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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 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WA Foote Memorial Hospital

Doing business as

Henry Ford Allegiance Health

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

205 N East Avenue

Room/suite

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

Jackson, MI 49201

F Name and address of principal officer

Paula Autry

205 N East Avenue

Jackson, MI 49201

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

38-2027689

E Telephone number

(517) 205-4800

G Gross receipts \$ 765,844,700

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ [www.henryford.com/locations/allegiance-health](http://www.henryford.com/locations/allegiance-health)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1970

M State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

We lead our community to better health and well-being at every stage of life

2 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) . . . . .

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

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

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

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

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

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

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

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

Expenses

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

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

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

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶169,589

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

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

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

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

Prior Year

Current Year

889,7612,556,493

545,560,074588,602,331

17,033,958-8,028,399

15,363,77833,287,400

578,847,571616,417,825

323,378390,633

00

295,554,499302,378,836

00

292,082,959299,275,503

587,960,836602,044,972

-9,113,26514,372,853

Beginning of Current Year

End of Year

516,461,443508,997,334

305,080,415271,838,627

211,381,028237,158,707

Part II Signature Block

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

Sign Here

Signature of officer

2019-11-14

Date

Paula Autry President & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

See Schedule O Our Mission We lead our community to better health and well-being at every stage of life Our Values Competence expertise in carrying out responsibilities and inspiring others to have confidence in you Integrity behavior that is honest, fair, trustworthy and sincere, strength of character and respect for others Teamwork working together in an environment of mutual respect Diversity respect for individual beliefs, uniqueness, and differences Quality commitment to excellence in care Compassion acknowledging the feelings of others with empathy, support, encouragement, and sensitivity Listening and responding to individual needs in a patient and caring manner Customer Service taking pride in providing service beyond expectations Healing Environment providing an environment that promotes an atmosphere of trust, comfort, healing and security

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 527,595,746	including grants of \$ 390,633 )	(Revenue \$ 641,981,359 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b>	527,595,746
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b> Yes	

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 375	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<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>	4,870			
<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>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<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>	Yes	
<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>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ 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>		No
<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>		No
<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>		No
<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>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<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>		No
<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>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<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>9a</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>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>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<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>		No
<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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		
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> 11		
<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?	<b>2</b>		No
<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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<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?	<b>7b</b>	Yes	
<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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<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>10b</b>	
<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?	<b>11a</b>	Yes
<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.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<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.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<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?	<b>16b</b>	Yes

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 David W Spring 205 N East Avenue Jackson, MI 49201 (517) 205-4800

## 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 ☐

□

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

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

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	11,436,534	4,035,828	1,074,515

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 ▶ 327

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHRISTMAN COMPANY  208 N Capital Avenue Lansing, MI 489331357	General Contractor	14,958,800
Independent Hospitalist Physicians PLLC  PO BOX 100 Royal Oak, MI 48068	Healthcare Services	10,001,757
ST JOSEPH MERCY HEALTH SYSTEM  PO BOX 992 Ann Arbor, MI 48106	Healthcare Services	9,822,125
Pulmonary Clinics Of Southern MI PC  900 E Michigan Avenue Ste 105 Jackson, MI 49201	Healthcare Services	3,561,764
FOCUSONE SOLUTIONS LLC  PO BOX 3037 OMAHA, NE 681030037	Staffing Solutions	2,174,763

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 51</p>	
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Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	183,750				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,372,743				
	g	Noncash contributions included in lines 1a - 1f \$ _____						
	h	Total. Add lines 1a-1f . . . . . ▶	2,556,493					
Program Service Revenue			Business Code					
	2a	Patient Services	621990	588,602,331	586,621,076	1,981,255		
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶	588,602,331					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	-30,648,908			-30,648,908	
	4		Income from investment of tax-exempt bond proceeds . . . . . ▶					
	5		Royalties . . . . . ▶					
	6a	(i) Real		(ii) Personal				
		Gross rents						
		227,646						
		b Less rental expenses		0				
	c		Rental income or (loss)	227,646				
	d		Net rental income or (loss) . . . . . ▶	227,646			227,646	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		172,047,384						
		b Less cost or other basis and sales expenses		149,266,373				
	c		Gain or (loss)	22,781,011	-160,502			
	d		Net gain or (loss) . . . . . ▶	22,620,509	22,781,011		-160,502	
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
	b		Less direct expenses . . . . . b					
	c		Net income or (loss) from fundraising events . . . ▶					
	9a		Gross income from gaming activities See Part IV, line 19 . . . . . a					
	b		Less direct expenses . . . . . b					
c		Net income or (loss) from gaming activities . . . ▶						
10a		Gross sales of inventory, less returns and allowances . . . . . a						
b		Less cost of goods sold . . . . . b						
c		Net income or (loss) from sales of inventory . . . ▶						
		Miscellaneous Revenue	Business Code					
11a		Contracted Pharmacy Revenue	621110	22,009,094	22,009,094			
b		JHN	621990	3,150,850	3,150,850			
c		Cafeteria	900099	2,067,920	2,067,920			
d		All other revenue . . . . .		5,831,890	5,351,408	480,482		
e		Total. Add lines 11a-11d . . . . . ▶		33,059,754				
12		Total revenue. See Instructions . . . . . ▶		616,417,825	641,981,359	2,461,737	-30,581,764	

**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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	238,000	238,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	152,633	152,633		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,124,030	2,960,926	1,993,515	169,589
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	686,219	330,600	355,619	
<b>7</b> Other salaries and wages.	251,882,765	209,234,039	42,648,726	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,402,104	6,910,361	1,491,743	
<b>9</b> Other employee benefits.	19,319,429	15,889,381	3,430,048	
<b>10</b> Payroll taxes.	16,964,289	13,952,382	3,011,907	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	399,015	328,172	70,843	
<b>c</b> Accounting.	235,000		235,000	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,351,144	52,786,879	7,564,265	
<b>12</b> Advertising and promotion.	1,640,736	1,349,433	291,303	
<b>13</b> Office expenses.	13,697,876	11,265,901	2,431,975	
<b>14</b> Information technology.	941,497	774,340	167,157	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,313,781	7,660,175	1,653,606	
<b>17</b> Travel.	332,537	273,497	59,040	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	502,453	413,246	89,207	
<b>20</b> Interest.	4,620,388	3,800,066	820,322	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	29,058,016	23,898,941	5,159,075	
<b>23</b> Insurance.	4,440,957	3,652,492	788,465	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Medical Supplies.	52,700,150	52,700,150		
<b>b</b> Pharmaceutical Supplies.	48,118,075	48,118,075		
<b>c</b> Corp Office Allocation.	24,427,299	24,427,299		
<b>d</b> Uncompensated Care.	20,331,439	20,331,439		
<b>e</b> All other expenses.	28,165,140	26,147,319	2,017,821	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	602,044,972	527,595,746	74,279,637	169,589
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		2,528,596	<b>1</b>	6,015,197
	<b>2</b>	Savings and temporary cash investments . . . . .		944,248	<b>2</b>	16,846,891
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	911,234
	<b>4</b>	Accounts receivable, net . . . . .		68,768,324	<b>4</b>	78,705,782
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		115,000	<b>6</b>	115,000
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		8,053,478	<b>8</b>	8,453,746
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		5,291,637	<b>9</b>	4,035,255
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	306,755,664		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	64,879,699		
	<b>11</b>	Investments—publicly traded securities . . . . .		224,765,467	<b>10c</b>	241,875,965
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		193,283,776	<b>11</b>	143,221,026
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>14</b>	Intangible assets . . . . .			<b>13</b>	4,684,605
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		12,710,917	<b>14</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		516,461,443	<b>15</b>	4,132,633	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		100,503,140	<b>16</b>	508,997,334
	<b>18</b>	Grants payable . . . . .			<b>17</b>	53,597,922
	<b>19</b>	Deferred revenue . . . . .			<b>18</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		156,439,744	<b>19</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>20</b>	155,513,098
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>21</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>22</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>23</b>	135,457
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		48,137,531	<b>24</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		305,080,415	<b>25</b>	62,592,150
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
<b>27</b>		Unrestricted net assets . . . . .		211,381,028	<b>26</b>	271,838,627
<b>28</b>		Temporarily restricted net assets . . . . .			<b>27</b>	233,975,313
<b>29</b>		Permanently restricted net assets . . . . .			<b>28</b>	2,439,366
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
<b>30</b>		Capital stock or trust principal, or current funds . . . . .			<b>29</b>	744,028
<b>31</b>		Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
<b>32</b>		Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>	
<b>33</b>		<b>Total net assets or fund balances</b> . . . . .		211,381,028	<b>32</b>	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		516,461,443	<b>33</b>	237,158,707	
				<b>34</b>	508,997,334	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	616,417,825
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	602,044,972
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	14,372,853
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	211,381,028
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	11,404,826
<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>	237,158,707

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

**Software ID:****Software Version:****EIN:** 38-2027689**Name:** WA Foote Memorial Hospital

Form 990 (2018)

**Form 990, Part III, Line 4a:**

See Schedule OThe Hospital devotes substantial efforts and resources to providing health services to people in its communities The Hospital is engaged in the following activities to ensure that our mission is accomplished Unreimbursed Services Provided to the Underserved The Hospital provides a substantial portion of its services to the underserved (elderly and low income residents) During 2018, approximately 51% of the value of services rendered were to elderly patients under the Medicare program, and approximately 18% of the services were provided to patients who were deemed indigent under state, county, or Medicaid Center guidelines In the spirit of our mission and values, the Hospital has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare services to all persons In 2018 the hospital recorded a provision for bad debts of \$20.3 million Consistent with Schedule H reporting, charity care at cost for 2018 was \$5.8 million Patient Services The Hospital serves seven counties with a medical staff of more than 400 physicians A complete listing of services is available at Henryford.com The Hospital provides unprofitable health services on behalf of the community including inpatient and outpatient behavioral health and substance abuse services, obstetrics, emergency and trauma services, general medicine, family/general practice, senior services, cardiac and pulmonary rehabilitation, palliative care, wound care, pain clinic and diabetes clinic Community Benefit Activities The Hospital is engaged in community programs and services that address identified community health needs regardless of source or availability of payment and provide measurable improvement in health access, health status, and the use of health care resources These programs address one of the six criteria Supports the Hospital's community-based missionTargets the problems of the poor or medically underservedImpacts the health status of the identified communityReduces community health costsIs accessible to the entire target community regardless of ability to payStimulates external community partnershipsHealth Improvement Organization The Health Improvement Organization (HIO) was created by Henry Ford Allegiance Health (HFAH) in 2001 to promote a culture of continuous health improvement in our community and integrate wellness and prevention throughout our services The HFAH Department of Prevention and Community Health provides staff and infrastructure to facilitate the coordination of local health improvement activities The HIO Coordinating Council (HIO CC) is a multi-disciplinary stakeholders group led by HFAH with representation from local government, public health, health care, health and human service agencies, nonprofits, school districts, health plans, mental health, employers and the faith community The HIO CC coordinates efforts among community leaders in health to create unprecedented alignment of goals and resources, as well as a strong community platform for advocacy The work of the HIO CC has culminated in the completion of a Community Action Plan including goals, objectives and strategies to address physical activity, nutrition, tobacco use, and depression in Jackson County The Plan is based on assessment and data-driven processes, as well as input from over 30 representatives from local health and human service agencies, and over 100 community stakeholders The overarching tactics that the Community Action Plan relies upon include evidence-based activities to Enhance media attention and public recognition of healthy lifestyle practices,Improve access to healthy foods and safe, attractive, affordable places for activity through supportive policies and physical environment changes,Provide social support and services that promote consistent screening, referral and supportive relationships for physical activity, nutrition, mental health and smoking behavior change The HIO builds upon existing community strengths and infrastructure to support implementation of health initiatives that have been prioritized as part of a community wide plan with significant community engagement and an established infrastructure to support longevity In addition to operational support for the HIO CC, the HFAH Department of Prevention and Community Health provides subject matter expertise on wellness and prevention at the Board, Service Line and community level, and direct service delivery (including employer-based health management, tobacco treatment services, weight management, faith community nursing, etc ) to a broad base of community members to support the health improvement priorities identified by the HIO The Department of Prevention and Community Health has an annual budget of around \$1 million Since 2001, the Hospital has committed over \$24.4 million of funding to this program Other Community Benefit Activities Through Community Education and Outreach, the Hospital provided educational sessions and clinics that reached 33,520 individuals at a cost of \$173,771 in 2018 The sessions/clinics included education on asthma, AIDS/HIV, diabetes, family planning, fitness/exercise, overall health, cardiovascular health, nutrition and weight management, pulmonary, smoking cessation and womens health These educational offerings were located at the Hospital, community fairs, parishes, schools, work sites and by phone Free Medical Screenings for high blood pressure, diabetes, mental health/depression, vascular disease and womens health served 2,965 community members at a cost of \$30,709 in 2018 Free and discounted prescription drug and medical supplies were provided to community members at a cost of \$4,164 during 2018 HFAH clinics provided reduced fee medical services at a cost of \$1,104,264 in fiscal year 2018 Through Meals on Wheels and other food programs, the Hospital donated \$11,728 in food Patient transportation assistance was provided in 2018, including wheelchair van, ambulance, transport to and from cancer centers and cab service at a cost of \$61,614 Partnerships The Hospital played a leadership role in the establishment of the Center for Family Health, a Federally Qualified Health Center, providing \$100,000 in fiscal year 2018 support for the uninsured The Hospital donates office space to a area non-profit organization, the Enterprise Group of Jackson, Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Georgia R Fojtasek RN EdD ..... Trustee-President & CEO	58 00 ..... 7 00	X		X				0	1,274,944	54,700
Martha A Fuerstenau ..... Trustee	1 00 ..... 1 00	X						0	0	0
Robert G Riney ..... Trustee	1 00 ..... 64 00	X						0	1,837,361	50,013
Adnan R Munkarah MD ..... Physician Trustee	1 00 ..... 63 00	X						0	923,523	55,624
Sandra Kilian MD ..... Trustee	60 00 ..... 1 00	X						179,151	0	26,458
Kevin E Oxley ..... Trustee-President & CEO	1 00 ..... 1 00	X						0	0	0
Timothy K Levy ..... Trustee- Chair	2 00 ..... 2 00	X		X				0	0	0
Aaron S Boatn ..... Trustee	1 00 ..... 3 00	X						0	0	0
Neeta M Delaney ..... Trustee- Vice Chair	2 00 ..... 2 00	X		X				0	0	0
Bradley N Clark ..... Trustee- Secretary/Treasurer	2 00 ..... 2 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David L Halsey MD ..... Trustee	1 00 .....	X						39,092	0	0
Mark Olson ..... Trustee	1 00 .....	X						0	0	0
Andrew F Caughey MD ..... CMO/CEO HFAHMG	1 00 ..... 1 00	X						0	0	0
Steven D Rick ..... Trustee	1 00 ..... 1 00	X						0	0	0
John C Nally ..... Trustee	1 00 ..... 1 00	X						0	0	0
Gregg A Patten MD ..... Trustee	1 00 ..... 2 00	X						0	0	0
Mohan G Kulkarni MD ..... Physician Trustee	60 00 ..... 1 00	X						961,567	0	91,920
Kenneth W Empey ..... General Counsel	55 00 ..... 5 00				X			484,642	0	49,177
Ondrea L Bates RN ..... SVP Patient Care	60 00 ..... 5 00				X			497,408	0	57,324
Mark A Smith MD ..... Chief Medical Officer	55 00 ..... 5 00				X			412,318	0	60,844

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin P Leonard ..... VP Finance/ CFO	55 00 ..... 5 00				X			370,520	0	30,097
Azam Basheer MD ..... Physician	60 00 ..... 0 00					X		1,886,335	0	142,055
Timothy Ephrian Ekpo DO ..... Physician	60 00 ..... 0 00					X		1,395,253	0	102,667
Amrithraj G Loganathan MD ..... Physician	60 00 ..... 0 00					X		1,632,231	0	120,290
Frank LaMarca MD ..... Physician	60 00 ..... 0 00					X		2,095,373	0	148,625
Stephen Lee Kirkner DO ..... Physician	60 00 ..... 0 00					X		1,325,938	0	84,721
Karen Chaprnka ..... Former SVP & COO	55 00 ..... 5 00						X	156,706	0	0



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital

Employer identification number  
38-2027689

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 **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).** 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		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<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
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

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

(Complete only if you checked the box on line 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.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

**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 on line 12 of 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? <i>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.</i>	<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)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<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? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<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? <i>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.</i>	<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)? <i>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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. 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. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 38-2027689  
Name: WA Foote Memorial Hospital

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

Facts And Circumstances Test



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶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.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WA Foote Memorial Hospital	Employer identification number 38-2027689
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
<b>2</b>	Political campaign activity expenditures (see instructions)	▶ \$
<b>3</b>	Volunteer hours for political campaign activities (see instructions)	

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		41,452
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			41,452
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	Health care is a highly-regulated field, requiring frequent and high-level communication with regulators and elected officials. A small investment in lobbying enables us to remain in contact with legislators and government agencies, maximize the resources with which we are entrusted and assure that we provide the best care to our community. W A Foote Memorial Hospital dba Henry Ford Allegiance Health enlists the services of several lobbying consultants, attorneys and healthcare trade associations. In addition, the Hospital employs a corporate accounts specialist. The specialist spends a portion of his time contacting legislators, participating in grass roots advocacy, and other activities closely related to lobbying.

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital

Employer identification number  
38-2027689

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 an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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

► \$

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 . . . . .	2,713,012	2,037,753	1,614,108	1,451,944	1,312,432
b Contributions . . . . .	2,074,346	1,513,373	471,995	463,114	558,781
c Net investment earnings, gains, and losses	-50,758	93,086	19,074	12,856	-4,612
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,553,207	931,200	67,424	313,806	414,657
f Administrative expenses . . . . .					
g End of year balance . . . . .	3,183,393	2,713,012	2,037,753	1,614,108	1,451,944

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 ▶ 23 370 %

c

Temporarily restricted endowment ▶ 76 630 %

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 . . . . .

b

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

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

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 . . . . .		4,034,484		4,034,484
b Buildings . . . . .		161,889,620	18,953,592	142,936,028
c Leasehold improvements		210,800	90,866	119,934
d Equipment . . . . .		137,117,198	45,835,241	91,281,957
e Other . . . . .		3,503,562		3,503,562
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				241,875,965

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

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)		
Total. (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)	
Total. (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		
Retirement Plan Liability	36,955,071	
Deferred Comp	6,315,850	
Corporate Reserve	6,173,223	
Liability Insurance	12,326,008	
Workers Comp Liability	821,998	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	62,592,150	

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>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<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>	

**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>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<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>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2027689  
**Name:** WA Foote Memorial Hospital

**Supplemental Information**

Return Reference	Explanation
Part V, Line 4	The Organization's endowment funds are used for various charitable hospital programs including treatment of uninsured patients, community preventative health education, program development and capital improvements

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	The System does not have any material uncertain tax positions as of December 31, 2018 and 2017

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WA Foote Memorial Hospital

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► 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**

**Employer identification number**

38-2027689

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and Caribbean			Investments		29,337,965
<b>3a</b> Sub-total	0	0			29,337,965
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			29,337,965

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493318077009

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization  
WA Foote Memorial Hospital

Employer identification number  
38-2027689

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,811,282		5,811,282	1 000 %
b Medicaid (from Worksheet 3, column a)			169,514,153	131,451,541	38,062,612	6 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			175,325,435	131,451,541	43,873,894	7 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			656,312	9,200	647,112	0 110 %
f Health professions education (from Worksheet 5)			16,118,833	6,527,528	9,591,305	1 650 %
g Subsidized health services (from Worksheet 6)			18,647,245	16,836,981	1,810,264	0 310 %
h Research (from Worksheet 7)			333,006		333,006	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			687,892		687,892	0 120 %
j Total. Other Benefits			36,443,288	23,373,709	13,069,579	2 250 %
k Total. Add lines 7d and 7j			211,768,723	154,825,250	56,943,473	9 790 %

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

Cat No 50192T

Schedule H (Form 990) 2018



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support		200	8,197		8,197	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			1,574		1,574	0 %
<b>6</b> Coalition building		160,225	363,739		363,739	0 060 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>		160,425	373,510		373,510	0 060 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	<b>2</b>	20,331,439	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	<b>3</b>	5,082,860	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	171,677,542
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	186,856,154
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-15,178,612
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> Foote Health Center Associates	Entity leases medical office space	62 000 %	0 %	38 000 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
WA Foote Memorial Hospital**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Page 8</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>www.myhio.org</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>See Part V, Page 8</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WA Foote Memorial Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <a href="https://www.henryford.com/visitors/billing/financial-assistance">https://www.henryford.com/visitors/billing/financial-assistance</a>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <a href="https://www.henryford.com/visitors/billing/financial-assistance">https://www.henryford.com/visitors/billing/financial-assistance</a>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <a href="https://www.henryford.com/visitors/billing/financial-assistance">https://www.henryford.com/visitors/billing/financial-assistance</a>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

WA Foote Memorial Hospital

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WA Foote Memorial Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? **81**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 6a	The Hospital prepares an annual community benefit report, which can be accessed at <a href="http://www.Henryford.com/locations/allegiance-health/about/giving-back/report-to-the-community">www.Henryford.com/locations/allegiance-health/about/giving-back/report-to-the-community</a>
Part I, Line 7	The Hospital used a cost-to-charge ratio to calculate the cost of charity care and Medicaid shortfall Community Health Improvement Services, Health Professions Education, Research and Contributions are actual amounts

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$20,331,439
Part II, Community Building Activities	The Hospital is involved in numerous community building activities. We believe these activities, such as supporting affordable housing, working in partnership with the local community college to develop skilled nurses and supporting economic development programs directly improve the general health and wellness of the community. Also, staff at every level of the organization are encouraged to serve community groups that promote education, health and economic advocacy for the less fortunate.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 2	The organization's bad debt expense is stated in patient gross charges
Part III, Line 4	<p>Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its historical experience and identifies trends for each of its major payor sources to estimate the appropriate allowance for uncollectible accounts and the provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party health care coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and provision for bad debts. For receivables associated with self-pay accounts (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts. The amount of bad debt reported for the twelve months ended December 31, 2018 financial statements was \$20,331,439.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8	The Organization believes the entire Medicare shortfall reported on Line 7 should be treated as Community Benefit. Henry Ford Allegiance Health is nationally recognized by Healthgrades as being in the top five percent nationally for patient safety (seven years in a row). Henry Ford Allegiance Health also benchmarks favorably on overall cost per case and is deemed to be an efficient provider. The Organization is subsidizing a government program and sustaining significant losses in providing health care to Medicare recipients. By continuing to treat patients eligible for Medicare, hospitals alleviate the federal government's burden for directly providing medical services.
Part III, Line 9b	The Hospital does not collect from patients known to qualify for charity care or other financial assistance. Patients having difficulty paying their bills are directed to financial counselors. These counselors review the patient's information in order to see if they qualify for assistance. In addition, bills sent to patients include a number to call for help in providing the required financial information to qualify for charity care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>The Health Improvement Organization (HIO) was founded on the understanding that long-term health improvement requires that we extend beyond acute medical care to affect the social and environmental determinants of health. Since its creation in 2000, the HIO has evolved to become a national best practice model for organizing population health improvement efforts in a region. The Health Improvement Organization Coordinating Council (HIO CC) is the community stakeholder collaborative, led by Henry Ford Allegiance Health, responsible for completing shared needs assessments, identifying high priority health issues, developing and coordinating implementation of collaborative action plans and monitoring progress over time. In FY16, the HIO CC completed an updated Community Health Assessment report and 2016-2017 Community Action Plan. The Community Health Assessment was posted on the Henry Ford Allegiance Health and HIO websites and adopted by the Henry Ford Allegiance Board of Trustees and HIO Coordinating Council in June 2016. This plan reflects significant work of many dedicated organizations and individuals. Over 1200 Jackson County residents responded to our third Community Health Assessment phone survey or participated in focus group discussions to provide insight about local health status, attitudes, beliefs, behaviors and opportunities. More than 30 HIO Coordinating Council representatives from local government, public health, health care, school districts, mental health, employers and other human service sectors spent months reviewing local data, best practice research and community input to revise our Goals and Objectives for 2016-2017. Three existing community initiatives were voted into the Health Improvement Organization, resulting in seven Health Action Teams leading change around priority health issues. Over 20 organizations and individuals stepped up to lead Health Action Teams and champion specific strategies. Our Community Health Assessment gives Jackson a powerful tool to measure health indicators within geographic and demographic subpopulations and to track changes over time. Based on the most recent data, the HIO continues to prioritize obesity, smoking and behavioral health as targets for improvement. Action Teams organized around goals in each of these areas are pursuing evidence-based community strategies such as increasing access to healthy food, enhanced mental health screening, and anti-tobacco policies. In addition to topic-specific teams around improving nutrition, physical activity, smoke-free lifestyles, behavioral health, teen pregnancy prevention, maternal and child health, and substance abuse prevention, the HIO is active in two cross-network initiatives. The Collaborative Council is a stakeholder group comprised of individuals from health, education, and financial stability. The Collaborative Council exists to coordinate the work of all strands and agencies to maximize efficiency across the community. The Community Engagement Committee is a partnership of the HIO and Cradle to Career, Jackson's education network. Leaders from both initiatives recognized parallel goals to engage populations served and made the decision to combine efforts in order to maximize resources. The Community Action Plan (CAP) report approved by the Board of Trustees during FY 2016 clearly communicates Henry Ford Allegiance Health's role and responsibilities relative to implementation of action plans.</p>
Part VI, Line 3	<p>Uninsured inpatients and observation patients are referred to a financial counselor (contracted agent/partner) for assistance with Medicaid, SSI, and Henry Ford Allegiance Health program applications. Many outpatients needing or having received hospital services are also referred to the agent/partner for assistance. ER patients are provided with a packet of information at discharge from the department. This packet includes information about how assistance may be obtained through the local Medicaid office and about how to apply for our income structured payment plan and uncompensated care programs. When patients are billed for balances they owe, we solicit them to call the Business Office with any questions or for assistance. Additionally, a series of letters are sent to patients to apprise them of payment and assistance options. Allegiance has a printed brochure that is available through Registration that includes information regarding Medicaid application assistance and our internal programs. The Henry Ford Allegiance Health website includes a series of web pages related to transparency, quality, pricing, and our financial policies, procedures, and programs. Uninsured patients needing mental health services are screened for eligibility through our partnership with the Jackson Community Mental Health Agency, which funds care for indigent, dual diagnosis, and Medicaid patients. Patients seeking substance abuse care are linked with the Mid-South Substance Abuse Commission. Registration and Business Office team members receive direct training on our programs and scripting for ensuring information is provided to the patients and families with whom our staff interact. Education is provided to organizational leaders to ensure that team members outside of Finance are aware of our programs and where to direct patients and families who may need or who are seeking assistance.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>Henry Ford Allegiance Health's market is determined geographically by the boundaries of Jackson County. The hospital is a tax exempt Health System that serves the collective health needs of the more than 160,000 residents of Jackson County. The gender distribution of Jackson County residents is 49% female and 51% male. The age distribution of Jackson County is 26% of residents 19 years and under, 18% between 20 and 34 years, 29% between 35 and 54 years, 13% between 55 and 64 years, and 14% of residents are 65 years and older. Racial distribution of Jackson County residents according to the 2011 Census Data is 88.0% as white, 7.9% as African American, 0.7% as Asian, 0.4% as American Indian or Alaska Native, and 3.0% as some other race or two or more races. Of males aged 15 years and over, 33.0% have never married, 50.4% are married, 1.5% are separated, 2.9% are widowed, and 12.3% are divorced. Of females aged 15 and over, 25.0% have never married, 50.4% are married, 1.7% are separated, 9.8% are widowed, and 13.2% are divorced. According to the Bureau of Labor Statistics (2013), Jackson County also experiences a high unemployment rate of 8.8%. With 69,400 individuals in the civilian labor force, 6,100 residents are currently unemployed. Of those employed, major industries represented include educational services, health care, and social assistance (23.9%), manufacturing (18.7%), retail trade (12.1%), professional, scientific, management, administrative, and waste management services (7.7%), and arts, entertainment, recreation, accommodation, and food services (7.5%). Approximately 51% of Allegiance Hospital patients were covered by Medicare, while 27% were on Medicaid and 1% were uninsured. During the 2018 fiscal year, Henry Ford Allegiance Health had 20,466 inpatient discharges, of which 9,939 Medicare discharges and 6,047 Medicaid discharges from inpatient services. Physician practice visits totaled 379,518 during FY 2018, with 178,377 primary care visits and 201,141 visits to specialists.</p>
Part VI, Line 5	<p>The mission of Henry Ford Allegiance Health is to improve peoples's lives through excellence in the science and art of healthcare and healing. Recently celebrating a century of providing care to our community, Henry Ford Allegiance Health's success in creating an environment for safe, clinically sound, patient-centered care has earned many accolades from across the health care industry. While these awards recognize our commitment to providing exceptional patient care, they also challenge us toward continuous improvement across the continuum. CMS Four-Star Rating - Henry Ford Allegiance Health has received a four-star rating from the Centers for Medicare &amp; Medicaid Services (CMS), largely reflecting our significant commitment to quality and safety. Fall 2019 "A" for Patient Safety from The Leapfrog Group - The Leapfrog Group, a national patient safety watchdog, once again awarded Henry Ford Allegiance Health with an "A," ranking it among the safest hospitals in the United States. We Honor Veterans - Henry Ford Allegiance Health is proud to have been designated a Level 3 Hospice Partner of the We Honor Veterans program, a collaboration with the National Hospice Palliative Care Organization and the Veterans Administration Looking Toward our Community's Future. In September 2018, a new three-story, 59,000 square-foot patient tower opened on the hospital campus, creating a total of 66 private rooms. A two-story Center for Health Innovation &amp; Education center-a regional training center for health care professionals that includes leading-edge technology, such as a simulation lab designed to look and feel like real inpatient and outpatient settings. Jackson Health Network is collaborating with Henry Ford Physician Network (comprised of more than 1,800 physicians throughout southeast Michigan) on ways to improve patient care system-wide. Clinicians and administrators are working to identify opportunities to bring new services to the Jackson area. Most recently, patients have been given access to new services related to oncology, rheumatology, urology, cardiovascular health and the neurosciences, including neurosurgery. Promoting Continuous Health Improvement in Our Community. The Health Improvement Organization (HIO) was created by our health system in 2000 to promote a culture of continuous health improvement in our community and integrate wellness and prevention throughout our services. The Henry Ford Allegiance Department of Prevention and Community Health provides staff and infrastructure to facilitate the coordination of local health improvement activities.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6	<p>The Hospital's sole corporate member is Henry Ford Allegiance Health Group, a 501(c)(3) organization. Other affiliates include Henry Ford Allegiance Health Foundation, Henry Ford Allegiance Hospice, Henry Ford Allegiance Specialty Hospital, a Long Term Acute Care Hospital (LTACH), Volunteers of Henry Ford Allegiance Health. These are all 501(c)(3) non-profit organizations working together to improve healthcare in and around Jackson, MI. Additionally, the Hospital recently formed Jackson Health Network (JHN), a clinically integrated network. The Hospital is also affiliated with Henry Ford Allegiance Pharmacy. The Foundation and the Volunteer organization work closely with Henry Ford Allegiance Health Group and the hospital to raise funds for projects and services that benefit the overall well-being of the community. Previous campaigns successfully raised funds to expand and improve our Graduate Medical Education program, cancer care service line and provided free medical care to indigent patients. Jackson Health Network works to improve patient clinical outcomes thru coordinated care and lowering overall health care costs.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2027689  
**Name:** WA Foote Memorial Hospital

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	WA Foote Memorial Hospital 205 N East Avenue Jackson, MI 49201 www.henryford.com	X	X		X		X	X			



**Form 990 Part V Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
W A Foote Memorial Hospital	Part V, Section B, Line 2 Effective April 1, 2016, Henry Ford Health System became the sole member of Henry Ford Allegiance Health Group (formerly Allegiance Health Services) Henry Ford Allegiance Health Group is the sole member of W A Foote Memorial Hospital d/b/a Henry Ford Allegiance Health Henry Ford Health System is a non-profit 501(c)(3) organization This affiliation allows Henry Ford Allegiance Health Group to join forces with one of the largest healthcare providers in Michigan to continue to provide high-quality healthcare services to residents of the community it serves It also ensures that Henry Ford Allegiance Health Group will have the commitment to capital to continue to pursue growth opportunities and to expand existing healthcare services, with the goal of providing the best care possible
W A Foote Memorial Hospital	Part V, Section B, Line 5 The Health Improvement Organization Coordinating Council, founded by Henry Ford Allegiance Health (HFAH), is a collaborative of community stakeholders committed to improving the health status of the community through an integrated health improvement infrastructure that addresses Jackson's priority health issues The HIO Coordinating Council serves as the health strand of the Jackson Collaborative Network which also includes the Cradle to Career Education network and the Financial Stability Network The scope of the HIO Coordinating Council responsibility includes monitoring community level indicators, identifying specific health priorities and developing community action plans to address common goals In this model, community stakeholders work with public health experts to develop and complete a community health assessment for Jackson County This assessment provides a data collection mechanism that better aligns efforts among community partners and creates a more strategic framework for local health improvement activities Individuals contributing input for HFAH's recent CHNA Megan Albertson, HFAH Kellie Baker, LifeWays Marilyn Bell, Michigan Purchasers Health Alliance Sara Benedetto, Center for Family Health Adam Brown, Jackson County Administration Cindy Bruner, Meridian Health Plan Shelly Bullinger, Jackson County Health Department Kathleen Clark, YMCA Storer Camps Mark Fall, Henry Ford Allegiance CareLink Andrew Farmer, AARP of Michigan Kevin Ford, MSU Ted Hilleary, Community Member Jennifer Johnson, Great Lakes Industry David King, LifeWays Ray King, HFAH David Kirk, HFAH Irene LeCrone, United Way Katie Luke, Partnership Park Neighborhood Assoc Katherine Martin, Community Action Agency Rebecca Mayer, AWARE Pamela McCrum, Catholic Charities of Jackson Dani Meier, Jackson Public Schools Monica Moser, Jackson Community Foundation Wendy Murdock, United Way of Jackson County Erin Norton, United Way Amy Pelletier, Marriage Matters Rhonda Rudolph, Jackson County Health Department Scott Schmidt, United Way of Jackson County Amy Schultz, HFAH Steve Sukta, Intermediate School District Scott TenBrink, Fitness Council of Jackson Shaina Tinsey, HFAH Julie Weisbrod, Jackson County Health Department Ted Westmeier, Jackson County Health Department

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
W A Foote Memorial Hospital	Part V, Section B, Line 6a Henry Ford Specialty Hospital, a Community-Owned Specialty Hospital HFSH is a related non-profit corporation
W A Foote Memorial Hospital	Part V, Section B, Line 6b AARPB Big Brothers/Big Sisters Center for Family Health Community Action Agency Cradle to Career Fitness Council of Jackson Great Lakes Industry Great Start Jackson Community Foundation Jackson County Health Department Jackson County Intermediate School District Jackson County Parks and Recreation Jackson Health Network Jackson YMCA LifeWays Marriage Matters Jackson Michigan State University Partnership Park Downtown Neighborhood Association United Way of Jackson County University of Michigan YMCA Storer Camps

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
W A Foote Memorial Hospital	Part V, Section B, Line 7d The CHNA is posted on the hospital website at the address below In addition, the CHNA is posted on other community organization websites, presented at public forums, and hard copies of the assessment are available upon request <a href="http://www.henryford.com/about/community-health">www.henryford.com/about/community-health</a>
W A Foote Memorial Hospital	Part V, Section B, Line 11 Henry Ford Allegiance Health and its community partners have a comprehensive implementation strategy to meet needs identified in the Community Health Needs Assessment (CHNA) The CHNA implementation strategy is rolled out in stages Henry Ford Allegiance Health completed a Community Health Needs Assessment with partners across Jackson County After surveying community stakeholders and analyzing local health data, the following indicates the priority areas of focus for HFAH IDENTIFIED PRIORITIES / GOALS <ul style="list-style-type: none"> <li>o Improve the knowledge, attitudes and behaviors of residents of Jackson County</li> <li>o Reduce the obesity rate amongst Jackson County residents</li> <li>o Reduce smoking rate and secondhand smoke exposure in Jackson County</li> <li>o Improve the behavioral health and emotional wellness of Jackson County residents</li> <li>o Enhance collaborative action planning, resource alignment, and linkages among clinical and social systems to achieve collective population health impact</li> </ul> Multiple strategies were adopted to address each identified priority HFAH serves as the "champions" for multiple strategies While measuring improvement in health status for every priority can be challenging in the short term, updated data indicates local improvement in a number of areas including <ul style="list-style-type: none"> <li>o Proportion of Jackson County residents that received advice about their weight from a health care provider increased from 27% in 2010 CHNA to 39% in 2013 CHNA and 42% in 2016 CHNA</li> <li>o Number of Jackson residents with low access to fresh food decreased from 19,000 to 12,000 from 2013 CHNA to 2016 CHNA</li> <li>o Proportion of smokers who report receiving advice from their provider to quit increased from 61% to 68% from 2013 CHNA to 2016 CHNA</li> <li>o Percent of adults who would 'definitely' seek professional help for a serious emotional problem increased from 54% to 63% from 2013 CHNA to 2016 CHNA</li> </ul> In terms of significant health needs that will not be addressed, Henry Ford Allegiance Health acknowledges the wide range of health concerns that emerged from the CHNA process, and determined it could most effectively focus on those health needs that were determined to be most urgent and essential to the health of the community as well as within its ability to influence The implementation plan can be accessed on the hospital's website at <a href="http://www.henryford.com/about/community-health">www.henryford.com/about/community-health</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
W A Foote Memorial Hospital	Part V, Section B, Line 15e Invoice provides patient with a number to call if they believe they may qualify for financial assistance Patients calling the number are guided through the financial assistance application process by hospital representatives PART V, SECTION B, LINE 22A Uninsured patients who do not otherwise qualify for insurance with household incomes at or below 250% of the Federal poverty level may qualify under the Patient Financial Assistance Policy (FAP) for medically necessary services to be provided at no cost In addition, patients regardless of insurance status with annual medical liabilities to HFHS in excess of 30% of their household income may qualify for discounts on their personal obligations Patient's personal responsibilities for medically necessary services not covered by insurance or FAP are generally based on the amount generally billed for the service, which approximates 115% of prevailing Medicare rates

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - Henry Ford Allegiance Occupational Hlth 100 E Michigan Ave Ste 101 Jackson, MI 49201	Urgent care, employment screening
<b>1</b> 2 - Henry Ford Allegiance Physical Rehab-Jac 100 E Michigan Ave Ste 103 Jackson, MI 49201	Rehab
<b>2</b> 3 - Henry Ford Allegiance Substance Abuse Se 2424 W Washington Ave Jackson, MI 49201	Outpatient Treatment
<b>3</b> 4 - Henry Ford Allegiance Home Care 100 E Michigan Ave Ste 400 Jackson, MI 49201	Visiting Nurses
<b>4</b> 5 - Henry Ford Allegiance Personal Care 100 E Michigan Ave Ste 400 Jackson, MI 49201	Private duty nursing
<b>5</b> 6 - Henry Ford Allegiance Tobacco Treatment 100 E Michigan Ave Ste 900 Jackson, MI 49201	Outpatient Treatment
<b>6</b> 7 - Gayle M Jacob Cancer Center 1100 E Michigan Ave Ste 307 Jackson, MI 49201	Hematology Oncology practice and infusion center
<b>7</b> 8 - Allegiance Wellness Center 1100 E Michigan Ave Ste 100 Jackson, MI 49201	Wellness Center
<b>8</b> 9 - Henry Ford Allegiance Cardiac Rehab 1100 E Michigan Ave Ste 102 Jackson, MI 49201	Post-surgical Rehab facility
<b>9</b> 10 - Henry Ford Allegiance Pulmonary Rehab 1100 E Michigan Ave Ste 102 Jackson, MI 49201	Post-surgical Rehab facility
<b>10</b> 11 - Henry Ford Allegiance Diagnostic Center- 1100 E Michigan Ave Ste 104 Jackson, MI 49201	Lab and imaging services
<b>11</b> 12 - Henry Ford Allegiance Outpatient Trauma 1100 E Michigan Ave Ste 201 Jackson, MI 49201	Physician specialty practice
<b>12</b> 13 - Henry Ford Allegiance Thoracic Surgery 1100 E Michigan Ave Ste 201 Jackson, MI 49201	Physician specialty practice
<b>13</b> 14 - Henry Ford Allegiance Pediatric Cardiolo 1100 E Michigan Ave Ste 201 Jackson, MI 49201	Physician specialty practice
<b>14</b> 15 - Henry Ford Allegiance Cardiac Surgery S 1100 E Michigan Ave Ste 201 Jackson, MI 49201	Physician specialty practice

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - Henry Ford Allegiance Radiation Oncology 1102 E Michigan Ave Jackson, MI 49201	Radiation therapy
<b>1</b> 17 - Henry Ford Allegiance ENT 1111 Teneyck St Ste 100 Jackson, MI 49201	Physician specialty practice
<b>2</b> 18 - Henry Ford Allegiance Hearing Center 1111 Teneyck St Ste 200 Jackson, MI 49201	Hearing loss treatment, hearing aid sales/service
<b>3</b> 19 - Henry Ford Allegiance Surgery Center 1125 E Michigan Avenue Jackson, MI 49201	Outpatient surgery center
<b>4</b> 20 - Henry Ford Allegiance Rheumatology 1201 E Michigan Avenue Ste 100 Jackson, MI 49201	Physician specialty practice
<b>5</b> 21 - Henry Ford Allegiance Neurology 1201 E Michigan Avenue Ste 240 Jackson, MI 49201	Physician practice
<b>6</b> 22 - Henry Ford Allegiance Orthopedics 1201 E Michigan Avenue Ste 300 Jackson, MI 49201	Physician specialty practice
<b>7</b> 23 - Henry Ford Allegiance Senior Health Cntr 100 E Michigan Ave Ste 102 Jackson, MI 49201	Retail sales of durable medical equipment
<b>8</b> 24 - Henry Ford Allegiance Osteoporosis Cntr 1201 E Michigan Ave Ste 120 Jackson, MI 49201	Physician practice
<b>9</b> 25 - Allegiance Balance Center 1201 E Michigan Ave Ste 120 Jackson, MI 49201	Rehabilitation services
<b>10</b> 26 - Henry Ford Allegiance Pain Management 1201 E Michigan Ave Ste 200 Jackson, MI 49201	Physician practice
<b>11</b> 27 - Henry Ford Allegiance Neurosurgery 1201 E Michigan Ave Ste 240 Jackson, MI 49201	Physician specialty practice
<b>12</b> 28 - Henry Ford Allegiance Physical Medicine 1201 E Michigan Ave Ste 300 Jackson, MI 49201	Physician specialty practice
<b>13</b> 29 - Henry Ford Allegiance Physical Rehab 1201 E Michigan Ave Ste 300 Jackson, MI 49201	Rehabilitation services
<b>14</b> 30 - Henry Ford Allegiance Diagnostic Center 1201 E Michigan Avenue Jackson, MI 49201	Laboratory and imaging services

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> 31 - Henry Ford Allegiance Diagnostic Center- 1310 Greenwood Ave Jackson, MI 49203	Laboratory services
<b>1</b> 32 - Henry Ford Allegiance Neuropsychology 1400 E Michigan Ave Jackson, MI 49202	Physician specialty practice
<b>2</b> 33 - Henry Ford Allegiance Diagnostic Center- 1401 W North Street Jackson, MI 49202	Lab and imaging services
<b>3</b> 34 - Henry Ford Allegiance Family Medicine 1401 W North Street Jackson, MI 49202	Family medicine and Extended Hours Clinic
<b>4</b> 35 - Henry Ford Allegiance CRNA 205 N East Ave Jackson, MI 49201	Anesthesiology services
<b>5</b> 36 - Henry Ford Allegiance EEG 205 N East Ave Jackson, MI 49201	Patient testing
<b>6</b> 37 - Henry Ford Allegiance EKG 205 N East Ave Jackson, MI 49201	Patient testing
<b>7</b> 38 - Henry Ford Allegiance Emergency Care 205 N East Ave Jackson, MI 49201	Emergency room and urgent care
<b>8</b> 39 - Henry Ford Allegiance Health Pharmacy 205 N East Ave Jackson, MI 49201	Outpatient pharmacy
<b>9</b> 40 - Henry Ford Allegiance Sleep Health Cent 205 N East Ave Jackson, MI 49201	Diagnostic and testing center
<b>10</b> 41 - Henry Ford Allegiance Behavioral Health 205 N East Ave Jackson, MI 49201	Mental health outpatient services
<b>11</b> 42 - Henry Ford Allegiance Digestive Health 205 S East Ave Jackson, MI 49201	Outpatient GI procedures
<b>12</b> 43 - Henry Ford Allegiance Behavioral Health 2200 Springport Road Ste 200 Jackson, MI 49202	Mental health OP services
<b>13</b> 44 - Henry Ford Allegiance Infectious Disease 2200 Springport Road Ste 500 Jackson, MI 49202	Geriatric services
<b>14</b> 45 - Henry Ford Allegiance Wound Care Center 2200 Springport Road Ste 500 Jackson, MI 49202	Treatment and therapy

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

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

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

Name and address	Type of Facility (describe)
<b>46</b> 46 - Henry Ford Allegiance Diagnostic Center 2200 Springport Road Ste 800 Jackson, MI 49202	Laboratory services
<b>1</b> 47 - Henry Ford Allegiance Medication Therapy 2200 Springport Road Ste 900 Jackson, MI 49202	Pharmaceutical counseling services
<b>2</b> 48 - Henry Ford Allegiance Addiction Recovery 2424 W Washington Ave Jackson, MI 49203	Outpatient treatment center
<b>3</b> 49 - Allegiance Family Medicine - Summit Wood 2585 Spring Arbor Road Jackson, MI 49203	Family medicine
<b>4</b> 50 - Henry Ford Allegiance Vascular Health 300 W Washington Avenue Ste 300 Jackson, MI 49201	Physician specialty practice
<b>5</b> 51 - Henry Ford Allegiance Vascular Laborator 300 W Washington Avenue Ste 350 Jackson, MI 49201	Vascular system testing (ultrasound)
<b>6</b> 52 - Henry Ford Allegiance Health Cardiology 309 Page Avenue Jackson, MI 49201	Cardiovascular care, diagnostic testing
<b>7</b> 53 - Henry Ford Allegiance Family Medicine 3235 E Michigan Avenue Ste 100 Jackson, MI 49202	Family medicine
<b>8</b> 54 - Henry Ford Allegiance Internal Medicine 3235 E Michigan Avenue Ste 150 Jackson, MI 49202	Internal medicine
<b>9</b> 55 - Henry Ford Allegiance Diagnostic Center 3305 Spring Arbor Rd Ste 100 Jackson, MI 49203	Lab and imaging services
<b>10</b> 56 - Henry Ford Allegiance Women's Health Cnt 3305 Spring Arbor Rd Ste 500 Jackson, MI 49203	Clinical exams, mammograms, spa services
<b>11</b> 57 - Henry Ford Allegiance Family Medicine 3333 Spring Arbor Rd Ste 100 Jackson, MI 49203	Family medicine (pending, not currently open)
<b>12</b> 58 - Henry Ford Allegiance Family Medicine 400 Hinckley Blvd Ste 100 Jackson, MI 49203	Family medicine
<b>13</b> 59 - Henry Ford Allegiance Diagnostic Center 400 Hinckley Blvd Ste 200 Jackson, MI 49203	Lab and imaging services
<b>14</b> 60 - Henry Ford Allegiance Family Medicine 4304 Page Ave Michigan Center, MI 49254	Family medicine (pending, not currently open)



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

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

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

Name and address	Type of Facility (describe)
<b>61</b> 61 - Henry Ford Allegiance Diagnostic Center 4304 Page Ave Michigan Center, MI 49254	Lab and imaging services
<b>1</b> 62 - Henry Ford Allegiance Physical Rehabilit 4304 Page Ave Ste 100 Michigan Center, MI 49254	Rehabilitation services
<b>2</b> 63 - Henry Ford Allegiance Diagnostic Center 505 N Jackson St Ste 178 Jackson, MI 49201	Lab and imaging services
<b>3</b> 64 - Henry Ford Allegiance Home Medical Equip 700 E Michigan Ave Jackson, MI 49201	Retail Sales of durable medical equipment
<b>4</b> 65 - Phlebotomy - Dr Lynd 724 W Franklin Jackson, MI 49203	Phlebotomy office (independent physician practice)
<b>5</b> 66 - Henry Ford Allegiance General Surgery 744 W Michigan Ave Ste 200 Jackson, MI 49201	Physician specialty practice
<b>6</b> 67 - Henry Ford Allegiance Gastroenterology 744 W Michigan Ave Ste 201 Jackson, MI 49201	Physician specialty practice
<b>7</b> 68 - Henry Ford Allegiance Pediatrics 760 W Franklin Jackson, MI 49203	Pediatric medicine
<b>8</b> 69 - Henry Ford Allegiance Diagnostic Center 12369 E Michigan Ave Grass Lake, MI 49240	Lab and imaging services
<b>9</b> 70 - Henry Ford Allegiance Family Medicine 12369 E Michigan Ave Grass Lake, MI 49240	Family medicine
<b>10</b> 71 - Henry Ford Allegiance Family Medicine 130 N Sherman St Leslie, MI 49251	Family medicine
<b>11</b> 72 - Henry Ford Allegiance Family Medicine 810 Hogsback Rd Ste A Mason, MI 48854	Family medicine
<b>12</b> 73 - Henry Ford Allegiance Health Diagnostic 810 Hogsback Rd Ste B Mason, MI 48854	Lab and imaging services
<b>13</b> 74 - Henry Ford Allegiance Physical Rehab 810 Hogsback Rd Ste B Mason, MI 48854	Rehabilitation services
<b>14</b> 75 - Henry Ford Allegiance Diagnostic Center 153 Wamplers Lake Rd Brooklyn, MI 49230	Laboratory services (Jan 2016 adding imaging services)

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Name and address	Type of Facility (describe)
<b>76</b> 76 - Henry Ford Allegiance Family Medicine 8958 M-50 Onsted, MI 49265	Family medicine
<b>1</b> 77 - Henry Ford Allegiance Family Medicine 27931 C Drive North Albion, MI 49224	Family medicine
<b>2</b> 78 - Henry Ford Allegiance Family Medicine 7845 Spring Arbor Road Spring Arbor, MI 49283	Family medicine
<b>3</b> 79 - Henry Ford Allegiance Plastic Surgery 3305 Spring Arbor Rd Ste 200 Spring Arbor, MI 49283	Plastic Surgery
<b>4</b> 80 - Henry Ford Allegiance Dermatology 3333 Spring Arbor Rd Ste 500 Spring Arbor, MI 49283	Dermatology
<b>5</b> 81 - Henry Ford Allegiance Podiatry 3333 Spring Arbor Rd Ste 200 Spring Arbor, MI 49283	Podiatry

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
WA Foote Memorial Hospital

Employer identification number

38-2027689

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Staff Assistance Fund for Emergencies	125	102,658			
(2) We Care Patient Needs Fund	50	3,053			
(3) Womens Health Center Oncology Aesthetics	10	2,220			
(4) Cancer Patient Immedicate Needs Funds	100	44,702			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Awards are granted based on an application and review process The Organization sends out an award letter to all grantee recipients The letter outlines what the funding may be used for and requests a final report detailing the year's activities

Additional Data

Software ID:  
Software Version:  
EIN: 38-2027689  
Name: WA Foote Memorial Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Family Health 505 N Jackson St Jackson, MI 49201	38-3251354	501(c)(3)	100,000		N/A		The Center for Family Health grant provides operational support for medically underserved populations
Jackson Symphony Orchestra 215 W Michigan Ave Jackson, MI 49201	38-2146747	501(c)(3)	5,000		N/A		Contribution to Endowment fund in support of Symphony Operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anchor Initiative 141 S Jackson St Jackson, MI 49201	47-2475316	501(c)(3)	50,000		N/A		Annual Contribution to community growth org
Family Services and Childrens Aid 330 W Michigan Ave Jackson, MI 49201	38-6088382	501(c)(3)	45,000		N/A		Support Of Jackson County guardianship program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Region II Area Agency on Aging 102 N Main St Brooklyn, MI 49230	38-2056030	501(c)(3)	8,000		N/A		Support of educational programs
Enterprise Group 100 E Michigan Ave 1100 Jackson, MI 49201	38-3326101	501(c)(6)	25,000		N/A		Annual Contribution to community growth org

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jackson Community Foundation 100 S Jackson St Suite 206B Jackson, MI 49201	38-6070739	501(c)(3)	5,000		N/A		Contribution to child advocacy fund honoring falle police officer



Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization WA Foote Memorial Hospital	Employer identification number 38-2027689
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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 checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	Yes	
<b>3</b> 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 checked="" 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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?	<b>5a</b>		No
<b>b</b> Any related organization?	<b>5b</b>		No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?	<b>6a</b>		No
<b>b</b> Any related organization?	<b>6b</b>		No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes	
<b>8</b> 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.	<b>8</b>		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		

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

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

See Additional Data Table**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.

Return Reference	Explanation
Part I, Line 1a	Henry Ford Allegiance Health provides a country club membership to three executives. The executives reimburse the hospital for any personal use of the club. These benefits did not result in taxable compensation during FY 18.

Return Reference	Explanation
Part I, Line 3	<p>The Chief Executive Officer for W A Foote Memorial Hospital is an employee of Henry Ford Health System (the sole member of Henry Ford Allegiance Health Group) Henry Ford Health System ("HFHS") has a Compensation Committee of the Board of Trustees consisting of all independent trustees The committee meets throughout the year and is charged with the approval of the organization's overall compensation and benefit programs as well as the specific review and approval of the compensation of certain employees including the Chief Executive Officer of W A Foote Memorial Hospital The committee directly engages an independent compensation advisor to assist with this process The process includes evaluation of the individual's performance, utilization of compensation studies of similarly situated positions as well as comparisons to compensation as reported by other health care organizations The reasonableness of compensation is evaluated based upon these and other factors The CEO is accountable for ensuring that Allegiance Health's mission is efficiently carried out with the highest levels of quality, safety and service, while at the same time ensuring that the organization is financially healthy Executive compensation is reviewed annually by the Executive Compensation Committee of the Board of Trustees This committee works with an independent compensation consultant to ensure that Henry Ford Allegiance Health compensation practices are consistent with industry standards and that compensation levels are fair compared to similar healthcare organizations nationally The compensation consultant benchmarks Henry Ford Allegiance Health's positions against data from multiple published surveys of health care executive compensation in the national health care labor market Based upon the consultants recommendations, the Executive Compensation Committee makes a recommendation to the Board of Trustees for approval of the executive compensation program Only independent Trustees vote on this recommendation</p>

Return Reference	Explanation
Part I, Line 4b	<p>4b Certain members of the Organization's senior leadership team participate in supplemental retirement programs that result in reportable taxable income as the benefits accrue, and/or as paid. It is an element of some plan designs to absorb the advance tax impact of these plans for the participants. In such cases the related amounts are reported as taxable income to the individual and included in the determination of reasonable compensation. The following provides the required listing of the participating individuals.</p> <p>Sec 457(f)-Non-Qualified Deferred Compensation Retirement Plan - W A FOOTE MEMORIAL HOSPITAL Reportable Accrual Distribution Non-Vested W-2 Amounts Ray King 11,250 20,658 - 20,658 Mohan Kulkarni 63,066 - - - Ondrea Bates 15,875 - - - Mark Smith M D 15,565 - - - Ken Empey 13,626 90,008 - 90,008 Kevin Leonard 11,616 11,616 - 11,616 Amritra J Longanathan 94,394 - - - Frank LaMarca 122,814 - - - Stephen Kirkner 64,824 351,261 - 351,261 Azam Basheer 117,217 - - - Timothy E Ekpo 78,160 292,598 - 292,598 Sandra Kilian 15,444 34,514 - 34,514</p> <p>Sec 457(f) - Supplemental Executive Retirement Plan (SERP) - HENRY FORD HEALTH SYSTEM Participant Accrual Distribution Non-Vested Reportable W-2 Robert G Riney 230,078 - - 230,078 Georgia Fojtasek 172,223 - - 172,223 Adnan R Munkarah - - 154,094 -</p> <p>Sec 457(b)-Non-Qualified Deferred Compensation Retirement Plan - HENRY FORD HEALTH SYSTEM Employee Employer Medicare Reportable 2018 Contr 20187 Contr Tax gross-Up W-2 Amounts Robert G Riney 18,500 - - 18,500 Adnan R Munkarah 11,072 - - 11,072 Georgia Fojtasek 18,500 - - 18,500</p>

Return Reference	Explanation
Part I, Line 7	Column B(11) of Part II, Schedule J includes non-fixed payments to certain physicians based on their productivity and other performance metrics



Additional Data

Software ID:  
Software Version:  
EIN: 38-2027689  
Name: WA Foote Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Georgia R Fojtasek RN EdD Trustee-President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	644,465	426,550	203,929	26,534	28,166	1,329,644	0
Robert G Riney Trustee	(i)	0	0	0	0	0	0	0
	(ii)	990,589	593,292	253,480	26,535	23,478	1,887,374	0
Adnan R Munkarah MD Physician Trustee	(i)	0	0	0	0	0	0	0
	(ii)	734,522	173,026	15,975	23,784	31,840	979,147	0
Sandra Kilian MD Trustee	(i)	136,053	0	43,098	15,444	11,014	205,609	34,514
	(ii)	0	0	0	0	0	0	0
Mohan G Kulkarni MD Physician Trustee	(i)	456,182	336,034	169,351	63,066	28,854	1,053,487	0
	(ii)	0	0	0	0	0	0	0
Kenneth W Empey General Counsel	(i)	241,414	120,555	122,673	27,999	21,178	533,819	90,008
	(ii)	0	0	0	0	0	0	0
Ondrea L Bates RN SVP Patient Care	(i)	277,696	183,048	36,664	23,437	33,887	554,732	0
	(ii)	0	0	0	0	0	0	0
Mark A Smith MD Chief Medical Officer	(i)	338,742	36,634	36,942	19,690	41,154	473,162	0
	(ii)	0	0	0	0	0	0	0
Kevin P Leonard VP Finance/ CFO	(i)	215,434	122,362	32,724	19,201	10,896	400,617	11,616
	(ii)	0	0	0	0	0	0	0
Azam Basheer MD Physician	(i)	745,205	814,401	326,729	117,217	24,838	2,028,390	0
	(ii)	0	0	0	0	0	0	0
Timothy Ephrian Ekpo DO Physician	(i)	692,279	329,179	373,795	78,160	24,507	1,497,920	292,598
	(ii)	0	0	0	0	0	0	0
Amrtraj G Loganathan MD Physician	(i)	744,140	547,189	340,902	94,394	25,896	1,752,521	0
	(ii)	0	0	0	0	0	0	0
Frank LaMarca MD Physician	(i)	1,143,362	600,324	351,687	122,814	25,811	2,243,998	0
	(ii)	0	0	0	0	0	0	0
Stephen Lee Kirkner DO Physician	(i)	444,627	366,591	514,720	64,821	19,900	1,410,659	351,261
	(ii)	0	0	0	0	0	0	0
Karen Chaprnka Former SVP & COO	(i)	143,647	0	13,059	0	0	156,706	0
	(ii)	0	0	0	0	0	0	0



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital

Employer identification number  
38-2027689

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Patrick Nally	Son of John Nally, Chairman of Allegiance Health	Employee Recruitment Loan		X	115,000	115,000		No	Yes		Yes	
Total						▶ \$ 115,000						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Patrick Nally	Family Member/Officer	131,214	Employee Wages		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
WA Foote Memorial Hospital

**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.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

38-2027689

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The Corporation is organized on a membership basis. The sole corporate member of the Corporation is Henry Ford Allegiance Health Group (formerly Allegiance Health Services).

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole Member of the organization may elect and remove, with or without cause, the Corporation's Trustees

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>The following powers are reserved for the sole corporate Member of the hospital Approve any change in the Articles of Incorporation, purposes or philosophy of the Corporation, Approve changes in those provisions of the Corporation's Bylaws which affect the size, composition, and method of selection of the Board of Trustees, or which affect this Article, Approve plans of merger, consolidation or dissolution of the Corporation, Elect and remove, with or without cause, the Corporation's Trustees, upon a simple majority vote of the Directors then serving on the Board of the Member present at a meeting at which a quorum is present, Approve guarantees by the Corporation of the debt of others in excess of maximum limits established by the Member, upon a simple majority vote of the Directors then serving on the Board of the Member present at a meeting at which a quorum is present, Authorize the sale, lease, mortgage or other disposition of all or substantially all of the assets owned, held or leased by or to the Corporation, approve any decision by the Corporation which would have the net effect of diminution of governance control of the Member, and any decision by the Corporation which would have the net effect of diminution in the Corporation's governance control over its own subsidiary, Ratify or reject operating and capital budgets developed by the Board and any non-budgetary expenditures or creations of debt in excess of an amount designated by the Member from time to time, upon a simple majority vote of the Directors then serving on the Board of the Member present at a meeting at which a quorum is present, and Authorize the formation or acquisition of new subsidiaries of the Corporation or the sale or other disposition of existing subsidiaries</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 11b	<p>The organization is an affiliate of Henry Ford Health System (HFHS) and the tax department of HFHS prepares the organization's Form 990. As part of the preparation and review process prior to filing the return, the following review process is conducted - Reviewed by the Organization's Director and VP of Finance, Chief Executive Officer, General Counsel, and Compliance Officer - Review of the entire return with the HFHS and organization's Senior Vice President Financial Operations and Chief Financial Officer, - Review of all compensation matters and disclosures with the Compensation Committee of the HFHS Board of directors - Review of the return with the HFHS Audit and Compliance Committee of the Board of directors, including the CEO and COO - Final copies of the return are distributed to the Hospital's Board of Trustees before the return is filed</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The organization is an affiliate of Henry Ford Health System (HFHS) who oversees the conflict of interest process with regard to the organization. HFHS has a standing Conflict of Interest Committee (the Committee) that is responsible for oversight of all conflict of interest matters. The HFHS Conflict of Interest Policy applies to all Directors and employees.</p> <p>Annually, Directors, employees of a management level, researchers, as well as employees associated with procurement, or in certain other predefined roles must complete an annual disclosure designed to identify activities and relationships that could potentially give rise to a conflict of interest. It is the responsibility of the Committee to review these disclosures and determine the need for any action to manage the potential conflict. The Committee annually reports the results of its activities to the Audit and Compliance Committee of the HFHS Board of Directors.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>The organization is an affiliate of Henry Ford Health System (HFHS) who has responsibility to oversee the compensation practices of the organization. HFHS has a Compensation Committee of the Board of Directors consisting of all external directors. They meet periodically throughout the year. They are charged with approval of the organization's overall compensation and benefit programs as well as the specific review and approval of the compensation of certain employees including the Chief Executive Officer, all officers and key employees of the organization. They directly engage an independent compensation advisor to assist with this process. The process includes evaluation of the individual's performance, utilization of compensation studies of similarly situated positions, as well as comparisons to compensation as reported by other health care organizations. The reasonableness of compensation is evaluated based upon these and other factors. The Committee also reviews the compensation disclosures to be made on Form 990 in advance of filing.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Forms 1023, 990 and 990-T are available upon request. The conflict of interest policy is not available to the public. PART IV, LINE 12 The Organization is an element of the external audit report obtained for the consolidated operations of Henry Ford Health System. FORM 990, PART IV, LINE 24a, TAX-EXEMPT BOND ISSUE. THE ORGANIZATION IS AN AFFILIATE OF HENRY FORD HEALTH SYSTEM. THE ALLOCATED TAX-EXEMPT BOND LIABILITY OF THE ORGANIZATION IS REPORTED UNDER THE FORM 990, SCHEDULE K OF ITS PARENT, HENRY FORD HEALTH SYSTEM.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, line 11g	Professional Other Program service expenses 11,228,459 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,228,459 Physican Services Program service ex penses 17,746,119 Management and general expenses 0 Fundraising expenses 0 Total expens es 17,746,119 Purchased Services Other Program service expenses 23,812,301 Management a nd general expenses 7,564,265 Fundraising expenses 0 Total expenses 31,376,566

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9	PENSION LIABILITY ADJUSTMENT 7,814,030 AFFILIATE EQUITY TRANSFERS 3,590,796

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XII, Line 2C	Henry Ford Allegiance Health is included in the consolidated financial statements of Henry Ford Health System (the sole member of Henry Ford Allegiance Health Group) The governing body of Henry Ford Health System has delegated the oversight of its financial statements, including the choice of independent auditors, to its audit committee

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	<p>Average hours per week devoted to related organizations Many executive employees of Henry Ford Health System and affiliates provide services to multiple affiliated entities Henry Ford Health System and affiliates use estimates for reporting average hours per week in all sections of Form 990 Generally 60 hours are reported for the hours associated for the organization that the individual has principal responsibility for Hours associated with other hospitals or affiliates are reported at between 1 to 5 hours per week</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 5713 - International Boycott Activity	A Form 5713, International Boycott Report, has been filed on our behalf by Henry Ford Health System (sole member of Henry Ford Allegiance Health Group) Henry Ford Allegiance Health did not itself have any activities associated with an international boycott country

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ 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  
WA Foote Memorial Hospital

Employer identification number  
38-2027689

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Physicians Choice Network LLC 205 N East Avenue Jackson, MI 49201	Provider Network	MI	116,529	54,637	Henry Ford Allegiance Health
(2) Jackson Health Network L3C 205 N East Avenue Jackson, MI 49201 45-3253643	Clinically Integrated Network	MI	3,150,850	4,453,366	Henry Ford Allegiance Health
(3) Jackson Community Medical Records LLC 205 N East Avenue Jackson, MI 49201 37-1502443	Electronic Medical Records	MI	6,013,063	1,640,016	Henry Ford Allegiance Health
(4) It's Your Life Services LLC 205 N East Avenue Jackson, MI 49201	Prevention and Community Health	MI	40,542	0	Henry Ford Allegiance Health
(5) Telehealth Michigan 205 N East Avenue Jackson, MI 49201	Electronic Health Monitoring	MI	0	0	Henry Ford Allegiance Health

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.

See Additional Data Table

(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

**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	
<b>(1)</b> Foote Health Center Associates 1100 E Michigan Avenue Jackson, MI 49201 38-3017711	Lessor of Medical Condominiums	MI	Henry Ford Allegiance Health	Related	107,489	1,107,666		No			No	62 000 %
<b>(2)</b> Northwest Detroit Dialysis 30100 Telegraph Bingham Farms, MI 48025 38-3232668	Operate Dialysis Clinic	MI	Henry Ford Health System	Related				No			No	
<b>(3)</b> Macomb Regional Dialysis Centers 16151 Nineteen Mile Rd Clinton Township, MI 48038 26-0423581	Operate Dialysis Clinic	MI	Henry Ford Health System	related				No			No	

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

See Additional Data Table

(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



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

Yes

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

1k

No

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

1l

Yes

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

1m

Yes

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

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

Yes

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

1s

Yes

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

See Additional Data Table

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

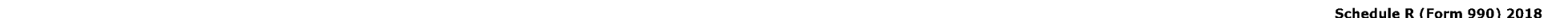
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1D & 1E	The Organization is a member of the Henry Ford Health System Obligated Group. Members of the Obligated Group are jointly and severally liable for outstanding obligations issued under the 2016 HFHS Bond Master Indenture.



Additional Data

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
205 N East Avenue Jackson, MI 49201 38-2756428	Exempt Health System	MI	501(c)(3)	Line 12b, II	Henry Ford Health System	Yes	
205 N East Avenue Jackson, MI 49201 38-3607833	Supports Allegiance Health	MI	501(c)(3)	Line 12b, II	Henry Ford Allegiance Health Group	Yes	
205 N East Avenue Jackson, MI 49201 38-2336367	Hospice Care	MI	501(c)(3)	Line 7	Heathlink	Yes	
One Jackson Square Jackson, MI 49201 38-3422146	Raise Funds for Allegiance Hospice	MI	501(c)(3)	Line 12b, II	Allegiance Hospice	Yes	
205 N East Avenue Jackson, MI 49201 38-2756425	Home Health Care	MI	501(c)(3)	Line 12a, I	Henry Ford Allegiance Health Group	Yes	
110 North Elm Avenue Jackson, MI 49202 38-1218485	Long Term Acute Care Hospital	MI	501(c)(3)	Line 3	Henry Ford Allegiance Health Group	Yes	
One Ford Place Detroit, MI 48202 38-1357020	Healthcare Service Provider	MI	501(c)(3)	Line 3	N/A		No
2333 Biddle Ave Wyandotte, MI 48192 38-2791823	Healthcare Service Provider	MI	501(c)(3)	Line 3	Henry Ford Health System	Yes	
One Ford Place Detroit, MI 48202 23-7383042	Supporting Organization	MI	501(c)(3)	Line 12a, I	Henry Ford Health System	Yes	
2850 W Grand Blvd Detroit, MI 48202 38-2242827	Health Maintenance Organization	MI	501(c)(4)	N/A	Henry Ford Health System	Yes	
One Ford Place Detroit, MI 48202 38-6553031	Malpractice Insurance	MI	501(c)(4)	N/A	Henry Ford Health System	Yes	
One Ford Place Detroit, MI 48202 90-0840304	Scientific Research	MI	501(c)(3)	Line 7	Henry Ford Health System	Yes	
One Ford Place Detroit, MI 48202 46-4064067	Advocacy Services for HFHS and affiliates	ME	501(c)(4)	N/A	Henry Ford Health System	Yes	
One Ford Place Detroit, MI 48202 38-2947657	Healthcare Service Provider	DE	501(c)(3)	Line 3	Henry Ford Health System	Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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) Henry Ford Allegiance Pharmacy 205 N East Avenue Jackson, MI 49201 38-3370242	Pharmacy	MI	Henry Ford Allegiance Health Group	C				Yes	
(1) Sha Realy Inc One Ford Place Detroit, MI 48202 38-1378121	Real Estate Holding	MI	Henry Ford Health System	C				Yes	
(2) Fairlane Health Services 30100 Telegraph Bingham Farms, MI 48025 38-2565235	Healthcare Management	MI	Henry Ford Health System	C				Yes	
(3) Alliance Health and Life Insurnace 2850 W Grand Blvd Detroit, MI 48202 38-3291563	Health Insurance Provider	MI	Health Alliance Plan	C				Yes	
(4) HAP Preferred Inc 2850 W Grand Blvd detroit, MI 48202 38-2513504	Provider Network Leasing	MI	Health Alliance Plan	C				Yes	
(5) Onika Insurance Ltd First Carribean House Grand Cayman CJ	Captive Insurance	CJ	Henry Ford Health System	C				Yes	
(6) Henry Ford Physician Network One Ford Place Detroit, MI 48202 32-0306774	Physician Network	MI	Henry Ford Health System	C				Yes	
(7) Adminstration Systems Research Corporation 2850 W Grand Blvd detroit, MI 48202 38-2651185	Third Party Insurance Admin	MI	Health Alliance Plan	C				Yes	
(8) HAP Midwest Health Plan Inc 2850 W Grand Blvd Detroit, MI 48202 38-3123777	Health Insurance Provider	MI	Health Alliance Plan	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(1)</b> Hospice of Jackson dba Henry Ford Allegiance Hospice	J	126,060	Cost
<b>(1)</b> Hospice of Jackson dba Henry Ford Allegiance Hospice	L	619,129	Cost
<b>(2)</b> Alliance Health & Life Insurance Co	P	1,890,316	Cost
<b>(3)</b> Allegiance Health Foundation	S	2,756,386	Cost
<b>(4)</b> CareLink of Jackson	L	571,783	Cost
<b>(5)</b> Volunteers of Henry Ford Allegiance Health	R	171,312	FMV
<b>(6)</b> Health Alliance Plan	L	2,715,820	cost
<b>(7)</b> Jackson Community Ambulance	M	213,750	cost
<b>(8)</b> Health Alliance Plan	M	1,890,316	cost
<b>(9)</b> Onika Insurance Ltd	P	1,714,894	Cost
<b>(10)</b> Onika Insurance Ltd	Q	1,593,061	Cost