVIDE NATIONWIDE DIAGNOSTIC LAB SERVICES

TO LEARN MORE ABOUT THE PROGRAM SERVICES VERSITI MICHIGAN PROVIDES  
PLEASE SEE DETAILED DESCRIPTIONS BELOW

#### BLOOD DONATION

VOLUNTEER BLOOD DONORS GIVE BLOOD AT EIGHT PERMANENT DONOR CENTERS  
THROUGHOUT MICHIGAN AND AT BLOOD DRIVES HOSTED BY COMMUNITY  
ORGANIZATIONS AND BUSINESSES EACH VERSITI MICHIGAN REGION ALSO  
OPERATES A SELF-CONTAINED BLOOD CENTER ON WHEELS THESE "BLOOD  
BUSES" HELP EXPAND OUR REACH TO SMALL COMMUNITIES AND URBAN AREAS  
WHERE SPACE IS AT A PREMIUM SEE WWW MIBLOOD ORG FOR A  
COMPREHENSIVE LIST OF DONATION LOCATIONS

#### APHERESIS

Name of the organization

VERSITI MICHIGAN, INC

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ATTACHMENT 2 (CONT'D)

SPECIAL EQUIPMENT MAKES IT POSSIBLE TO COLLECT ONE OR MORE SPECIFIC BLOOD COMPONENTS FROM A DONOR, WHILE RETURNING THE REMAINING COMPONENTS BACK TO THE DONOR. APHERESIS DONATIONS ALLOW A GREATER QUANTITY OF ONE COMPONENT TO BE DRAWN VERSUS A STANDARD WHOLE BLOOD DONATION. THESE LARGER COMPONENT-SPECIFIC DONATIONS HELP REDUCE THE NUMBER OF DONORS A PATIENT IS EXPOSED TO, WHICH IS PREFERRED BY MOST PHYSICIANS.

ALSO, PATIENTS WITH DISEASES SUCH AS TTP, KIDNEY REJECTIONS, MYASTHENIA GRAVIS, SICKLE CELL DISEASE, OR LEUKEMIA CAN BE TREATED BY THE REMOVAL OF ONE OR MORE BLOOD COMPONENTS USING THERAPEUTIC APHERESIS TECHNOLOGY. VERSITI MICHIGAN STAFF AND EQUIPMENT TRAVEL TO GRAND RAPIDS AREA HOSPITALS TO PERFORM ROUGHLY 2,000 PROCEDURES ANNUALLY.

#### MARROW/STEM CELL PROGRAM

IN THE PAST 30 YEARS, VERSITI MICHIGAN/VERSITI NMDP SERVICES HAS ESTABLISHED ONE OF THE PREMIER RECRUITMENT DONOR CENTER RECORDS IN THE UNITED STATES. VERSITI MICHIGAN/VERSITI ADDED MORE THAN 205,000 INDIVIDUALS WITH ADVANCED TISSUE TYPING TO THE REGISTRY OF POTENTIAL STEM CELL DONORS MAINTAINED BY THE BE THE MATCH REGISTRY (NATIONAL MARROW DONOR PROGRAM). IN 2010, THE DONOR CENTER RECEIVED THE DONOR MANAGEMENT RECOGNITION AWARD, A LIFETIME ACHIEVEMENT AWARD. NMDP SERVICES ALSO PROVIDES SUPPORT SERVICES FOR PATIENTS AND FAMILIES SEEKING COMPATIBLE STEM CELL DONORS.

Name of the organization  
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ATTACHMENT 2 (CONT'D)

STEM CELL TRANSPLANTS REMAIN THE PRIMARY SOURCE OF HOPE FOR  
PATIENTS WITH CERTAIN KINDS OF LIFE-THREATENING DISEASES VERSITI  
MICHIGAN HAS HELPED FACILITATE LIFESAVING STEM CELL TRANSPLANTS  
FOR OVER 800 PEOPLE AROUND THE WORLD

CORD BLOOD BANK/STEM CELL PROCESSING LABORATORY  
VERSITI MICHIGAN CORD BLOOD BANK, THE FIRST OF ITS KIND IN  
MICHIGAN, HAS COLLECTED AND STORED BLOOD FROM MORE THAN 4,200  
UMBILICAL CORDS CORD BLOOD IS RICH IN STEM CELLS AND CORD BLOOD  
TRANSPLANTATION IS FINDING APPLICATION IN CHILDREN AND ADULTS  
AROUND THE GLOBE SUFFERING FROM CERTAIN LIFE-THREATENING  
DISEASES

LOCAL AVAILABILITY OF STEM CELL COLLECTION, PROCESSING, STORAGE,  
AND PRE-TRANSPLANT PREPARATION SUPPORTS THE LOCAL TRANSPLANT  
PROGRAM'S ABILITY TO OFFER ADVANCED MEDICAL CARE IT ALSO OFFERS  
INCREASED CONVENIENCE AND REDUCED STRESS FOR PATIENTS AND FAMILIES  
WHO PREVIOUSLY HAD TO TRAVEL LONG DISTANCES FOR TRANSPLANT  
SERVICES

CELLULAR THERAPY  
AS PART OF EVER-CHANGING MEDICAL LANDSCAPE, VERSITI MICHIGAN  
SUPPORTS PERSONALIZED CELLULAR THERAPY TREATMENTS USED IN A NUMBER  
OF CANCERS AND OTHER LIFE-THREATENING DISEASES FOR INSTANCE,  
VERSITI MICHIGAN COLLECTS CELLS FROM PROSTATE CANCER PATIENTS TO

Name of the organization

VERSITI MICHIGAN, INC

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ATTACHMENT 2 (CONT'D)

BE USED IN THE PREPARATION OF PERSONALIZED TREATMENTS OTHER APPLICATIONS ARE ROUTINELY BEING RESEARCHED AND TRIALED IN HOPES OF GAINING FDA APPROVAL VERSITI MICHIGAN ALSO COLLECTS PATIENT WHITE CELLS AND PROCESSES THEM WITH UV LIGHT TO HELP TREAT GRAFT VS HOST DISEASE AND CUTANEOUS T-CELL LYMPHOMA

## DNA/HLA LABORATORY

THIS LABORATORY USES SPECIAL TECHNIQUES TO CONDUCT TISSUE TYPING AT THE GENETIC CODE LEVEL TO EVALUATE DONOR-PATIENT COMPATIBILITY BEFORE TRANSPLANTATION LOCAL AVAILABILITY OF THESE SERVICES HELPS DOCTORS RESPOND FASTER TO URGENT PATIENT NEEDS CAUSED BY AGGRESSIVE DISEASES PATIENTS WITH TRANSFUSION/PREGNANCY-RELATED SENSITIVITIES ALSO BENEFIT FROM THE SERVICES OF THE DNA/HLA LABORATORY WHICH HELPS PHYSICIANS DIAGNOSE, TREAT AND FIND APPROPRIATE BLOOD PRODUCTS. THE DNA/HLA LABORATORY ALSO TYPES APHERESIS DONORS TO IDENTIFY LIFE-SAVING MATCHES FOR PATIENTS NEEDING COMPONENT TRANSFUSION

## REFERENCE LABORATORY

PATIENTS WITH COMPLEX TRANSFUSION-RELATED SENSITIVITIES BENEFIT FROM THE SERVICES OF THE RED CELL REFERENCE LABORATORY, WHICH PROVIDES INFORMATION THAT HELPS PHYSICIANS DIAGNOSE AND TREAT COMPLICATED CASES AND FIND RARE BLOOD TYPES FOR TRANSFUSION THESE PATIENTS OFTEN ARE CRITICALLY ILL AND MAY SUFFER SERIOUS COMPLICATIONS (INCLUDING DEATH) WITHOUT SPECIAL LABORATORY

Name of the organization  
VERSITI MICHIGAN, INC

Employer identification number  
38-1550001

ATTACHMENT 2 (CONT'D)

SERVICES TO HELP THEIR DOCTORS ASSESS THE RISKS OF TRANSFUSION  
REACTIONS AND DONOR/RECIPIENT INCOMPATIBILITIES

VOLUNTEERISM

VERSITI MICHIGAN OFFERS A WIDE VARIETY OF OPPORTUNITIES FOR  
COMMUNITY MEMBERS INTERESTED IN VOLUNTEERING THEIR TIME TO HELP  
THEIR COMMUNITY AND SUPPORT VERSITI MICHIGAN'S LIFESAVING MISSION

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OUTSIDE LAB SERVICES	6,260,662.	6,260,662		
SHIPPING/POSTAGE	1,170,766	1,156,073	14,693	
CONSULTANT	678,066	224,817	453,249	
PURCHASED SERVICES	171,526	21,848	149,678	
TEMPORARY HELP	81,069	48,896	32,173	
PRINTING	79,511	69,782	9,729	
LAUNDRY	19,990	19,926	64	
RECORDS	8,890		8,890	
MARKET RESEARCH	25		25	
IN HOUSE SERVICES		588,096	-588,096	
TOTALS	<u>8,470,505</u>	<u>8,390,100</u>	<u>80,405</u>	

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

VERSITI MICHIGAN, INC

Employer identification number

38-1550001

OMB No 1545-0047

**2018**

Open to Public  
Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	VERSITI WISCONSIN, INC 638 NORTH 18TH STREET MILWAUKEE, WI 53233-2121	BLOOD	WI	501 (C) (3)	07	VERSITI	X
(2)	VERSITI RESEARCH INSTITUTE FNDN P O BOX 2178, 638 NORTH 18TH MILWAUKEE, WI 53201	SUPPORTING	WI	501 (C) (3)	12B	VERSITI	X
(3)	VERSITI, INC P O BOX 2178, 638 NORTH 18TH MILWAUKEE, WI 53201	SUPPORTING	WI	501 (C) (3)	12B	N/A	X
(4)	VERSITI ILLINOIS, INC 1200 N HIGHLAND AVENUE AURORA, IL 60506	BLOOD	IL	501 (C) (3)	10	VERSITI	X
(5)	VERSITI INDIANA, INC 3450 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	BLOOD	IN	501 (C) (3)	10	VERSITI	X
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA

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**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(1)	(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018

**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.