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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BRONSON METHODIST HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
601 JOHN STREET

City or town, state or province, country, and ZIP or foreign postal code
KALAMAZOO, MI 49007

D Employer identification number
38-1359087

E Telephone number
(269) 341-6000

G Gross receipts $ 953,508,870

F Name and address of principal officer:
FRANK SARDONE
301 JOHN STREET
KALAMAZOO, MI 49007

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ BRONSONHEALTH.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1920

M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TOGETHER, WE ADVANCE THE HEALTH OF OUR COMMUNITIES.

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)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	5,522
6	Total number of volunteers (estimate if necessary)	**6**	244
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,286,935
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	272,889

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	751,547	1,695,451
9	Program service revenue (Part VIII, line 2g)	891,782,175	911,747,342
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,466,579	28,364,782
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,258,741	10,971,651
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	939,259,042	952,779,226
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,336,914	69,162,717
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	489,602,500	510,729,641
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	369,884,409	370,213,585
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	916,823,823	950,105,943
19	Revenue less expenses. Subtract line 18 from line 12	22,435,219	2,673,283

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	942,999,197	1,118,333,750
21	Total liabilities (Part X, line 26)	298,132,271	422,078,762
22	Net assets or fund balances. Subtract line 21 from line 20	644,866,926	696,254,988

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

****** 2020-11-08
Signature of officer Date

REBECCA EAST SENIOR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-08		P00378651

Firm's name ▶ PLANTE & MORAN PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606 — Phone no. (312) 207-1040

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TOGETHER, WE ADVANCE THE HEALTH OF OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	678,100,721	including grants of $	69,162,717) (Revenue $	764,997,005)
4b	(Code: See Additional Data)	(Expenses $	161,120,388	including grants of $	) (Revenue $	135,270,130)
4c	(Code: See Additional Data)	(Expenses $	32,582,888	including grants of $	) (Revenue $	)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		871,803,997			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	216		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,522		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	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.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	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
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	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	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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:
▶REBECCA EAST SENIOR VPCFO 301 JOHN STREET KALAMAZOO, MI 49007 (269) 341-6000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								10,661,807	6,565,148	1,480,382

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 ▶ 519

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADVANCED CARDIAC HEALTHCARE PLC 601 JOHN STREET SUITE 100 KALAMAZOO, MI 49007	MEDICAL SERVICES	1,883,653
KALAMAZOO ANESTHESIOLOGY PC 900 PEELER KALAMAZOO, MI 49008	MEDICAL SERVICES	1,775,000
HAYES LOCUMS LLC 6700 N ANDRE STREET 600 FORT LAUDERDALE, FL 33309	HEALTHCARE STAFFING AND PHYSICIAN RECRUI	1,657,662
SW MI EMERGENCY SERVICES PC 125 S KALAMAZOO MALL SUITE 204 KALAMAZOO, MI 49007	MEDICAL SERVICES	1,068,501
PATHOLOGY SERVICES OF KALAMAZOO 2545 MOMENTUM PLACE CHICAGO, IL 60689	MEDICAL SERVICES	679,405

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 31

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d** 1,678,451				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 17,000				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	1,695,451			
Program Service Revenue		Business Code			
	2a NET PATIENT REVENUE	622110	892,626,555	892,626,555	
	b LABORATORY REVENUE	541380	7,601,140		7,601,140
	c MEANINGFUL USE & PGIP REVENUE	900099	5,314,391	5,314,391	
	d PHARMACY REVENUE	446110	4,548,529		4,548,529
	e OUTSIDE SERVICE REVENUE	900099	1,417,759	1,417,759	
	f All other program service revenue.		238,968	238,968	
	g Total. Add lines 2a–2f. . . . . ▶	911,747,342			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	26,671,229			26,671,229
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**	717,463	213,399		
	b Less: rental expenses **6b**	0	76,133		
	c Rental income or (loss) **6c**	717,463	137,266		
	d Net rental income or (loss) . . . . . ▶	854,729		137,266	717,463
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**		2,347,064		
	b Less: cost or other basis and sales expenses **7b**		653,511		
	c Gain or (loss) **7c**		1,693,553		
	d Net gain or (loss) . . . . . ▶	1,693,553			1,693,553
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA EMPLOYEE REVENUE	722310	4,843,617	1,515	4,842,102
	b GIFT SHOP REVENUE	453220	857,470		857,470
	c CLASS INSTRUCTION REVENUE	900099	667,947	667,947	
	d All other revenue		3,747,888		3,747,888
	e Total. Add lines 11a–11d . . . . . ▶		10,116,922		
	12 Total revenue. See instructions . . . . ▶		952,779,226	900,267,135	12,286,935	38,529,705

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	69,162,717	69,162,717		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	425,742,365	394,240,519	31,501,846	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	63,713,050	41,623,900	22,089,150	
10 Payroll taxes	21,274,226	21,194,702	79,524	
11 Fees for services (non-employees):				
a Management				
b Legal	3,326,140		3,326,140	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,283,372	54,748,146	4,535,226	
12 Advertising and promotion	45,272	45,260	12	
13 Office expenses	15,773,457	15,421,966	351,491	
14 Information technology	19,480	6,709	12,771	
15 Royalties				
16 Occupancy	15,812,713	15,419,595	393,118	
17 Travel	839,342	819,024	20,318	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	770,379	761,241	9,138	
20 Interest	9,060,434	8,766,513	293,921	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,182,644	29,430,981	751,663	
23 Insurance	12,380,770	10,318,728	2,062,042	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	157,954,716	157,944,104	10,612	
b BHG ALLOCATION EXPENSE	34,238,472	21,450,403	12,788,069	
c BAD DEBT EXPENSE	32,582,888	32,582,888		
d UBI TAX	57,307	57,307	0	
e All other expenses	-2,113,801	-2,190,706	76,905	
25 **Total functional expenses.** Add lines 1 through 24e	950,105,943	871,803,997	78,301,946	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		89,125,666	1	161,383,334
	2	Savings and temporary cash investments		406,021,084	2	391,049,423
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		119,231,594	4	121,997,973
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,034,329	8	12,407,404
	9	Prepaid expenses and deferred charges		1,776,187	9	1,969,152
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 705,582,256			
	b	Less: accumulated depreciation	10b 411,515,308	266,593,450	10c	294,066,948
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		22,013,191	12	24,254,656
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		27,203,696	14	27,203,696
	15	Other assets. See Part IV, line 11		0	15	84,001,164
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		942,999,197	16	1,118,333,750
Liabilities	17	Accounts payable and accrued expenses		53,424,080	17	72,939,566
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		237,937,802	20	338,061,200
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,820,565	23	1,174,683
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		4,949,824	25	9,903,313
	26	**Total liabilities.** Add lines 17 through 25		298,132,271	26	422,078,762
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		644,866,926	27	696,254,988
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		644,866,926	32	696,254,988
	33	Total liabilities and net assets/fund balances		942,999,197	33	1,118,333,750

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	952,779,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	950,105,943
3	Revenue less expenses. Subtract line 2 from line 1	3	2,673,283
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	644,866,926
5	Net unrealized gains (losses) on investments	5	46,175,586
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,539,193
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	696,254,988

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1359087

Name: BRONSON METHODIST HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

BRONSON METHODIST HOSPITAL (BMH) IS THE FLAGSHIP OF BRONSON HEALTHCARE GROUP, A NOT-FOR-PROFIT HEALTHCARE SYSTEM SERVING ALL OF SOUTHWEST MICHIGAN. BMH PROVIDES CARE IN VIRTUALLY EVERY SPECIALTY WITH ADVANCED CAPABILITIES IN BURN TREATMENT AND CRITICAL CARE AS A LEVEL I TRAUMA CENTER; IN NEUROLOGICAL CARE AS A JOINT COMMISSION CERTIFIED PRIMARY STROKE CENTER; IN CARDIAC CARE AS THE REGIONS FIRST ACCREDITED CHEST PAIN EMERGENCY CENTER; IN OBSTETRICS AS THE LEADING BIRTHPLACE AND ONLY HIGH-RISK PREGNANCY CENTER IN SOUTHWEST MICHIGAN, AND IN PEDIATRICS AS ONE OF THE ONLY SIX CHILDRENS HOSPITALS IN THE STATE AND THE ONLY INPATIENT PEDIATRIC CARE PROVIDER IN THE AREA. THE BMH EMERGENCY DEPARTMENT WHICH IS OPEN 24 HOURS PER DAY, HANDLES OVER 92,700 VISITS PER YEAR. BMH TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. BMH WAS THE RECIPIENT OF THE 2005 MALCOLM BALDRIDGE NATIONAL QUALITY AWARD, THE NATION'S HIGHEST PRESIDENTIAL HONOR FOR QUALITY AND ORGANIZATIONAL PERFORMANCE EXCELLENCE. IN 2009, THE HOSPITAL RECEIVED THE AHA MCKESSON QUEST FOR QUALITY PRIZE AWARDED ANNUALLY TO ONLY ONE U.S. HOSPITAL, AND JOINED THE TOP FIVE PERCENT OF HOSPITALS IN THE NATION TO BE DESIGNATED A MAGNET HOSPITAL FOR NURSING EXCELLENCE.BMH PROVIDES A DISPROPORTIONATE AMOUNT OF CARE TO THE SEGMENT OF THE POPULATION USING MEDICAID. BMH IS THE LARGEST MEDICAID PROVIDER OF ANY LARGE HOSPITAL IN MICHIGAN OUTSIDE OF THE DETROIT AREA (ON A PERCENATAGE BASIS). IN 2019, APPROXIMATELY 18% OF BMHS PATIENTS WERE MEDICAID RECIPIENTS. WE HAVE THREE MEDICAID ENROLLERS ON SITE TO HELP THOSE WITHOUT INSURANCE ENROLL IN MEDICAID, OR REFER THEM TO COMMUNITY RESOURCES. EXPENDITURES RELATED TO THE OPERATION OF THE HOSPITAL.IN 2019, IN FURTHERANCE OF ITS MISSION, BMH PROVIDED $13,154,876 IN CHARITY CARE EXPENSE.

Form 990, Part III, Line 4b:

IN 2019, BMH'S MEDICAID COST WAS $161,120388 AND MEDICAID NET REVENUE WAS $135,270,130.

Form 990, Part III, Line 4c:

IN 2019, IN FURTHERANCE OF ITS MISSION, BMH INCURRED $32,582,888 IN BAD DEBT TO PROVIDE CARE TO ITS PATIENTS.

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			
FABI ALAIN NEUROSURGERY	40.00 0.00					X		2,762,535	0	38,328
SARDONE FRANK J PRESIDENT AND CEO	4.60 35.40	X		X				0	1,751,463	84,866
WIGGINS GREGORY NEUROSURGERY	40.00 0.00					X		1,735,150	0	38,200
KASTEN MICHAEL SPINE & SCOLIOSIS	40.00 0.00					X		1,668,341	0	34,752
ROBERTS JASON ORTHOPEDIC TRAUMA	40.00 0.00					X		1,451,588	0	34,252
ELLWITZ JOSHUA SPINE & SCOLIOSIS	40.00 0.00					X		1,403,494	0	34,585
LARSON SCOTT MD SR VP MEDICAL AFFAIRS/CMO	4.60 35.40			X				0	737,723	192,177
EAST REBECCA L SR VP CFO BHG	4.60 35.40			X				0	692,570	180,811
FALAHEE JAMES SR VP LEGAL & LEG. AFFAIRS	4.60 35.40			X				0	645,555	185,338
JONES JOHN SR VP REG. & PHYS. SVS.	4.60 35.40			X				0	643,158	184,261

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			
KARAMCHANDANI MAHESH C MD DIRECTOR	1.00 8.00	X						752,964	0	26,722
HARRELSON KATHLEEN M SR VP CLINICAL OPERATIONS	4.60 35.40			X				0	698,188	31,082
HAYDEN JOHN SR VP & CHIEF HR OFFICER	4.60 35.40			X				0	540,101	143,021
DAVIDSON SCOTT DIRECTOR	1.00 8.00	X						513,837	0	30,513
WAY MICHAEL S SR VP MAT. MGT. & FACILITY SVS.	4.60 35.40				X			0	319,232	125,999
LAWLOR JOHN DIRECTOR	1.00 8.00	X						368,398	0	25,831
SANGALLI-DAVIS CHRISTINE VP CHIEF COMPLIANCE OFFICER	4.60 35.40				X			0	243,074	67,420
TRELLA REBECCA VP POST ACUTE CARE	4.60 35.40				X			0	234,840	20,329
ALLEN RICHARD ALLEN, RICHARD	1.00 8.00	X						0	55,551	1,895
GIBSON SCOTT MD DIRECTOR	1.00 8.00	X						5,500	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			
JAMES BARBARA TREASURER	1.00 8.00	X		X				0	1,231	0
EBERTS RANDALL VICE CHAIR	1.00 8.00	X		X				0	1,231	0
LIGGINS JAMES JR DIRECTOR	1.00 8.00	X						0	1,231	0
PARFET DONALD CHAIR	1.00 8.00	X		X				0	0	0
KARRE NELSON VICE CHAIR	1.00 8.00	X		X				0	0	0
ATKINSON MARK B MD DIRECTOR	1.00 8.00	X						0	0	0
FINK KATY DIRECTOR	1.00 8.00	X						0	0	0
GONZALEZ JORGE DIRECTOR	1.00 8.00	X						0	0	0
GREENE JAMES E DIRECTOR	1.00 8.00	X						0	0	0
HUNT BRENDA DIRECTOR	1.00 8.00	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			
JOHNSTON WILLIAM DIRECTOR	1.00 8.00	X						0	0	0
LINS STEVEN J MD DIRECTOR	1.00 8.00	X						0	0	0
MONTGOMERY TABRON LA JUNE DIRECTOR	1.00 8.00	X						0	0	0
NYBERG NEIL DIRECTOR	1.00 8.00	X						0	0	0
ODAR MICHAEL DIRECTOR	1.00 8.00	X						0	0	0

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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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 38-1359087

Name: BRONSON METHODIST 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

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages 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:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		11,487,594		11,487,594
b Buildings		428,973,232	241,056,104	187,917,128
c Leasehold improvements		869,094	487,681	381,413
d Equipment		216,466,863	169,971,523	46,495,340
e Other		47,785,473		47,785,473
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				294,066,948

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)BOND PROJECT FUND ASSETS	80,603,848
(2)BOND ESCROW ACCT	2,900,463
(3)RIGHT TO USE ASSET	496,853
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	84,001,164

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	9,903,313

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.

1	Total revenue, gains, and other support per audited financial statements			1	891,169,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-32,582,888		
e	Add lines **2a** through **2d**			2e	-32,582,888
3	Subtract line **2e** from line **1**			3	923,751,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	29,027,338		
c	Add lines **4a** and **4b**			4c	29,027,338
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	952,779,226

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.

1	Total expenses and losses per audited financial statements			1	842,917,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-5,469,550		
e	Add lines **2a** through **2d**			2e	-5,469,550
3	Subtract line **2e** from line **1**			3	848,386,550
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	101,719,393		
c	Add lines **4a** and **4b**			4c	101,719,393
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	950,105,943

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: 38-1359087
Name: BRONSON METHODIST HOSPITAL

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT RECLASS TO EXPENSE -32,582,888.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTION FROM BHF BOOKED AS REDUCTION OF EXPENSE 1,678,451. GAIN ON SALE OF ASSETS REC LASS TO REVENUE 1,693,553. INVESTMENT INCOME 25,731,529. RENT EXPENSE -76,133. ROUNDING -6 2.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONTRIBUTION FROM BHF BOOKED AS REDUCTION OF EXPENSE -1,312,937. GAIN ON SALE OF ASSETS RE CLASS TO REVENUE -1,693,553. JOINT VENTURE GAIN/(LOSS) -2,539,193. RENT EXPENSE 76,133.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT RECLASS TO EXPENSE 32,582,888. NET ASSET TRANSFER AFFILIATE 69,136,217. ROUNDING 288.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activites 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 the region	**(d)** Activities conducted in region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN A FOREIGN INSURANCE COMPANY		74,787
3a Sub-total	0	0			74,787
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			74,787

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ 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: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile 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)			4,849,966		4,849,966	0.530 %
b Medicaid (from Worksheet 3, column a)		126,173	161,120,388	135,270,130	25,850,258	2.820 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		126,173	165,970,354	135,270,130	30,700,224	3.350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	26	15,975	599,044	2,000	597,044	0.070 %
f Health professions education (from Worksheet 5)	12	1,547	50,307,489	6,702,246	43,605,243	4.750 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	268	573,945	0	573,945	0.060 %
j **Total.** Other Benefits	45	17,790	51,480,478	6,704,246	44,776,232	4.880 %
k **Total.** Add lines 7d and 7j	45	143,963	217,450,832	141,974,376	75,476,456	8.230 %

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
1 Physical improvements and housing	1		5,721		5,721	0 %
2 Economic development						
3 Community support	3	378	49,897		49,897	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2		50,208		50,208	0.010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	6	378	105,826		105,826	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	32,582,888		
3	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.	3	347,657		
4	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

5	Enter total revenue received from Medicare (including DSH and IME)	5	140,529,380		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	126,632,323		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	13,897,057		
8	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:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
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		9b	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 %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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)	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
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)

Name of hospital facility or letter of facility reporting group BRONSON METHODIST HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	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?	1		No
2	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.	2		No
3	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.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): TINYURL.COM/YYAQ6LW8			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	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.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	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.			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

BRONSON METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 350.000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ 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?	**15**	Yes	
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):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): TINYURL.COM/Y297KPPG			
b ☑ The FAP application form was widely available on a website (list url): TINYURL.COM/Y2BCHGMO			
c ☑ A plain language summary of the FAP was widely available on a website (list url): TINYURL.COM/Y4LSXXC7			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ 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 ☑ 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 ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BRONSON METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 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):			
a ☑ 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 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?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BRONSON METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C.		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **2**

	Name and address	Type of Facility (describe)
1	1 - BRONSON VICKSBURG OUTPATIENT CENTER 601 JOHN STREET KALAMAZOO, MI 49007	THERAPIES, LAB AND RADIOLOGY
2	2 - BRONSON OUTPATIENT SURGERY CENTER 125 W WALNUT ST KALAMAZOO, MI 49007	OUTPATIENT SURGERY
3		
4		
5		
6		
7		
8		
9		
10		

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.

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Form and Line Reference	Explanation
PART I, LINE 3C:	THE ORGANIZATION USES THE FOLLOWING FPG TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS:200% OR BELOW OF FPL IS ENTITLED TO A 100% REDUCTION250% OF FPL IS ENTITLED TO A 90% REDUCTION300% OF FPL IS ENTITLED TO A 80% REDUCTION350% OF FPL IS ENTITLED TO A 75% REDUCTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	(A) - (C) COSTING METHODOLOGY IS A COST TO CHARGE RATIO AS DEFINED BY THE IRS INSTRUCTIONS FOR LINES A-C.(E) - (I) COSTING METHODOLOGY IS ACTUAL COSTS PER THE HOSPITAL ACCOUNTING SYSTEM FOR LINES E-I.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 32,582,888.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	1. PHYSICAL IMPROVEMENTS AND HOUSING A. ACCESS TO HEALTHY FOODS & LOCAL REGIONAL SOURCING: BMH OPENED THE BRONSON MARKET, A GIFT SHOP AND MICRO-GROCERY STORE, MAKING IT EASY AND CO NVENIENT FOR STAFF AND VISITORS TO BUY FRESH, HEALTHY FOOD TO EAT OR TAKE HOME TO PREPARE. A VARIETY OF FRESH, LOCALLY GROWN AND PRODUCED FOODS NORMALLY FOUND AT THE LOCAL FARMER'S MARKETS IS AVAILABLE. BMH SOURCED 45% OF FOOD SERVICE PRODUCTS AND INGREDIENTS LOCALLY RE SULTING IN A $1.7 MILLION INVESTMENT IN THE REGIONAL ECONOMY. COMMUNITY HEALTH EDUCATORS D ELIVERED HEALTH AND NUTRITION EDUCATION TO APPROXIMATELY 6,800 ADULTS, YOUTH AND SENIORS. WE ALSO ESTABLISHED PARTNERSHIPS WITH TWO FOOD PANTRIES, LOVE INC. IN PULLMAN AND LOAVES A ND FISHES IN KALAMAZOO, CONTINUED PARTNERSHIP WITH THE FOOD PANTRY AT METHODIST CHURCH IN SOUTH HAVEN, AND ESTABLISHED BRONSON AS THE GO-TO EXPERT FOR HELP WITH NUTRITION EDUCATION FOR PANTRY STAFF MEMBERS AND CLIENTS. B. MOBILITY INNOVATION: A COMPREHENSIVE PARKING PLA N FOR THE BMH CAMPUS WAS DEVELOPED THAT WILL RESULT IN IMPROVED ACCESS FOR PATIENTS/VISITO RS AND EMPLOYEES. THIS IS THE FOUNDATION FOR OUR MOBILITY STRATEGY WITH THE AIM OF NOT REQ UIRING AN INVESTMENT IN STRUCTURED PARKING IN THE FUTURE. THE BUS 2 WORK PROGRAM SUPPORTED OVER 200 EMPLOYEES, TAKING 4,000 RIDES TO AND FROM WORK.C. HOUSING: A CONCEPT PLAN WITH S TRATEGIC PARTNERS WAS CREATED TO DEVELOP ATTAINABLE HOUSING CLOSE TO BMH FOR EMPLOYEES. SI NCE 1998, BRONSON HAS INVESTED APPROXIMATELY $497,525 TO HELP EMPLOYEES PURCHASE HOMES, DO WNTOWN, CLOSE TO THE HOSPITAL CAMPUS. THE PROGRAM IS A LOAN, EMPLOYEES START PAYING BACK I N YEAR SIX, AT NO INTEREST. WHAT IS COLLECTED IS THEN RE-LOANED. THUS FAR, OUR INVESTMENT OF $497,525 HAS RESULTED IN APPROXIMATELY $711,913 BEING LOANED TO OVER 80 EMPLOYEES. D. H OSPITAL HOSPITALITY HOUSE OF SOUTHWEST MICHIGAN: HOSPITAL HOSPITALITY HOUSE OF SOUTHWEST M ICHIGAN CONSTRUCTED TWO NEW HOUSES TO REPLACE ITS COSTLY AND OUTDATED HISTORIC HOUSE ON SO UTH STREET. BRONSON DONATED LAND AND MADE FINANCIAL AND IN-KIND CONTRIBUTIONS TO THE CAMPA IGN INCLUDING A $15,000 SPONSORSHIP OF ITS RECEPTION AREA BY THE BRONSON EXECUTIVE TEAM. E ACH YEAR, BRONSON ALSO CONTRIBUTES $26,500 TO HELP SUSTAIN HOUSE OPERATIONS. THE BURDICK S TREET HOUSE NEAR BMH OPENED IN FEBRUARY 2019 AND PROVIDED 3,100 GUEST NIGHTS TO FAMILIES O F BRONSON PATIENTS FROM THROUGHOUT THE REGION IN 2019.2. ECONOMIC DEVELOPMENT A. NATIONAL RECOGNITION FOR BRONSON HEALTHY LIVING CAMPUS: THE BRONSON HEALTHY LIVING CAMPUS, A PARTNE RSHIP BETWEEN KALAMAZOO VALLEY COMMUNITY COLLEGE (KVCC), BRONSON AND INTEGRATED SERVICES O F KALAMAZOO (FORMERLY KCMHSAS), RECEIVED THE 2019 AMERICAN ASSOCIATION OF COMMUNITY COLLEG ES OUTSTANDING COLLEGE/CORPORATE PARTNERSHIP AWARD. THE AWARD HONORS LOCAL, REGIONAL AND N ATIONAL COLLABORATIONS BETWEEN A COLLEGE AND CORPORATE PARTNER THAT HAS ACHIEVED DEMONSTRA BLE, MULTI-YEAR SUCCESS IN ADVANCING THE MISSION OF THE INSTITUTIONS, THE ECONOMIC PROSPER ITY OF A COMMUNITY AND THE LEARNING EXCELLENCE OF STUDENTS. IN 2013, THE THREE ORGANIZATIO NS CAME TOGETHER WITH THE AMBITIOUS GOALS OF URBAN REVITALIZATION, COMMUNITY HEALTH IMPROV EMENT AND WORKFORCE DEVELOPMENT THROUGH SUSTAINABLE FOOD, EDUCATION AND TRAINING. BRONSON DONATED UNUSED LAND ADJACENT TO BMH, WHICH NOW INCLUDES THE MARILYN J. SCHLACK CULINARY AN D ALLIED HEALTH BUILDING, THE FOOD INNOVATION CENTER (WITH A FOOD HUB AND INDOOR AND OUTDO OR GROWING SPACES) AND AN INTEGRATED HEALTH SERVICES CLINIC FOR KCMHSAS CUSTOMERS.3. COMMU NITY SUPPORT A. COMMUNITY HEALTH LITERACY: BRONSON SUPPORTED EARLY CHILDHOOD LITERACY BY P ROVIDING THE FAMILIES OF EVERY NEWBORN A BOOK TO PROMOTE READING; SUPPORTING THE YOUTH REA DING PROGRAM AT THE COUNTY JUVENILE HOME; BY TRAINING AREA CLERGY IN PASTORAL CARE FOR ILL AND END-OF-LIFE PATIENTS; BY STAFFING THE COUNTY SAFE KIDS COALITION AND BY OFFERING HEAL TH-RELATED EDUCATIONAL SEMINARS THROUGHOUT THE COMMUNITY.B. INSURANCE ENROLLMENT OUTREACH AND SUPPORT: THE BRONSON CERTIFIED APPLICATION COUNSELORS ARE AN IMPORTANT COMMUNITY SERVI CE PROVIDED THROUGH THE COMMUNITY HEALTH, EQUITY AND INCLUSION OF BRONSON HEALTHCARE GROUP . THE CHEI SPECIALIST PROVIDES HEALTH COVERAGE ENROLLMENT ASSISTANCE TO CONSUMERS IN SOUTH WEST MICHIGAN FOR THE PERIOD OF JANUARY 1, 2019-DECEMBER 31, 2019. OVER THE PROJECT PERIOD , TARGETED OUTREACH AND ENROLLMENT SERVICES WERE PROVIDED, TO BOTH CONSUMERS ENROLLING IN THE HEALTH INSURANCE MARKETPLACE AND IN THE HEALTHY MICHIGAN PLAN, MICHIGAN'S EXPANDED MED ICAID PROGRAM, AS WELL AS IN OTHER MEDICAID/CHIP PROGRAMS. ASSISTANCE WAS PROVIDED DURING ONE OPEN ENROLLMENT PERIOD IN THE HEALTH INSURANCE MARKETPLACE (NOVEMBER 1, 2019-DECEMBER 15, 2019). ASSISTANCE WITH MARKETPLACE APPLICATIONS TO CONSUMERS WHO WERE ELIGIBLE FOR COV ERAGE OUTSIDE OF THE ANNUAL ENROLLMENT DUE TO ELIGIBILITY FOR A SEP (SPECIAL ENROLLMENT PE RIOD) WAS OFFERED ALL YEAR. DURING THE YEAR, ASSISTANCE WAS GIVEN TO CONSUMERS WITH ENROLL MENT AND ANNUAL REDETERMINATION IN THE HEALTHY MIC

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	HIGAN PLAN AND OTHER MEDICAID PROGRAMS.4. ENVIRONMENTAL IMPROVEMENTS A. ENVIRONMENTAL ACHI EVEMENTS: EACH YEAR SINCE 2014, BMH HAS RECEIVED THE PRACTICE GREEN HEALTH PARTNER FOR CHA NGE AWARD RECOGNIZING HEALTHCARE ORGANIZATIONS ACROSS THE NATION THAT MADE SIGNIFICANT STR IDES TOWARD MORE ENVIRONMENTALLY FRIENDLY, SUSTAINABLE PRACTICES. IN 2019, THE HOSPITAL WA S ALSO ONE OF THREE HOSPITALS IN THE STATE RECOGNIZED BY GOVERNOR WHITMER FOR OUR FOCUS ON THE HEALTH OF THE ENVIRONMENT AND COMMUNITY HEALTH AS A WHOLE. 5. COALITION BUILDING A. C RADLE KALAMAZOO & SOUTHWEST MICHIGAN PERINATAL COLLABORATIVE: INFANT MORTALITY CONTINUES T O BE A FOCUS THROUGH THE CRADLE KALAMAZOO COLLABORATIVE. BRONSON IS THE OPERATIONAL PARTNE R AND WE EMPLOY THE CRADLE KALAMAZOO EXECUTIVE DIRECTOR AND PROGRAM COORDINATOR, WHO WORK WITH CRADLE PARTNERS TO EXECUTE THE STRATEGIC PLAN. IN 2019, WE FOCUSED ON STANDARDIZATION OF PROCESS OF ENTRY TO PRENATAL CARE AND FIRST TRIMESTER ULTRASOUNDS. THE IMPACT OF THESE INITIATIVES LED TO MORE ACCURATE DATING OF PREGNANCIES AND APPROPRIATE PRENATAL CARE IN T HE FIRST TRIMESTER. IN ADDITION, CLINICAL EQUITY WORKGROUPS HAVE ENGAGED TEAMS AT WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE (WMED), BRONSON, ASCENSION BORGE SS AND FAMILY HEALTH CENTER FOCUSED ON ESTABLISHING EQUITABLE STANDARD WORK. THE INFANT MO RTALITY RATE FOR BLACK INFANTS IMPROVED AND IS NOW BELOW THE MICHIGAN AVERAGE. WHILE WE CO NTINUE TO SEE A DISPARITY RATIO (BLACK INFANTS ARE 2.8X MORE LIKELY TO DIE THAN WHITE INFA NTS IN KALAMAZOO), IT IS THE LOWEST IT HAS EVER BEEN. OUR FOCUS REMAINS ON BOTH OVERALL IN FANT MORTALITY (GOAL OF 3.0/1000) AND THE ELIMINATION OF DISPARITIES. BRONSON ALSO CONTINU ES TO PARTICIPATE IN THE MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES (MDHHS) MOTHER INF ANT HEALTH & EQUITY IMPROVEMENT PLAN, A STATEWIDE EFFORT TO IMPROVE THE HEALTH OF MOMS AND BABIES IN MICHIGAN. THROUGH THE SOUTHWEST MICHIGAN PERINATAL QUALITY IMPROVEMENT COLLABOR ATIVE, BRONSON STAFF WORKED WITH MULTIPLE MEMBERS ACROSS SEVEN COUNTIES TO CREATE "A LOCAL LY LINKED AND COORDINATED NETWORK OF SERVICES FOR MOTHERS AND THEIR BABIES COMMITTED TO TH E HIGHEST ATTAINABLE STANDARD OF HEALTH AVAILABLE IN MICHIGAN" WITH THE VISION OF "ZERO PR EVENTABLE DEATHS. ZERO DISPARITIES." 6. COMMUNITY HEALTH IMPROVEMENT ADVOCACY A. FREQUENT USER SYSTEMS ENGAGEMENT (FUSE): FUSE IS A COMMUNITY COLLABORATIVE THAT STRIVES TO CREATE E QUITABLE HEALTH OUTCOMES TO FREQUENT USERS OF THE EMERGENCY DEPARTMENT WHO ARE HOMELESS. I T PROVIDES PARTICIPANTS WITH WRAPAROUND SERVICES THROUGH BRONSON PRIMARY CARE, INTEGRATED SERVICES OF KALAMAZOO AND KALAMAZOO COUNTY PUBLIC HOUSING COMMISSION. FROM 2016 TO 2018, T HE PROGRAM SERVED 11 HOMELESS INDIVIDUALS WHOSE EMERGENCY VISITS DECREASED BY APPROXIMATEL Y 60% FROM THE PREVIOUS 18 MONTHS. MEDICAL CARE COSTS FOR THESE INDIVIDUALS DECREASED BY A BOUT 20% EVERY SIX MONTHS. BRONSON IS NOW IN ITS SECOND PHASE OF THE FUSE PROGRAM, WITH 12 PARTICIPANTS CURRENTLY ENROLLED. THE FUSE PROGRAM WAS HONORED WITH THE MICHIGAN HEALTH & HOSPITAL ASSOCIATION'S (MHA) 2019 LUDWIG COMMUNITY BENEFIT AWARD. 7. WORKFORCE DEVELOPMENT A. PROJECT SEARCH RECOGNITION: KALAMAZOO'S PROJECT SEARCH AT BMH IS DESIGNED TO HELP YOUN G ADULTS WITH DISABILITIES DEVELOP MARKETABLE SKILLS FOR THE WORKPLACE AND OBTAIN GAINFUL EMPLOYMENT. BMH RECEIVED INTERNATIONAL RECOGNITION FOR ITS COLLABORATIVE WORK TO BETTER TH E LIVES OF YOUTH WITH DISABILITIES IN OUR COMMUNITY. THE PROGRAM AT BRONSON WAS HONORED WI TH THE 2019 SPOTLIGHT ON TRANSFORMATIVE COLLABORATION AWARD FROM PROJECT SEARCH. IN 2019, BRONSON SUPPORTED SEVEN INTERNS, WHO ARE NOW GAINFULLY EMPLOYED. OVER 32 DIFFERENT BUSINES SES HAVE HIRED 60 INTERNS OVER THE PAST SEVEN YEARS, INCLUDING 14 AT BRONSON WITH 11 STILL WORKING HERE.

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Form and Line Reference	Explanation
PART III, LINE 2:	UNCOLLECTIBLE AMOUNTS ARE WRITEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE. BAD DEBT EXPENSE IS DISCLOSED BASED ON GROSS CHARGES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	BAD DEBT WRITEOFFS SUPPORT THE COMMUNITY BY PROVIDING A PORTION OF SERVICES WITHOUT PAYMENT. THE AMOUNT OF BAD DEBT EXPENSES ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY WAS ESTIMATED BY REVIEWING THE BAD DEBT DETAIL FOR A SPECIFIC WRITE-OFF CODE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES, REDUCED BY EXPLICIT PRICE CONCESSIONS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO QUALIFYING INDIVIDUALS AS PART OF OUR FINANCIAL ASSISTANCE POLICY, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARILY TO SELF-PAY PATIENTS. ESTIMATES FOR EXPLICIT PRICE CONCESSIONS ARE BASED ON PROVIDER CONTRACTS, PAYMENT TERMS FOR RELEVANT PROSPECTIVE PAYMENT SYSTEMS, AND HISTORICAL EXPERIENCE ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE 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 SIGNIFICANT IMPLICIT PRICE CONCESSIONS 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. THIS INFORMATION CAN BE FOUND IN THE ATTACHED AUDITED FINANCIAL STATEMENTS UNDER NOTE 2, SIGNIFICANT ACCOUNTING POLICIES FOR ACCOUNTS RECEIVABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	COSTING METHODOLOGY IS A COST TO CHARGE RATIO AS DEFINED BY THE IRS 990 INSTRUCTIONS. SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT DUE TO ITS REPRESENTATION OF COST OF A PORTION OF SERVICES PROVIDED TO THE COMMUNITY WITHOUT PAYMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE POLICY REQUIRES THE COLLECTION AGENCY BE NOTIFIED AND ACTIVITY SUSPENDED WHEN A REQUEST FOR FINANCIAL ASSISTANCE IS MADE AND A PATIENT SUBMITS AN APPLICATION ON A PREVIOUSLY LISTED ACCOUNT. THE COLLECTION AGENCY IS NOTIFIED THE SAME DAY THE APPLICATION IS RECEIVED. IF A PATIENT QUALIFIES FOR FULL FINANCIAL ASSISTANCE, THE ACCOUNT IS RETURNED TO BRONSON FROM THE AGENCY AND ANY INITIATED ECA IS REVERSED. IF THE PATIENT QUALIFIES FOR PARTIAL FINANCIAL ASSISTANCE, A DETERMINATION IS SENT TO THE AGENCY INDICATING THE NEW BALANCE AND ANY INITIATED ECA IS REVERSED. IF THE PATIENT DOES NOT PROVIDE COMPLETE APPLICATION INFORMATION OR IS DETERMINED TO BE INELIGIBLE, A DENIAL LETTER IS ISSUED AND THE AGENCY RESUMES COLLECTION ACTIVITY. FURTHERMORE, THE POLICY REQUIRES THAT BRONSON SEND A RESPONSE TO PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE WITHIN 30 BUSINESS DAYS (45 DAYS). IF THE APPLICATION IS APPROVED, THE APPLICATION WILL WORK THROUGH THE FINAL PROCESSES. IF BRONSON NEEDS MORE INFORMATION, BRONSON MUST REQUEST IT FROM THE PATIENT WITHIN THE 45 DAY TIME FRAME. IF REQUESTED INFORMATION IS NOT RECEIVED WITHIN 15 DAYS OF THE LETTER, BRONSON WILL DENY THE APPLICATION AND A DENIAL LETTER SENT TO THE PATIENT. BRONSON WILL HOLD THE APPLICATION FOR 60 DAYS IN CASE THE REQUESTED INFORMATION COMES IN AFTER THE 15 DAYS. IF THE APPLICATION IS 60 DAYS OLD, AND REQUESTED INFORMATION IS NOT RECEIVED, THE APPLICATION IS DECLINED, AND THE PATIENT WOULD NEED TO SUBMIT A NEW APPLICATION. IF THE APPLICATION IS DECLINED, BRONSON THEN NOTIFIES THE COLLECTION AGENCY TO RESUME COLLECTIONS. SIGNATURES ARE ONLY GOOD FOR 60 DAYS WHEN BRONSON IS REQUESTING ADDITIONAL INFORMATION. ONCE AN APPLICATION IS APPROVED, THE COLLECTION AGENCY IS NOTIFIED VIA EMAIL OF THE APPROVAL PERCENTAGE OR DENIED ON THE SAME DAY THE APPLICATION IS COMPLETED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	BRONSON HEALTHCARE GROUP UTILIZES A STRATEGIC MANAGEMENT MODEL TO DEVELOP BOTH A LONG TERM (3 YEAR) AND ANNUAL STRATEGIC PLAN. INPUTS INTO THE PLAN ARE DOCUMENTED IN OUR STRATEGIC INPUT DOCUMENT. ONE OF THE IMPORTANT INPUTS INTO THIS PLAN IS THE HEALTH OF OUR COMMUNITY. IN ADDITION TO THE CHNA DATA SOURCES LISTED IN PART V SECTION B LINE 5, THE FOLLOWING SOURCES ARE USED TO INFORM OUR STRATEGIC PLAN:1. SG2 MARKET ESTIMATES2. SG2 IP/OP FORECAST3. SG2 AMBULATORY MARKET STRATEGIST4. SG2 MARKET DEMOGRAPHICS FROM CLARITAS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE EMERGENCY ROOM, THE ADMITTING DEPARTMENT, THE PATIENT FINANCIAL COUNSELING OFFICE, AND THE HOSPITAL'S WEBSITE (WWW.BRONSONHEALTH.COM). THE PLAIN LANGUAGE SUMMARY IS ALSO INCLUDED IN THE PATIENT'S DISCHARGE DOCUMENTS, ON PATIENT STATEMENTS AND THE HOSPITAL'S WEBSITE. BOTH THE POLICY AND THE PLAIN LANGUAGE SUMMARY ARE AVAILABLE UPON REQUEST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	BRONSON METHODIST HOSPITAL SERVES A NINE COUNTY REGION IN SOUTHWEST MICHIGAN. ABOUT 64% OF PATIENTS SERVED COME FROM WITHIN KALAMAZOO COUNTY AND THE OTHER 36% COME FROM THE REGIONAL COUNTIES OF: ALLEGAN, BARRY, BERRIEN, BRANCH, CASS, VAN BUREN, CALHOUN, EATON AND ST. JOSEPH. BRONSON METHODIST HOSPITAL SERVES A NINE COUNTY REGION IN SOUTHWEST MICHIGAN. ABOUT XX% OF PATIENTS SERVED COME FROM WITHIN KALAMAZOO COUNTY AND THE OTHER XX% COME FROM THE REGIONAL COUNTIES OF: ALLEGAN, BARRY, BERRIEN, BRANCH, CASS, VAN BUREN, CALHOUN, EATON AND ST. JOSEPH.PATIENT DEMOGRAPHICS15.60% <21 YEARS OF AGE22.30% 21-39 YEARS OF AGE34% 40-64 YEARS OF AGE28.10% 65 YEARS OF AGE AND OLDERPATIENT DIVERSITY DEMOGRAPHICS82.76% CAUCASIAN9.82% AFRICAN-AMERICAN0.95% ASIAN3.75% OTHERPATIENT INSURANCE DEMOGRAPHICS43.79% PRIVATE INSURANCE18.84% MEDICARE17.31% MEDICARE AND SUPPLEMENTAL INSURANCE18.34% MEDICAID OR OTHER PUBLIC ASSISTANCE1.72% NO COVERAGE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	COLLABORATION WITH COMMUNITY STAKEHOLDERSAS PREVIOUSLY MENTIONED, BMH SEEKS COMMUNITY COLLABORATORS AND STAKEHOLDERS AS PARTNERS ON MEETING COMMUNITY HEALTH NEEDS, ADDRESSING MULTI-SECTOR ISSUES, AND LEADING DISASTER/EMERGENCY EFFORTS. TOWARDS THIS END, BMH LEADERS SERVE ON SEVERAL COMMUNITY BOARDS INCLUDING: CRADLE KALAMAZOO, SOUTHWEST MICHIGAN PERINATAL STEERING COMMITTEE, FAMILY AND CHILDREN SERVICES OPERATIONS COMMITTEE, KIDS HOPE MENTORING, KALAMAZOO COLLEGE BOARD OF TRUSTEES, KALAMAZOO DOWNTOWN PARTNERSHIP, EDISON NEIGHBORHOOD ASSOCIATION, W.E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH, KALAMAZOO VALLEY COMMUNITY COLLEGE GROVES ADVISORY BOARD, FAMILY HEALTH CENTER BOARD OF DIRECTORS AND QUALITY ASSURANCE, SENIOR CARE PARTNERS PACE, GIFT OF LIFE ADVISORY BOARD, HOSPITAL HOSPITALITY HOUSE OF KALAMAZOO, KALAMAZOO LITERACY COUNCIL, WMU HOMER STRYKER M.D. SCHOOL OF MEDICINE, YOUTH SUICIDE PREVENTION WEST MICHIGAN COALITION, KALAMAZOO SENIOR CARE PARTNERS, KALAMAZOO PUBLIC LIBRARY READING TOGETHER, MINISTRY WITH COMMUNITY, UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION, COMSTOCK COMMUNITY CENTER BOARD OF DIRECTORS, COMMUNITIES IN SCHOOLS, RESIDENTIAL OPPORTUNITIES INC., SENIOR SERVICES, AND WMU INTERNSHIP SELECTION COMMITTEE. HEALTHY LIVING EDUCATIONSNAP-ED AT BMH - (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION) THE BRONSON HEALTH FOUNDATION RECEIVED A $100,000 SNAP-ED GRANT TO FUND COMMUNITY FIT!, A NUTRITION AND PHYSICAL ACTIVITY EDUCATION AND HEALTH PROMOTION PROGRAM FOR INCOME-ELIGIBLE ADULTS, YOUTH, AND FAMILIES. COMMUNITY BENEFIT ELIGIBLE ACTIVITIES INCLUDED: HEALTH AND NUTRITION EDUCATION AT FOOD PANTRIES: SIX NUTRITION EDUCATION AND HEALTHY FOOD TASTINGS WERE PROVIDED THROUGH A PARTNERSHIP WITH KALAMAZOO LOAVES AND FISHES--LOCAL FOOD PANTRIES. REACH: APPROX. 80-100 FAMILIES. COMMUNITY NUTRITION EDUCATION SERIES: EAT SMART, LIVE STRONG A FREE, 4 LESSON, COMMUNITY NUTRITION AND PHYSICAL ACTIVITY EDUCATION PROGRAM WAS HELD AT TWO KALAMAZOO LOCATIONS: CITY VIEW APARTMENTS AND THE ECUMENICAL CENTER. REACH: APPROX. 40 PARTICIPANTS. KVCC PARTNERSHIP IN COMMUNITY NUTRITION EDUCATION: BRONSON AND KVCC'S MEDICAL CULINARY PROGRAM FORMED A PARTNERSHIP TO DESIGN AND DELIVER SNAP-ED TO KPS STUDENTS AND SENIORS. FINANCIAL SUPPORT & INSURANCE ACCESS BRONSON METHODIST HOSPITAL (BMH) IS A COMMUNITY-OWNED AND GOVERNED NOT-FOR-PROFIT HOSPITAL WITH 434 LICENSED BEDS AND AN OPEN MEDICAL STAFF. IT IS GOVERNED BY THE BRONSON HEALTHCARE GROUP BOARD COMPRISED OF 21 MEMBERS OF THE COMMUNITY. FOUNDED IN 1900, BMH HAS DEMONSTRATED ITS COMMITMENT TO OUR COMMUNITY BY CONTINUING TO DELIVER THE FULL CONTINUUM OF NEEDED MEDICAL SERVICES AND WORKING WITHIN COMMUNITY COLLABORATIVE TO ADDRESS COMMUNITY NEEDS. BMH IS THE LARGEST MEDICAID PROVIDER OF ANY LARGE HOSPITAL IN MICHIGAN OUTSIDE OF THE DETROIT AREA (ON A PERCENTAGE BASIS). IN 2019, APPROXIMATELY 18% OF BMH'S INPATIENTS WERE MEDICAID RECIPIENTS. WE HAVE THREE MEDICAID ENROLLERS ON SITE TO HELP THOSE WITHOUT INSURANCE ENROLL IN MEDICAID, OR REFER THEM TO COMMUNITY RESOURCES. MUCH OF BMH'S SERVICE TO THE COMMUNITY IS DIRECTED AT MEETING THE HEALTHCARE NEEDS OF WOMEN AND CHILDREN. BRONSON IS THE ONLY CHILDREN'S HOSPITAL IN SOUTHWEST MICHIGAN AND, THEREFORE, THE SOLE PROVIDER OF INPATIENT PEDIATRICS INCLUDING PEDIATRIC INTENSIVE CARE AND NEONATAL INTENSIVE CARE. IN FACT, OVER HALF THE PATIENTS IN THE HOSPITALIZED AT BRONSON IN THE CHILDREN'S HOSPITAL ARE MEDICAID RECIPIENTS. AS A REGIONAL PERINATAL CENTER, BMH IS ALSO THE REGIONAL DESTINATION FOR HIGH-RISK PREGNANCY CARE. BMH LEVEL I TRAUMA CENTER AND BURN CENTER, ALONG WITH ADVANCED CAPABILITIES IN NEUROVASCULAR AND CARDIOVASCULAR CARE, SERVE ALL PATIENT POPULATIONS REGARDLESS OF ABILITY TO PAY.REPORTING TO THE COMMUNITYBMH CONDUCTS AN ANNUAL COMMUNITY BENEFIT INVENTORY TO AGGREGATE THE NON-MISSION MANDATED SERVICES WE PROVIDE TO THE COMMUNITY. THIS INVENTORY IS SHARED WITH BRONSON STAKEHOLDERS AND REPORTED TO THE COMMUNITY. INFORMATION IS AVAILABLE TO ALL THROUGH BRONSONHEALTH.COM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	BMH IS PART OF AN AFFILIATED SYSTEM THAT SERVES NINE COUNTIES AND INCLUDES THREE OTHER HOSPITALS, BRONSON BATTLE CREEK HOSPITAL, BRONSON SOUTH HAVEN HOSPITAL, AND BRONSON LAKEVIEW HOSPITAL. ALL OF THESE HOSPITALS ARE CONTROLLED BY BRONSON HEALTHCARE GROUP, WHICH IS A COMMUNITY-OWNED AND GOVERNED NON-FOR-PROFIT HOLDING COMPANY. THE BRONSON HEALTHCARE GROUP (BHG) BOARD IS COMPRISED OF 21 MEMBERS FROM THE COMMUNITIES IT SERVES. EACH OF THE THREE HOSPITALS IN THE BRONSON HEALTHCARE SYSTEM ADMITS PATIENTS REGARDLESS OF ABILITY TO PAY AND PROVIDES OUTREACH SERVICES TO THEIR RESPECTIVE COMMUNITIES. IN ADDITIONAL TO THE FOUR HOSPITALS, THE BHG SYSTEM INCLUDES SEVERAL SMALLER ENTITIES WHOSE ACTIVITIES SUPPORT THE HOSPITALS AND THEIR MISSION OF "TOGETHER, WE ADVANCE THE HEALTH OF OUR COMMUNITIES." THESE ENTITIES INCLUDE: BRONSON HEALTHCARE GROUP, BRONSON COMMONS, BRONSON LIFESTYLE IMPROVEMENT & RESEARCH CENTER, BRONSON HEALTHCARE FOUNDATION, BRONSON AT HOME, VAN BUREN EMERGENCY MEDICAL SERVICES, AND BRONSON PROPERTIES CORPORATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MI

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES CONTINUATION:	8. OTHER A. IMPLEMENTATION OF THE AHA EQUITY PLEDGE PLAN: BRONSON CREATED AN EQUITY OF CARE FRAMEWORK TO PROVIDE SYSTEM GOALS AND TACTICS FOR THE AHA EQUITY OF CARE PLEDGE. ADDITIONALLY, WE CREATED A HEALTH EQUITY OF CARE PERFORMANCE IMPROVEMENT COMMITTEE TO GUIDE THE ORGANIZATION IN THIS WORK. THERE ARE FOUR HEALTH EQUITY OF CARE GOALS: 1) BUILD AND STRENGTHEN COMMUNITY RELATIONSHIPS AND PARTNERSHIPS TO ADVANCE HEALTH EQUITY; 2) INCREASE THE COLLECTION, REPORTING AND ANALYSIS OF ACCURATE SOCIAL DEMOGRAPHIC DATA TO PRIORITIZE AND DETERMINE INTERVENTIONS; 3) IMPROVE OUR KNOWLEDGE, SKILLS AND BEHAVIORS TO MEET THE SOCIAL, CULTURAL AND LINGUISTIC NEEDS OF OUR EMPLOYEES, PATIENTS AND FAMILIES; AND 4) INCREASE THE DIVERSITY OF LEADERSHIP AND GOVERNANCE TO SUPPORT, ASSIST, AND ADVOCATE FOR EMPLOYEES, PATIENTS AND FAMILIES. BRONSON EXPANDED COLLECTION OF RACE, ETHNICITY AND LANGUAGE DATA AND BEGAN STRATIFYING PATIENT EXPERIENCE DATA BY AGE, GENDER, RACE AND ETHNICITY. WE CONTINUE TO IMPROVE OUR KNOWLEDGE, SKILLS AND BEHAVIORS TO MEET THE SOCIAL, CULTURAL AND LINGUISTIC NEEDS OF OUR EMPLOYEES, PATIENTS AND FAMILIES IN SEVERAL WAYS. WE INCREASED AMBULATORY SELF-SCHEDULING OF INTERPRETERS AND A NEW EQUITY OF CARE COMPUTER-BASED LEARNING MODULE WAS REQUIRED FOR ALL BRONSON EMPLOYEES. THE COMMUNITY HEALTH, EQUITY AND INCLUSION TEAM EDUCATED OVER 2,400 EMPLOYEES AS WELL AS 3,300 PEOPLE IN OUR PRIMARY SERVICE AREA.

Additional Data

Software ID:

Software Version:

EIN: 38-1359087

Name: BRONSON METHODIST HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	BRONSON METHODIST HOSPITAL 601 JOHN STREET KALAMAZOO, MI 49007 BRONSONHEALTH.COM	X	X	X	X			X			

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
BRONSON METHODIST HOSPITAL	PART V, SECTION B, LINE 5: AT BRONSON, THE CHNA PROCESS HAD OVERSIGHT FROM A SYSTEM-WIDE A DVISORY COMMITTEE WHOSE ANALYSIS AND RECOMMENDATIONS WERE BROUGHT TO THE EXECUTIVE TEAM AN D TO THE BRONSON HEALTHCARE BOARD COMMUNITY HEALTH COMMITTEE FOR FINAL DELIBERATION AND AP PROVAL.THE PROCESS INCLUDED A REVIEW OF BRONSON'S PREVIOUS ASSESSMENTS, ANALYSIS OF OVER 1 50 CURRENT INDICATORS IN EACH COUNTY AND DISCUSSION OF THE SECONDARY DATA AVAILABLE AT THE COUNTY LEVEL. BRONSON ALSO SOUGHT PERSPECTIVE FROM MICHIGAN PUBLIC HEALTH INSTITUTE AND W .E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH TO PROVIDE CONSULTANT SUPPORT FOR THE PROJECT . BECAUSE THERE ARE INHERENT LIMITATIONS AND GAPS IN SECONDARY DATA, THERE WAS A HEAVY EMP HASIS ON COMMUNITY VOICE AND INPUT TO IDENTIFY THE GREATEST NEEDS IN OUR COMMUNITIES. THE ANALYSIS IN THIS DOCUMENT REPRESENTS THE MOST IMPORTANT ISSUES FROM 29 FOCUS GROUPS AND 23 INTERVIEWS AND 386 COMMUNITY VOICES. THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS WERE ENG AGED IN THE CHNA TO REPRESENT THE INTERESTS OF THE COMMUNITY: EL CONCILIOKALAMAZOO CONTINU UM OF CAREASCENSION BORGESS HOSPITALPREVENTION WORKSKALAMAZOO LOAVES AND FISHESTHE CITY OF KALAMAZOOKALAMAZOO VALLEY COMMUNITY COLLEGEWMU LGBT STUDENT SERVICESCOMMUNITIES IN SCHOOL S OF KALAMAZOOURBAN ALLIANCEKALAMAZOO COMMUNITY FOUNDATIONMIWORKS!, SWERNBRONSON HEALTHCAR ETHE KALAMAZOO PROMISE KALAMAZOO COMMUNITY FOUNDATIONUNITED WAY OF THE BATTLE CREEK & KALA MAZOO REGIONCOUNTY LAW ENFORCEMENTYWCA KALAMAZOOOUTFRONT KALAMAZOOBRONSON BOARD MEMBERKALA MAZOO COUNTY LEADERSHIPKALAMAZOO PUBLIC HOUSING COMMISSIONINTEGRATED SERVICES OF KALAMAZOO THE CITY OF KALAMAZOO, PARKS & RECTHE CITY OF KALAMAZOO LEADERSHIPKALAMAZOO METRO TRANSITF AMILY HEALTH CENTER ISAACKRESASENIOR SERVICES SOUTHWEST MICHIGANKALAMAZOO LITERACY COUNCIL LEGAL AID OF WESTERN MICHIGAN LISC-STATEWIDE DEPUTY DIRECTORDOUGLAS COMMUNITY ASSOCIATION KALAMAZOO EDUCATION LEADERS & REPRESENTATIVESKALAMAZOO FRONTLINE HOME VISITATION HOMELESSN ESS/SAFETY-NET PROVIDERSCOMMUNITY MEMBERS WITH DISABILITIESKALAMAZOO BUSINESS & UNIVERSITY LEADERS MINORITY BUSINESS OWNERSYOUTH DEVELOPMENT ORGANIZATIONS EASTSIDE NEIGHBORHOOD WME D RESIDENTSCOMMUNITY PHYSICIANSHISPANIC LATINX COMMUNITYBRONSON EMPLOYEES WHO RESIDE IN KA LAMAZOO COUNTYVICKSBURG SOCIAL SERVICES & SENIOR SERVICESWMU SINDECUSE MEDICAL DIRECTOR WE STERN MICHIGAN UNIVERSITYNORTHSIDE MINISTERIAL ALLIANCECOMMUNITY MEMBERS WITH EMPLOYMENT B ARRIERS TO NARROW DOWN THE PRIMARY DATA RESULTS, MICHIGAN PUBLIC HEALTH INSTITUTE RAN THE FREQUENCY OF REFERENCES ACROSS EACH TOPIC BELOW. BRONSON DECIDED TO MAKE THE CUT OFF FOR T HE TOP 11 MAJOR TOPICS FROM FOCUS GROUPS AND KEY INFORMANT INTERVIEWS. FOR THE PURPOSES OF THE FINAL REPORT, THE COMMUNITY STAKEHOLDERS AGREED TO NOT RANK THE TOPICS, SO THAT ALL O F THESE ISSUES CAN BE ELEVATED COLLECTIVELY. THIS ALSO EMPHASIZES THAT THE NEEDS BELOW DID NOT EMERGE INDEPENDENTLY. TOP 11 TOPICS (IN NO RANKING ORDER): LAWS & POLICIES PERSONAL E XPERIENCES OF RACISM TRANSPORT

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
BRONSON METHODIST HOSPITAL	ATION LAND USE, PARKS & RECREATION/GREENSPACE PROXIMITY TO AFFORDABLE, HEALTHY FOOD MENTAL HEALTH & SUBSTANCE ABUSE COMMUNITY CONNECTEDNESS QUALITY EDUCATION HEALTHCARE SOCIAL SERV ICES CAREER PATHWAYS, INCOME, POVERTY IN AN EFFORT TO HONOR THE LIVED EXPERIENCE, THE MAJO RITY OF THIS REPORT REFLECTS THE PRIMARY RESULTS FROM FOCUS GROUPS AND INTERVIEWS THROUGHO UT THE COUNTY. THEREFORE, THE QUANTITATIVE DATA PRESENTED ALONGSIDE THE THEMES IS TO SUPPO RT AND AUGMENT COMMUNITY VOICE. BRONSON ALSO WANTS TO RECOGNIZE THE DIFFERENCES IN THE LIV ED EXPERIENCE IN RURAL AND URBAN AREAS. IN ORDER TO LOOK AT THESE DIFFERENCES, WE INCLUDED DATA AT THE COUNTY, SUB-COUNTY, AND NEIGHBORHOOD LEVEL, WHEN POSSIBLE. SOURCES INCLUDE: U .S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY MIC HIGAN DEPARTMENT OF COMMUNITY HEALTH CENTER FOR DISEASE CONTROL & PREVENTION MICHIGAN DEPA RTMENT OF HEALTH AND HUMAN SERVICES MICHIGAN SCHOOL DATA UNITED WAY OF MICHIGAN ALICE DATA

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
BRONSON METHODIST HOSPITAL	PART V, SECTION B, LINE 6A: BRONSON LAKEVIEW HOSPITALBRONSON SOUTH HAVEN HOSPITALBRONSON BATTLE CREEK HOSPITAL

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
BRONSON METHODIST HOSPITAL	PART V, SECTION B, LINE 6B: KALAMAZOO FAMILY HEALTH CENTERKALAMAZOO 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
BRONSON METHODIST HOSPITAL	PART V, SECTION B, LINE 11: THE RESULTS OF THE 2019 CHNA, COMPOUNDED BY THE STARK REALITIES OF COVID-19, HAVE URGED BRONSON TO FOCUS EFFORTS UPSTREAM TO ACKNOWLEDGE THE ROOT CAUSES OF BEHAVIORS, DEATH, AND DISEASE. AS A RESULT, THERE WAS SHARED DESIRE AND URGENCY TO BUILD COMMUNITY TRUST IN OUR 2020-2022 CHIP. AS SOUTHWEST AND SOUTHCENTRAL MICHIGAN'S ONLY CHILDREN'S HOSPITAL, WE RECOGNIZE THE RESPONSIBILITY AND OPPORTUNITY TO BUILD THIS TRUST FROM THE START. AS A RESULT, BRONSON COMMITS TO ENGAGE AND BUILD TRUST WITH FAMILY SUPPORTS TO ELIMINATE RACIAL/ETHNIC DISPARITIES AMONG MOTHERS AND BABIES ACROSS OUR REGION (VAN BUREN, KALAMAZOO, CALHOUN COUNTIES). GIVEN THE EXTRAORDINARY CHALLENGE OF SUBSTANTIALLY AND MEASURABLY IMPROVING ACCESS TO CARE IN AN ENVIRONMENT OF LIMITED RESOURCES, BRONSON LEADERS AND COMMUNITY HEALTH BOARD COMMITTEE MEMBERS HAVE CHOSEN TO FOCUS ON ONE TARGETED HEALTH NEED. BRONSON CONTINUES TO COLLABORATE AND PARTNER WITH AGENCIES BETTER SUITED TO HAVE AN IMPACT IN THE OTHER AREAS IDENTIFIED BY THE CHNA. BECAUSE OF THE INTERSECTIONALITY OF THE NEEDS IDENTIFIED, BRONSON ANTICIPATES THAT IMPROVING TRUST & ACCESS TO CARE WILL IMPACT AND IMPROVE OUTCOMES FOR MANY OF THE OTHER COMMUNITY NEEDS.

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
BRONSON METHODIST HOSPITAL	PART V, SECTION B, LINE 20E: THE HOSPITAL ACKNOWLEDGES THAT ALL INDIVIDUALS ARE NOT EQUALLY CAPABLE OF PAYING FOR HEALTHCARE SERVICES, EITHER BY THEMSELVES OR THROUGH A THIRD PARTY INSURANCE CARRIER. THE HOSPITAL RECOGNIZES ITS RESPONSIBILITY TO OFFER CARE FOR PERSONS IN NEED, AND THEREFORE PROVIDES AND PROMOTES ACCESS TO EMERGENCY OR MEDICALLY NECESSARY SERVICES WITHOUT REGARD TO ABILITY TO PAY.THE HOSPITAL HAS SIGNS AT ENTRANCES TO THE EMERGENCY DEPARTMENT THAT INFORM PATIENTS OF THE FINANCIAL ASSISTANCE POLICY AS WELL AS THE ADMITTING AND FINANCIAL COUNSELING DEPARTMENTS. THE POLICY IS ALSO ON THE HOSPITAL'S WEBSITE (WWW.BRONSONHEALTH.COM). THE PLAIN LANGUAGE SUMMARY IS INCLUDED ON ALL PATIENT STATEMENTS.PATIENTS MAY REQUEST AN APPLICATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE BY CALLING A PATIENT FINANCIAL COUNSELOR OR BRONSON'S BILLING DEPARTMENT. THE APPLICATION IS ALSO AVAILABLE ON THE HOSPITAL'S WEBSITE (WWW.BRONSONHEALTH.COM).

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
PART V, SECTION B, LINE 20D:	THE HOSPITAL DOES NOT MAKE ANY PRESUMPTIVE ELIGIBILITY DETERMINATIONS.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

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) BRONSON HEALTHCARE GROUP 601 JOHN STREET KALAMAZOO, MI 49007	38-2418383	501(C)(3)	69,136,217				GENERAL SUPPORT
(2) HOSPITAL HOSPITALITY HOUSE 828 S BURDICK ST KALAMAZOO, MI 49001	38-2540700	501(C)(3)	26,500				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(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:	THERE IS NO FORMAL PROCEDURE. GRANTS ARE MADE BY THE ORGANIZATION ON A DISCRETIONARY BASIS FOR PURPOSES CONSISTENT WITH THE ORGANIZATION'S MISSION. GRANTS ARE UNRESTRICTED.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE BOARD OF DIRECTORS IS NOT DIRECTLY COMPENSATED. SPOUSAL TRAVEL AND HEALTH CLUB DUES ARE AVAILABLE FOR THE BOARD OF DIRECTORS. THOSE WHO PARTICIPATE RECEIVE A 1099 AND THE DUES ARE TREATED AS A TAXABLE FRINGE BENEFIT.
PART I, LINE 3	BRONSON HEALTHCARE GROUP, A RELATED ORGANIZATION, USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY AND/OR STUDY AND APPROVAL BY BOARD AND/OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENT FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN FROM RELATED ENTITY BRONSON HEALTHCARE GROUP: SARDONE, FRANK J $272,141 SERP DISTRIBUTION FALAHEE JR., JAMES B $88,630 SERP DISTRIBUTION HAYDEN, JOHN T $73,898 SERP DISTRIBUTION LARSON, SCOTT D $96,228 SERP DISTRIBUTION THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN BUT DID NOT RECEIVE A PAYMENT FROM THE PLAN: JONES JR., JOHN EAST, REBECCA HARRELSON, KATHLEEN REINOEHL, SUSAN

Additional Data

Software ID:
Software Version:
EIN: 38-1359087
Name: BRONSON METHODIST 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				
1FABI ALAIN NEUROSURGERY	(i)	950,478	1,788,284	23,773	17,850	20,478	2,800,863	0
	(ii)	0	0	0	0	0	0	0
1SARDONE FRANK J PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	897,063	560,928	293,472	70,891	13,975	1,836,329	340,928
2WIGGINS GREGORY NEUROSURGERY	(i)	1,714,025	0	21,125	17,850	20,350	1,773,350	0
	(ii)	0	0	0	0	0	0	0
3KASTEN MICHAEL SPINE & SCOLIOSIS	(i)	1,627,261	14,823	26,257	13,800	20,952	1,703,093	0
	(ii)	0	0	0	0	0	0	0
4ROBERTS JASON ORTHOPEDIC TRAUMA	(i)	1,431,650	17,825	2,113	13,800	20,452	1,485,840	0
	(ii)	0	0	0	0	0	0	0
5ELLWITZ JOSHUA SPINE & SCOLIOSIS	(i)	1,373,463	10,450	19,581	13,800	20,785	1,438,079	0
	(ii)	0	0	0	0	0	0	0
6LARSON SCOTT MD SR VP MEDICAL AFFAIRS/CMO	(i)	0	0	0	0	0	0	0
	(ii)	495,585	141,460	100,678	178,856	13,321	929,900	141,460
7EAST REBECCA L SR VP CFO BHG	(i)	0	0	0	0	0	0	0
	(ii)	453,260	136,440	102,870	167,934	12,877	873,381	136,440
8FALAHEE JAMES SR VP LEGAL & LEG. AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	436,158	125,922	83,475	165,814	19,524	830,893	125,922
9JONES JOHN SR VP REG. & PHYS. SVS.	(i)	0	0	0	0	0	0	0
	(ii)	418,776	122,826	101,556	164,744	19,517	827,419	122,826
10 KARAMCHANDANI MAHESH C MD DIRECTOR	(i)	656,240	68,138	28,586	13,800	12,922	779,686	0
	(ii)	0	0	0	0	0	0	0
11 HARRELSON KATHLEEN M SR VP CLINICAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	141,071	117,794	439,323	23,402	7,680	729,270	117,794
12HAYDEN JOHN SR VP & CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	364,992	102,201	72,908	134,435	8,586	683,122	102,201
13DAVIDSON SCOTT DIRECTOR	(i)	495,184	16,738	1,915	17,850	12,663	544,350	0
	(ii)	0	0	0	0	0	0	0
14WAY MICHAEL S SR VP MAT. MGT. & FACILITY SVS.	(i)	0	0	0	0	0	0	0
	(ii)	244,792	52,480	21,960	113,710	12,289	445,231	52,480
15LAWLOR JOHN DIRECTOR	(i)	334,631	15,065	18,702	13,800	12,031	394,229	0
	(ii)	0	0	0	0	0	0	0
16 SANGALLI-DAVIS CHRISTINE VP CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	208,255	33,542	1,277	60,004	7,416	310,494	33,542
17TRELLA REBECCA VP POST ACUTE CARE	(i)	0	0	0	0	0	0	0
	(ii)	175,697	55,818	3,325	10,264	10,065	255,169	44,105

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF KALAMAZOO HOSPITAL FINANCE AUTHORITY	38-6004627	483233MA7	09-28-2010	192,508,168	SEE SUPPLEMENTAL INFORMATION	X			X		X
B	CITY OF KALAMAZOO HOSPITAL FINANCE AUTHORITY	38-6004627	483233NY4	10-25-2016	110,169,643	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	CITY OF KALAMAZOO HOSPITAL FINANCE AUTHORITY	38-6004627		02-15-2018	47,975,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,765,000	580,000	6,680,000	
2	Amount of bonds legally defeased	93,720,000			
3	Total proceeds of issue	192,871,900	110,169,643	47,975,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		109,279,114		
7	Issuance costs from proceeds	2,389,449	890,529	138,250	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	14,363,732			
11	Other spent proceeds	176,118,719		47,836,750	
12	Other unspent proceeds				
13	Year of substantial completion	2010	2016	2018	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.250 %		0.250 %		0.250 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0.250 %		0.250 %		0.250 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: CITY OF KALAMAZOO HOSPITAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 10/31/2018

Return Reference	Explanation
BOND ISSUE A, PART I, LINE (F) DESCRIPTION OF PURPOSE:	PROCEEDS OF BOND ISSUE B WERE USED TO CURRENTLY REFUND PRIOR ISSUES ORIGINALLY ISSUED ON 5/13/98, 6/14/06, AND 3/25/09. ADDITIONAL PROCEEDS OF BOND ISSUE B WERE USED FOR BUILDING RENOVATIONS, AND OTHER MEDICAL TECHNOLOGY EQUIPMENT.

Return Reference	Explanation
BOND ISSUE B, PART I, LINE (F) - DESCRIPTION OF PURPOSE:	PROCEEDS OF BOND ISSUE B WERE USED TO ADVANCE REFUND PORTIONS OF BOND ISSUE A.

Return Reference	Explanation
BOND ISSUE C, PART I, LINE (F) - DESCRIPTION OF PURPOSE:	PROCEEDS OF BOND ISSUE C WERE USED TO CURRENTLY REFUND PORTIONS OF BOND ISSUED ON 4/30/2008. THE BONDS ISSUED ON 4/30/2008 WERE ISSUED TO REFUND, THROUGH A SERIES OF REFUNDINGS, BONDS ORIGINALLY ISSUED PRIOR TO 1/1/2003.

Return Reference	Explanation
BOND ISSUE A, PART I, LINE (D) DATE ISSUED:	THE SERIES 2006 BONDS WERE ORIGINALLY ISSUED ON 6/14/06 AND WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON 9/28/10. THE INFORMATION REPORTED ON SCHEDULE K FOR THE BOND ISSUE A IS FOR THE SERIES 2006 BONDS AS REISSUED ON 9/28/10 AND THE SERIES 2010 BONDS AS ORIGINALLY ISSUED ON 9/28/10.

Return Reference	Explanation
BOND ISSUE B, PART II, LINE 3:	TOTAL PROCEEDS OF BOND ISSUE A INCLUDE INVESTMENT EARNINGS IN THE AMOUNT OF $363,731.

Return Reference	Explanation
SCHEDULE K PART V:	WE HAVE GENERAL WRITTEN PROCEDURES THAT WE WILL COMPLY WITH ALL TAX LAWS.

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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* for instructions and the latest information.**

OMB No. 1545-0047

2019

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Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

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) KIMBERLY JAMES	DAUGHTER OF BOARD MEMBER BARBARA JAMES	87,786	TOTAL COMPENSATION FOR BEING AN EMPLOYEE OF BRONSON METHODIST HOSPITAL		No
(2) MARLA ATKINSON	SPOUSE OF BOARD MEMBER MARK ATKINSON	141,939	TOTAL COMPENSATION FOR BEING AN EMPLOYEE OF BRONSON METHODIST HOSPITAL		No
(3) JAIDEEP KARAMCHANDANI	SON OF BOARD MEMBER MAHESH KARAMCHANDANI	11,346	TOTAL COMPENSATION FOR BEING AN EMPLOYEE OF BRONSON METHODIST HOSPITAL		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FRANK SARDONE, STEVEN J. LINS, M.D. AND SCOTT C. GIBSON, M.D. HAVE A BUSINESS RELATIONSHIP . ALL BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP WITH ALL BRONSON SUBSIDIARIES DUE TO BEIN G ON BRONSON HEALTHCARE GROUP BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BRONSON HEALTHCARE GROUP IS THE SOLE MEMBER OF BRONSON METHODIST HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BRONSON HEALTHCARE GROUP (BHG) IS THE SOLE MEMBER OF BRONSON METHODIST HOSPITAL (BMH) AND AS SUCH MEMBER IT ELECTS 10-15 OF THE TOTAL 20-24 MEMBERS OF THE BMH BOARD. COMMUNITY PARTNERS SHALL, AFTER CONSULTING WITH AND SEEKING INPUT FROM THE NOMINATING COMMITTEE OF BHG, APPOINT 6 MEMBERS TO THE BOARD. THE REMAINING 3 MEMBERS OF THE BOARD SHOULD BE EX OFFICIO, WITH VOTE, AND SHALL CONSIST OF THE PRESIDENT, THE CHIEF OF STAFF, AND IMMEDIATE PAST CHIEF OF THE MEDICAL STAFF OF THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BRONSON HEALTHCARE GROUP (BHG) IS THE SOLE MEMBER OF THE BRONSON METHODIST HOSPITAL (BMH) AND HAS CERTAIN RESERVED POWERS OVER THE ACTIONS OF BMH. THE BOARD OF DIRECTORS HAS THE PO WER TO: -AMENDMENT, RESTATEMENT, OR REPEAL OF THE HOSPITALS ARTICLES OF INCORPORATION OR B YLAWS. -ADOPTION, EXECUTION, REVOCATION, OR ABANDONMENT OF A PLAN OF DISSOLUTION, MERGER, CONSOLIDATION, REORGANIZATION, OR OTHER MAJOR CHANGE IN CORPORATE STRUCTURE INVOLVING THE HOSPITAL. -SALE, LEASE EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE HO SPITALS PROPERTY AND ASSETS. -ACQUISITION OF ANY OTHER ENTITY OR THE ESTABLISHMENT OF ANY SUBSIDIARY OR AFFILIATE. -ADOPTION OF ALL OPERATING AND CAPITAL EXPENDITURE BUDGETS. -INCU R OPERATING OR CAPITAL EXPENDITURES WHICH CAUSE AGGREGATE OPERATING OR CAPITAL EXPENDITURE S TO EXCEED BUDGETED AGGREGATES AND/OR THE DOLLAR AMOUNT SPECIFIED BY BHG. -SECURE BORROWI NGS, WITH THE EXCEPTION OF EQUIPMENT LEASES AND PURCHASE MONEY SECURITY INTERESTS APPROVED AS A PART OF A BUDGET. -CHANGE THE MISSION STATEMENT, PURPOSES, OR STRATEGIC GOALS OF THE HOSPITAL. -ANY SIGNIFICANT CHANGE IN THE SCOPE OF SERVICES OR PROGRAMS. -APPOINTMENT, REM OVAL OR COMPENSATION OF THE PRESIDENT OR ANY DIRECTOR OR OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE SR VP/CFO & CONTROLLER REVIEWS THE 990S. THE SR VP/CFO MET WITH THE FINANCE COMMITTEE CHAIRPERSON TO REVIEW THE PREPARED FORM 990 AND SCHEDULES PRIOR TO PROVIDING A COPY TO THE FULL FINANCE COMMITTEE. THE FINANCE COMMITTEE OF THE BOARD REVIEWED THE PREPARED FORM 990 S AT ITS REGULARLY SCHEDULED MEETING ON OCTOBER 19, 2020. THE REVIEW WAS LED BY THE SR VP/ CFO AND PLANTE MORAN. THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY WERE PROVIDED THE P REPARED FORM 990 FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONF LICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY AND ITS ACCOMPANYING QUESTIONNAIR E ARE REVIEWED, AND REVISED, IF NECESSARY, ON AN ANNUAL BASIS BY THE ORGANIZATION'S GENERA L COUNSEL/CORPORATE COMPLIANCE OFFICER AND THE BOARDS EXECUTIVE COMMITTEE. ALL BOARD MEMBE RS AND ALL EMPLOYEES HOLDING THE TITLE OF VICE PRESIDENT AND ABOVE ARE COVERED BY THE CONF LICT OF INTEREST POLICY AND ANNUALLY COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE. ALL COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE ORGANIZATION'S GENERAL C OUNSEL/CORPORATE COMPLIANCE OFFICER AND THE EXECUTIVE COMMITTEE. DETERMINATIONS AS TO WHET HER A CONFLICT EXISTS ARE MADE BY THE GENERAL COUNSEL/CORPORATE COMPLIANCE OFFICER AND THE EXECUTIVE COMMITTEE. ACTUAL CONFLICTS ARE REVIEWED BY THE GENERAL COUNSEL/CORPORATE COMPL IANCE OFFICER AND THE EXECUTIVE COMMITTEE. PERSONS WITH A CONFLICT ARE PROHIBITED FROM PAR TICIPATING IN THE GOVERNING BODYS DELIBERATIONS AND DECISION ON THE TRANSACTION IN QUESTIO N.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR THE CEO, OFFICERS AND OTHER KEY EMPLOYEES, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIR ECTORS, WHICH FUNCTIONS AS THE COMPENSATION COMMITTEE FOR BRONSON HEALTHCARE GROUP, RETAIN S THE SERVICES OF AN EXTERNAL EXECUTIVE COMPENSATION CONSULTANT (SULLIVAN, COTTER AND ASSO CIATES) WHO CONDUCTS A THOROUGH COMPENSATION AND BENEFIT SURVEY PROCESS THAT IS USED TO DE TERMINE THE APPROPRIATE ADJUSTMENT IN CASH COMPENSATION AND BENEFITS PROVIDED. THIS PROCES S IS DONE ANNUALLY AND WAS UNDER TAKEN IN 2019. THE CONSULTANT USES THREE TO FIVE NATIONAL HEALTHCARE-BASED SURVEYS FOR COMPARABILITY DATA, EACH ONE OF LIKE REVENUE SIZED HEALTHCAR E SYSTEMS TO THE BRONSON HEALTHCARE GROUP. THE CONSULTANT PREPARES A DETAILED REPORT WITH RECOMMENDATIONS FOR PAY AND/OR BENEFIT ADJUSTMENTS, AND PRESENTS THE INFORMATION TO THE EX ECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (WHEN THE CEOS SURVEY DATA AND RECOMMENDATIONS ARE PRESENTED, THE CEO AND STAFF ARE EXCUSED FROM THE DELIBERATIONS). AFTER ALL QUESTIONS OF THE BOARD MEMBERS ARE ANSWERED, FORMAL MOTIONS ARE PROPOSED, SECONDED AND VOTED ON (FO R ANY PAY ADJUSTMENTS AND FOR RECEIPT OF THE CONSULTANT'S REPORT). AT THE SUBSEQUENT MEETI NG OF THE FULL BOARD OF DIRECTORS, THE CHAIR DISCLOSES THE RESULTS AND APPROVED MOTIONS OF THE EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE T O THE PUBLIC BY POSTING THEM ON THE ORGANIZATION'S WEBSITE AND PROVIDING COPIES ON REQUEST . THE ORGANIZATION'S FINANCIAL STATEMENTS, OTHER THAN THE FORM 990, ARE NOT AVAILABLE TO T HE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A:	THE BOARD OF DIRECTORS IS NOT DIRECTLY COMPENSATED. SPOUSAL TRAVEL AND HEALTH CLUB DUES AR E AVAILABLE FOR THE BOARD OF DIRECTORS. THOSE WHO PARTICIPATE RECEIVE A 1099 AND THE DUES ARE TREATED AS A TAXABLE FRINGE BENEFIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	JOINT VENTURE GAIN/(LOSS) 2,539,193.

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BRONSON METHODIST HOSPITAL

Employer identification number
38-1359087

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

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HNI LEASING LLC 6212 AMERICAN AVE PORTAGE, MI 49002 38-3638430	SUPPORT SERVICES	MI	N/A									
(2) HOSPITAL NETWORK VENTURES LLC 6212 AMERICAN AVE PORTAGE, MI 49002 38-3302979	SUPPORT SERVICES	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)BRONSON MANAGEMENT SERVICES CORPORATION 601 JOHN STREET KALAMAZOO, MI 49007 38-2415032	OTHER MEDICAL SERVICES	MI	N/A	C					No
(2) BRONSON LIFESTYLE IMPROVEMENT AND RESEARCH CENTER 601 JOHN STREET KALAMAZOO, MI 49007 38-3552556	REHABILIATION SERVICES	MI	N/A	C					No
(3)WESTLEY DEVELOPMENT COMPANY 301 JOHN STREET KALAMAZOO, MI 49007 38-3619232	REAL ESTATE OWNERSHIP	MI	N/A	C					No

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

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

		Yes	No
1 During the tax year, did the orgranization 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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1359087
Name: BRONSON METHODIST 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
601 JOHN STREET KALAMAZOO, MI 49007 38-2418383	PROVIDE SUPPORT SERVICES FOR HEALTHCARE SUBSIDIARIES	MI	501(C)(3)	LINE 12C, III-FI	N/A		No
601 JOHN STREET KALAMAZOO, MI 49007 38-2415081	SUPPORTS HEALTHCARE ORGANIZATION	MI	501(C)(3)	LINE 7	BRONSON HEALTHCARE GROUP		No
408 HAZEN ST PAW PAW, MI 49079 38-1359218	HOSPITAL	MI	501(C)(3)	LINE 3	BRONSON HEALTHCARE GROUP		No
23332 RED ARROW HWY MATTAWAN, MI 49071 38-2842451	SKILLED NURSING FACILITY	MI	501(C)(3)	LINE 10	BRONSON HEALTHCARE GROUP		No
39338 W RED ARROW HWY PAW PAW, MI 49079 38-2745910	AMBULANCE SERVICE	MI	501(C)(3)	LINE 10	BRONSON HEALTHCARE GROUP		No
601 JOHN STREET KALAMAZOO, MI 49007 38-6052573	PROVIDE SUPPORT SERVICES FOR HEALTHCARE SUBSIDIARIES	MI	501(C)(3)	LINE 12B, II	BRONSON HEALTHCARE GROUP		No
300 NORTH AVENUE BATTLE CREEK, MI 49016 38-2776791	HOSPITAL	MI	501(C)(3)	LINE 3	BRONSON HEALTHCARE GROUP		No
601 JOHN STREET KALAMAZOO, MI 49007 38-3298476	NURSING, HOSPICE, EQUIP SALES	MI	501(C)(3)	LINE 10	BRONSON HEALTHCARE GROUP		No
955 S BAILEY AVE SOUTH HAVEN, MI 49090 38-1676780	HOSPITAL	MI	501(C)(3)	LINE 3	BRONSON HEALTHCARE GROUP		No

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
BRONSON HEALTHCARE GROUP	B	69,136,217	CASH TRANSFER
BRONSON HEALTH FOUNDATION	C	1,678,451	METHOD BASED ON ACTUAL COST
BRONSON PROPERTIES CORPORATION	K	5,315,986	METHOD BASED ON ACTUAL COST
BRONSON HEALTHCARE GROUP	L	30,194,522	METHOD BASED ON ACTUAL COST
BRONSON LAKEVIEW HOSPITAL	L	789,379	METHOD BASED ON ACTUAL COST
BRONSON BATTLE CREEK HOSPITAL	L	6,396,166	METHOD BASED ON ACTUAL COST
BRONSON HEALTHCARE GROUP	M	58,430,840	METHOD BASED ON ACTUAL COST
BRONSON LAKEVIEW HOSPITAL	M	770,598	METHOD BASED ON ACTUAL COST
BRONSON SOUTH HAVEN HOSPITAL	M	853,061	METHOD BASED ON ACTUAL COST
BRONSON HEALTH FOUNDATION	M	4,870,679	METHOD BASED ON ACTUAL COST
BRONSON BATTLE CREEK HOSPITAL	M	5,913,951	METHOD BASED ON ACTUAL COST
BRONSON COMMONS	M	235,150	METHOD BASED ON ACTUAL COST
BRONSON LAKEVIEW HOSPITAL	O	701,792	METHOD BASED ON ACTUAL COST
BRONSON SOUTH HAVEN HOSPITAL	O	618,685	METHOD BASED ON ACTUAL COST
BRONSON HEALTHCARE GROUP	O	138,242,866	METHOD BASED ON ACTUAL COST
BRONSON BATTLE CREEK HOSPITAL	O	1,819,612	METHOD BASED ON ACTUAL COST
BRONSON HEALTHCARE GROUP	S	189,216	METHOD BASED ON ACTUAL COST
BRONSON PROPERTIES CORPORATION	S	311,635	METHOD BASED ON ACTUAL COST