

Form 990

Return of Organization Exempt From Income Tax

2019

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.

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
Versiti Michigan Inc

% JOANNA MCCOY
Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
PO Box 1704

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Grand Rapids, MI 495011704

D Employer identification number

38-1550001

E Telephone number

(616) 774-2300

G Gross receipts \$ 58,152,539

F Name and address of principal officer:
Chris Miskel
638 N 18th Street
Milwaukee, WI 532332121

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

H(b) Are all subordinates
included? Yes No

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

H(c) Group exemption number ►

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

J Website: ► www.versiti.org

L Year of formation: 1955

M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
HELPING PEOPLE MAKE A LIFESAVING DIFFERENCE THROUGH BLOOD PRODUCTS AND SERVICE EXCELLENCE.

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	16
3 Number of voting members of the governing body (Part VI, line 1a)	4	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	509
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6	362
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 39		

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	453,226	393,752
9 Program service revenue (Part VIII, line 2g)	55,299,607	57,226,214
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	313,516	420,934
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,142	22,794
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,063,207	58,063,694

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	75,820
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,976,972	21,858,557
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)	33,737,156	37,191,430
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,714,128	59,125,807
19 Revenue less expenses. Subtract line 18 from line 12	-650,921	-1,062,113

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	34,281,735	33,870,208
21 Total liabilities (Part X, line 26)	5,106,361	4,210,048
22 Net assets or fund balances. Subtract line 21 from line 20	29,175,374	29,660,160

Part II Signature Block

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

Sign Here

Signature of officer
CHRIS MISKEL CEO
Type or print name and title

2020-11-12
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00556798
Firm's name ► Grant Thornton LLP		Firm's EIN ►		
Firm's address ► 100 E Wisconsin Ave Milwaukee, WI 53202		Phone no. (414) 289-8200		

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

THE PURPOSE OF VERSITI MICHIGAN IS TO PROVIDE A SAFE AND ADEQUATE BLOOD SUPPLY AND BLOOD-RELATED SERVICES FOR THE COMMUNITIES SERVED BY HOSPITAL PARTNERS THROUGHOUT THE STATE. VERSITI MICHIGAN IS THE SOLE PROVIDER OF BLOOD FOR 61 HOSPITAL FACILITIES. THESE HOSPITALS INCLUDE MAJOR MEDICAL CENTERS (SECONDARY - AND TERTIARY-CARE TEACHING FACILITIES) SERVING POPULATIONS TOTALING MORE THAN 2.5 MILLION PEOPLE. VERSITI MICHIGAN SUPPORTS ANOTHER 23 HOSPITALS THROUGH SUPPLEMENTAL CONTRACTS. THROUGH DONOR CENTERES AND BLOOD DRIVES IN NORTHWEST, EAST-CENTRAL, WEST, SOUTHWEST AND SOUTHEAST MICHIGAN, VERSITI MICHIGAN RECRUITS AND COLLECTS BLOOD FROM VOLUNTEER DONORS TO ACHIEVE ITS LIFESAVING MISSION. ANNUALLY, VERSITI MICHIGAN COLLECTS APPROXIMATELY 148,000 UNITS OF BLOOD FROM VOLUNTEER BLOOD DONORS AND DISTRIBUTES 295,000 BLOOD COMPONENTS.

2 Did the organization undertake any significant program services during the year which were not listed onthe 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 programservices? Yes No

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

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

4a (Code:) (Expenses \$ 50,177,796 including grants of \$ 75,820) (Revenue \$ 57,234,864)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► 50,177,796

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 

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 

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 

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 

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 

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 

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 

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 

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 

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 

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 

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 

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 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 

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 

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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) 

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 

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 

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		
21		No

Part IV Checklist of Required Schedules (continued)

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

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

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

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

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

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.

	Yes	No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29	Yes	
30		No
31		No
32		No
33		No
34	Yes	
35a		No
35b		
36		No
37		No
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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	2	
1b	0	
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	509		
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		No	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
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).		7a	Yes		
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?	7b	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		No	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		9a			
9 Sponsoring organizations maintaining donor advised funds.		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.		13a			
a	Is the organization licensed to issue qualified health plans in more than one state?				
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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? <i>If "No," provide an explanation in Schedule O</i>	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

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	1b	16	15	Yes	No
2					No	
3					No	
4					No	
5					No	
6					Yes	
7a					Yes	
7b					Yes	
8a					Yes	
8b					Yes	
9					No	

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

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?

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a													No	
10b														
11a														
12a														
12b														
12c														
13														
14														
15a														
15b														
16a													No	
16b														

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
 ►JOANNA MCCOY 1200 N HIGHLAND AVENUE AURORA, IL 60506 (630) 801-3147

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.

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
See Additional Data Table					

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	1,984,599	4,846,936	578,864

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 ► 17

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

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

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

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
MEDSPEED LLC, 655 WEST GRANDE AVENUE ELMHURST, IL 60126	DELIVERY SERVICES	1,570,684
INCEPT CORPORATION, 4150 BELDEN VILLAGE ST NW STE 205 CANTON, OH 44718	Call Center Services	199,995
BLU CLEANING, 7900 LOGISTIC DRIVE Suite D ZEELAND, MI 49464	Cleaning Services	196,163
BLOOD BANK COMPUTER SYSTEMS, 1002 15TH ST SW STE 120 AUBURN, WA 98001	SOFTWARE SUPPORT	173,731
A-1 ASPHALT INC, 4634 DIVISION AVE WAYLAND, MI 49348	Contractor	154,998

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 ► 12

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	11,701			
d Related organizations . . .	1d				
e Government grants (contributions) . . .	1e	306,907			
f All other contributions, gifts, grants, and similar amounts not included above . . .	1f	75,144			
g Noncash contributions included in lines 1a - 1f: \$. . .	1g	54,853			
h Total. Add lines 1a-1f . . . ►		393,752			
Program Service Revenue					
2a BLOOD SERVICES . . .	Business Code 621500	50,188,750	50,188,750		0
b MEDICAL SERVICES . . .	621500	4,921,703	4,921,703		0
c DIAGNOSTIC LABORATORIES . . .	621500	2,115,761	2,115,761		0
d . . .					
e . . .					
f All other program service revenue. . .					
g Total. Add lines 2a-2f. . . ►	57,226,214				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ►		422,471			422,471
4 Income from investment of tax-exempt bond proceeds . . . ►		0			
5 Royalties . . . ►		0			
6a Gross rents . . .	(i) Real 6a 6b 6c	(ii) Personal 0 0			
d Net rental income or (loss) . . . ►		0			
7a Gross amount from sales of assets other than inventory . . .	(i) Securities 7a 7b 7c	(ii) Other 62,563 64,700 -2,137			
d Net gain or (loss) . . . ►		600 600 -1,537			-1,537
8a Gross income from fundraising events (not including \$ 11,701 of contributions reported on line 1c). See Part IV, line 18 . . .	8a 8b	11,694 15,315			
b Less: direct expenses . . .	8b	15,315			
c Net income or (loss) from fundraising events . . . ►		-3,621			-3,621
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a 9b	10,385 8,830			
b Less: direct expenses . . .	9b	8,830			
c Net income or (loss) from gaming activities . . . ►		1,555			1,555
10a Gross sales of inventory, less returns and allowances . . .	10a	0			
b Less: cost of goods sold . . .	10b	0			
c Net income or (loss) from sales of inventory . . . ►		0			
Miscellaneous Revenue		Business Code			
11a PATRONAGE DIVIDENDS . . .	900099	15,930	0		15,930
b INSURANCE INTEREST . . .	900099	8,650	8,650		0
c MISCELLANEOUS . . .	900099	280	0		280
d All other revenue . . .					
e Total. Add lines 11a-11d . . . ►		24,860			
12 Total revenue. See instructions . . . ►	58,063,694	57,234,864			435,078

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	75,820	75,820		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,338,166		1,338,166	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	15,827,847	14,524,199	1,303,648	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	819,070	725,514	93,556	
9 Other employee benefits	2,725,127	2,337,766	387,361	
10 Payroll taxes	1,148,347	967,351	180,996	
11 Fees for services (non-employees):				
a Management	0			
b Legal	897		897	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,761		2,761	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,640,690	7,521,718	118,972	0
12 Advertising and promotion	26,306	26,306		
13 Office expenses	241,889	219,043	22,846	
14 Information technology	424,177	369,454	54,723	
15 Royalties	0			
16 Occupancy	1,674,143	808,357	865,786	
17 Travel	1,053,230	951,885	101,345	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	25,101	22,262	2,839	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,588,444	1,084,127	504,317	
23 Insurance	156,170		156,170	
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 COST OF IMPORTED PRODUCTS	11,823,955	11,823,955	0	0
b MEDICAL LAB SUPPLIES	6,733,455	6,733,455		0
c VERSITI SERVICES ALLOCATION	4,098,630	621,722	3,476,908	
d EQUIPMENT LEASE/MAINTENANCE	953,403	652,812	300,591	0
e All other expenses	748,179	712,050	36,129	
25 Total functional expenses. Add lines 1 through 24e	59,125,807	50,177,796	8,948,011	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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,454,886	1	0
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	134,120	3	0
	4 Accounts receivable, net	5,120,576	4	7,428,044
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	270,061
	8 Inventories for sale or use	1,153,198	8	782,016
	9 Prepaid expenses and deferred charges	579,133	9	203,490
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,774,388		
	b Less: accumulated depreciation	10b 22,190,708	10c	10,583,680
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	12,505,510	12	14,512,723
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	337,330	15	90,194
	16 Total assets. Add lines 1 through 15 (must equal line 34)	34,281,735	16	33,870,208
Liabilities	17 Accounts payable and accrued expenses	5,106,361	17	4,153,788
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	56,260
	26 Total liabilities. Add lines 17 through 25	5,106,361	26	4,210,048
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,044,116	27	29,524,759
	28 Net assets with donor restrictions	131,258	28	135,401
	29 Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> 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	29,175,374	32	29,660,160
	33 Total liabilities and net assets/fund balances	34,281,735	33	33,870,208

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,063,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,125,807
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,062,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,175,374
5	Net unrealized gains (losses) on investments	5	1,616,752
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	-69,853
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,660,160

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1550001

Name: Versiti Michigan Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

FOR OVER 65 YEARS, VERSITI MICHIGAN HAS PROUDLY SERVED MICHIGAN HOSPITALS AS AN INDEPENDENT, COMMUNITY-BASED, NONPROFIT BLOOD CENTER. IN ADDITION TO BLOOD DONATION, VERSITI MICHIGAN ADMINISTERS A VARIETY OF KEY PROGRAMS AND SPECIALTY SERVICES THAT FURTHER OUR LIFESAVING MISSION. THESE SERVICES INCLUDE A NATIONALLY RECOGNIZED CENTER FOR THE NATIONAL MARROW DONOR PROGRAM, ONE OF ONLY 20 PUBLIC CORD BLOOD BANKS IN AMERICA, AND WE WORK ALONGSIDE LOCAL HOSPITALS TO DELIVER A NUMBER OF MEDICAL SERVICES AND THERAPEUTIC PROCEDURES. VERSITI MICHIGAN IS ALSO AFFILIATED WITH VERSITI, AN ORGANIZATION WHOSE MEMBERS SHARE RESOURCES AND EXPERTISE TO IMPROVE PATIENT OUTCOMES, AS WELL AS CONDUCT LEADING EDGE MEDICAL RESEARCH AND PROVIDE NATIONWIDE DIAGNOSTIC LAB SERVICES. TO LEARN MORE ABOUT THE PROGRAM SERVICES VERSITI MICHIGAN PROVIDES PLEASE SEE DETAILED DESCRIPTIONS BELOW: BLOOD DONATION: VOLUNTEER BLOOD DONORS GIVE BLOOD AT EIGHT PERMANENT DONOR CENTERS THROUGHOUT MICHIGAN AND AT BLOOD DRIVES HOSTED BY COMMUNITY ORGANIZATIONS AND BUSINESSES. EACH VERSITI MICHIGAN REGION ALSO OPERATES A SELF-CONTAINED BLOOD CENTER ON WHEELS. THESE "BLOOD BUSES" HELP EXPAND OUR REACH TO SMALL COMMUNITIES AND URBAN AREAS WHERE SPACE IS AT A PREMIUM. SEE WWW.VERSITI.ORG FOR A COMPREHENSIVE LIST OF DONATION LOCATIONS. Apheresis: SPECIAL EQUIPMENT MAKES IT POSSIBLE TO COLLECT ONE OR MORE SPECIFIC BLOOD COMPONENTS FROM A DONOR, WHILE RETURNING THE REMAINING COMPONENTS BACK TO THE DONOR. Apheresis donations allow a greater quantity of one component to be drawn versus a standard whole blood donation. These larger component-specific donations help reduce the number of donors a patient is exposed to, which is preferred by most physicians. Also, patients with diseases such as TTP, kidney rejections, myasthenia gravis, sickle cell disease, or leukemia can be treated by the removal of one or more blood components using therapeutic apheresis technology. VERSITI MICHIGAN STAFF AND EQUIPMENT TRAVEL TO GRAND RAPIDS AREA HOSPITALS TO PERFORM ROUGHLY 2,000 PROCEDURE'S ANNUALLY. MARROW/STEM CELL PROGRAM: IN THE PAST 30 YEARS, VERSITI MICHIGAN/VERSITI NMDP SERVICES HAS ESTABLISHED ONE OF THE PREMIER RECRUITMENT DONOR CENTER RECORDS IN THE UNITED STATES. VERSITI MICHIGAN/VERSITI ADDED MORE THAN 208,000 INDIVIDUALS WITH ADVANCED TISSUE TYPING TO THE REGISTRY OF POTENTIAL STEM CELL DONORS MAINTAINED BY THE BE THE MATCH REGISTRY (NATIONAL MARROW DONOR PROGRAM). IN 2010, THE DONOR CENTER RECEIVED THE DONOR MANAGEMENT RECOGNITION AWARD, A LIFETIME ACHIEVEMENT AWARD. NMDP SERVICES ALSO PROVIDES SUPPORT SERVICES FOR PATIENTS AND FAMILIES SEEKING COMPATIBLE STEM CELL DONORS. STEM CELL TRANSPLANTS REMAIN THE PRIMARY SOURCE OF HOPE FOR PATIENTS WITH CERTAIN KINDS OF LIFE-THREATENING DISEASES. VERSITI MICHIGAN HAS HELPED FACILITATE LIFESAVING STEM CELL TRANSPLANTS FOR OVER 1,250 PEOPLE AROUND THE WORLD. CORD BLOOD BANK/STEM CELL PROCESSING LABORATORY: VERSITI MICHIGAN CORD BLOOD BANK, THE FIRST OF ITS KIND IN MICHIGAN, HAS STORED CORD BLOODS FROM MORE THAN 4,000 UMBILICAL CORDS AND HAS DISTRIBUTED OVER 200 CORDS FOR TRANSPLANTS AROUND THE WORLD. CORD BLOOD IS RICH IN STEM CELLS AND CORD BLOOD TRANSPLANTATION IS FINDING APPLICATION IN CHILDREN AND ADULTS AROUND THE GLOBE SUFFERING FROM CERTAIN LIFE-THREATENING DISEASES. LOCAL AVAILABILITY OF STEM CELL COLLECTION, PROCESSING, STORAGE, AND PRE-TRANSPLANT PREPARATION SUPPORTS THE LOCAL TRANSPLANT PROGRAM'S ABILITY TO OFFER ADVANCED MEDICAL CARE. IT ALSO OFFERS INCREASED CONVENIENCE AND REDUCED STRESS FOR PATIENTS AND FAMILIES WHO PREVIOUSLY HAD TO TRAVEL LONG DISTANCES FOR TRANSPLANT SERVICES. CELLULAR THERAPY: AS PART OF EVER-CHANGING MEDICAL LANDSCAPE, VERSITI MICHIGAN SUPPORTS PERSONALIZED CELLULAR THERAPY TREATMENTS USED IN A NUMBER OF CANCERS AND OTHER LIFE-THREATENING DISEASES. FOR INSTANCE, VERSITI MICHIGAN COLLECTS CELLS FROM PROSTATE CANCER PATIENTS TO BE USED IN THE PREPARATION OF PERSONALIZED TREATMENTS. OTHER APPLICATIONS ARE ROUTINELY BEING RESEARCHED AND TRIALED IN HOPES OF GAINING FDA APPROVAL. VERSITI MICHIGAN ALSO COLLECTS PATIENT WHITE CELLS AND PROCESSES THEM WITH UV LIGHT TO HELP TREAT GRAFT VS. HOST DISEASE AND CUTANEOUS T-CELL LYMPHOMA. DNA/HLA LABORATORY: THIS LABORATORY USES SPECIAL TECHNIQUES TO CONDUCT TISSUE TYPING AT THE GENETIC CODE LEVEL TO EVALUATE DONOR-PATIENT COMPATIBILITY BEFORE TRANSPLANTATION. LOCAL AVAILABILITY OF THESE SERVICES HELPS DOCTORS RESPOND FASTER TO URGENT PATIENT NEEDS CAUSED BY AGGRESSIVE DISEASES. PATIENTS WITH TRANSFUSION/PREGNANCY-RELATED SENSITIVITIES ALSO BENEFIT FROM THE SERVICES OF THE DNA/HLA LABORATORY WHICH HELPS PHYSICIANS DIAGNOSE, TREAT AND FIND APPROPRIATE BLOOD PRODUCTS. THE DNA/HLA LABORATORY ALSO TYPES APHERESIS DONORS TO IDENTIFY LIFE-SAVING MATCHES FOR PATIENTS NEEDING COMPONENT TRANSFUSION. REFERENCE LABORATORY: PATIENTS WITH COMPLEX TRANSFUSION-RELATED SENSITIVITIES BENEFIT FROM THE SERVICES OF THE RED CELL REFERENCE LABORATORY, WHICH PROVIDES INFORMATION THAT HELPS PHYSICIANS DIAGNOSE AND TREAT COMPLICATED CASES AND FIND RARE BLOOD TYPES FOR TRANSFUSION. THESE PATIENTS OFTEN ARE CRITICALLY ILL AND MAY SUFFER SERIOUS COMPLICATIONS (INCLUDING DEATH) WITHOUT SPECIAL LABORATORY SERVICES TO HELP THEIR DOCTORS ASSESS THE RISKS OF TRANSFUSION REACTIONS AND DONOR/RECIPIENT INCOMPATIBILITIES. VOLUNTEERISM: VERSITI MICHIGAN OFFERS A WIDE VARIETY OF OPPORTUNITIES FOR COMMUNITY MEMBERS INTERESTED IN VOLUNTEERING THEIR TIME TO HELP THEIR COMMUNITY AND SUPPORT VERSITI MICHIGAN'S LIFESAVING MISSION.

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	
		Officer or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS MISKEL CEO	10.0 45.0	X		X					165,170	752,436	41,657
THOMAS ABSHIRE MD EVP MSI & CHIEF MED OFFICER	0.0 55.0			X					0	577,401	24,817
BRIAN BAUTISTA EVP & Chief Operating Officer	10.0 45.0			X					99,242	452,104	41,657
GILBERT C WHITE MD EVP of Research - thru 6/19	0.0 55.0			X					0	500,655	37,934
GITESH DUBAL EVP & CHIEF MARKETING OFFICER	10.0 45.0			X					85,418	389,130	41,657
ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	10.0 45.0			X					85,337	388,754	40,559
JAMES WEIDNER EVP & CHIEF HR OFFICER	10.0 45.0			X					69,840	318,160	41,551
LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	10.0 45.0			X					60,040	273,516	44,457
LEEANN WIETEKAMP VP OF MEDICAL SERVICES	55.0 0.0			X					360,934	0	11,174
BART REUTER EVP & Gen.Counsel - as of 1/19	10.0 45.0			X					57,061	259,942	40,545

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

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
DALE KENT	1.0				
.....	.....	X		0	0
CHAIR	4.0		X		
L ALAN WHALEY	1.0				
.....	.....	X	X	0	0
VICE CHAIR	4.0				
JAMES M RAUH	1.0				
.....	.....	X	X	0	0
TREASURER	4.0				
MITCHELL G WATT	1.0				
.....	.....	X	X	0	0
SECRETARY	3.0				
CATHY BUCK	1.0				
.....	.....	X		0	0
BOARD MEMBER	3.0				
FRED GEILFUSS	1.0				
.....	.....	X		0	0
BOARD MEMBER; LEGAL ADVISOR	3.0				
DAVID GINSBURG MD	1.0				
.....	.....	X		0	0
BOARD MEMBER - AS OF 11/19	3.0				
GAIL HANSON	1.0				
.....	.....	X		0	0
BOARD MEMBER - AS OF 11/19	3.0				
THOMAS HAUSKE JR	1.0				
.....	.....	X		0	0
BOARD MEMBER	3.0				
GREGORY LARKIN MD	1.0				
.....	.....	X		0	0
BOARD MEMBER	4.0				

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

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

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

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
Versiti Michigan Inc**Employer identification number**
38-1550001**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

Total

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	413,021	490,987	402,706	453,226	393,752	2,153,692
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	46,720,288	55,986,833	55,469,278	55,299,607	57,234,864	270,710,870
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	47,133,309	56,477,820	55,871,984	55,752,833	57,628,616	272,864,562
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	20,475,467	27,650,583	27,648,190	26,659,495	26,058,716	128,492,451
c Add lines 7a and 7b.	20,475,467	27,650,583	27,648,190	26,659,495	26,058,716	128,492,451
8 Public support. (Subtract line 7c from line 6.)						144,372,111

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.	47,133,309	56,477,820	55,871,984	55,752,833	57,628,616	272,864,562
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		400,847	232,168	385,525	379,218	1,820,229
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	400,847	232,168	385,525	379,218	422,471	1,820,229
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).		13,936	17,684	20,805	20,571	38,289
13 Total support. (Add lines 9, 10c, 11, and 12.).	47,548,092	56,727,672	56,278,314	56,152,622	58,089,376	274,796,076
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	52.538 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	52.099 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.662 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.710 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 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)

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?

b A family member of a person described in (a) above?

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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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.

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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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?

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).

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.

	Yes	No
1		
2		
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.

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.

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.

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**.

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.

	Yes	No
2a		
2b		
3a		
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	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: 38-1550001

Name: Versiti Michigan Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2019**

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

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization
Versiti Michigan Inc

Employer identification number

38-1550001

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

B Check ► if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)	(b)
	Yes | No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
a Volunteers?	No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	No	
c Media advertisements?	No	
d Mailings to members, legislators, or the public?	No	
e Publications, or published or broadcast statements?	No	
f Grants to other organizations for lobbying purposes?	No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No	
i Other activities?	Yes	216
j Total. Add lines 1c through 1i		216
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITIES \$216 OF THE DUES PAID TO AMERICA'S BLOOD CENTERS HAS BEEN ALLOCATED TO LOBBYING.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****2019****Open to Public
Inspection**

► 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.**Name of the organization**
Versiti Michigan Inc**Employer identification number**

38-1550001

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

 Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes No**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

Held at the End of the Year

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

2a	
2b	
2c	
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 No6 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,546,071		2,546,071
b Buildings		14,189,711	9,906,390	4,283,321
c Leasehold improvements		1,031,423	916,419	115,004
d Equipment		14,251,608	11,273,199	2,978,409
e Other		755,576	94,701	660,875
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►				10,583,680

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	14,512,723	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	14,512,723	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	56,260

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	59,646,377
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,616,752
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,616,752
3	Subtract line 2e from line 1	3	58,029,625
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	2,761
b	Other (Describe in Part XIII.)	4b	31,308
c	Add lines 4a and 4b	4c	34,069
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	58,063,694

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	59,161,591
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	38,545
e	Add lines 2a through 2d	2e	38,545
3	Subtract line 2e from line 1	3	59,123,046
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	2,761
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,761
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	59,125,807

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

Supplemental Information

Return Reference	Explanation
Part V	Endowments PER THE ENDOWMENT, THE REMAINING BALANCE OF \$10,150 WAS RELEASED ACCORDING TO ITS RESTRICTIONS. IN ADDITION, THE FILING ORGANIZATION IS A BENEFICIARY OF THE VERSITI BLOOD RESEARCH INSTITUTE FOUNDATIONS ("VBRIF") ENDOWMENT AS A SUPPORTED ORGANIZATION. THE VBRI F BOARD DESIGNATED ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD AS ENDOWMENT FUNDS TO ENSURE THE CONTINUING AVAILABILITY OF FUNDS FOR RESEARCH PURPOSES. THE AMOUNT OF THE VBRIF TOTAL ENDOWMENT AS OF 12/31/2019 WAS \$87,979,140 AND WAS ALL BOARD RESTRICTED. PART X INCOME TAXES VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION HAVE ALL RECEIVED TAX DETERMINATION LETTERS CONFIRMING THAT THE ORGANIZATIONS QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDERIRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THEIRC. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. WISCONSIN AND THE FOUNDATION HAVE FILED FEDERAL AND STATE OF WISCONSIN INCOME TAX RETURNS TO REPORT UNRELATED BUSINESS INCOME THROUGH 2009 AND ARE NO LONGER SUBJECT TO TAX AUTHORITY EXAMINATIONS FOR YEARS PRIOR TO 2010 UNDER THE FEDERAL AND STATE STATUTE. MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR WISCONSIN FOR 2010 THROUGH 2017, AND INCOME TAX RETURNS ARE NOT REQUIRED TO BE FILED; HOWEVER INCOME TAX RETURNS WERE FILED FOR 2018. THEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2017, WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION WILL BE FILING INCOME TAX RETURNS FOR TAX YEARS 2016 AND 2017. THEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2015, WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. MICHIGAN HAS NOT HISTORICALLY FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS; THEREF

Supplemental Information

Return Reference	Explanation
Part V	ORE, TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED; HOW EVER INCOME TAX RETURNS WERE FILED FOR 2018 BUT ARE NOT EXPECTED TO BE FILED FOR 2019. IN YEARS PRIOR TO 2014, ILLINOIS FILED BOTH FEDERAL AND STATE OF ILLINOIS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR ILLINOIS FOR TAX YEARS 2014 THROUGH 2017; H owever INCOME TAX RETURNS WERE FILED FOR 2018 BUT ARE NOT EXPECTED TO BE FILED FOR 2019. T HEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2014 THROUGH 2017, WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. IN YEARS PRIOR TO 2014, INDIANA FILED FEDERAL UNRELATED BUSINESS INCOME TAX RETURNS TO REPORT A ZE RO AMOUNT OF UNRELATED BUSINESS INCOME. IN 2014 THROUGH 2016, INDIANA FILED FEDERAL AND IN DIANA RETURNS TO REPORT AN UNRELATED BUSINESS LOSS. IN 2017 AND 2018, INDIANA FILED INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME IN ORDER TO MAINTAIN THE PRIOR YEAR NET OPERATING LOSS. INDIANA IS EXPECTED TO FILE INCOME TAX RETURNS FOR 2019. T HE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR BOTH FEDERAL AND STATE PURPOSES FOR ANY RET URNS NOT FILED. VERSITI HAS NOT FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS; THEREFORE THE YEARS SINCE 2012, THE YEAR OF INCEPTION, ARE STILL OPEN TO EXAMINATION. THE ORGANIZAT ION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. SALUS HAS BEEN ORGANIZED AS A LIMITED LIABILITY COMPANY AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAX ES. ALL INCOME TAX ATTRIBUTES OF THE ENTITY ARE PASSED THROUGH TO ITS SOLE MEMBER, WISCONS IN. THE ENTITY IS INCLUDED IN THE CONSOLIDATED INFORMATION RETURN FILED BY VERSITI. CENETRON IS FORMED AS A LIMITED LIABILITY COMPANY AND HAS ELECTED TO BE TREATED AS A WHOLLY OWNED LLC THAT HAS ELECTED TO BE TREATED AS A C-CORPORATION FOR TAX PURPOSES AND SO IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. INCOME TAXES ARE PROVIDED FOR THE TAX EFFECTS OF TRANS ACTIONS REPORTED BY CENETRON AND CONSIST OF TAXES CURRENTLY DUE AND DEFERRED TAXES. DEFERR ED TAXES ARE RECOGNIZED FOR DIFFERENCES BETWEEN THE BASIS OF ASSETS AND LIABILITIES FOR FI NANCIAL STATEMENT AND INCOME TAX PURPOSES. THE DIFFERENCES RELATED PRIMARILY TO INVENTORY, PROPERTY AND EQUIPMENT, INTANGIBLE ASSETS AND ACCRUED LIABILITIES. THE DEFERRED TAX ASSET S AND LIABILITIES REPRESENT THE FUTURE TAX RETURN CONSEQUENCES OF THOSE DIFFERENCES, WHICH WILL EITHER BE TAXABLE OR DEDUCTIBLE WHEN THE ASSETS AND LIABILITIES ARE RECOVERED OR SET TLED. CENETRON IS SUBJECT TO TAXATION IN THE UNITED STATES AND VARIOUS CERTAIN, LIMITED ST ATE JURISDICTIONS. THE ORGANIZATION RECOGNIZES, IF NECESSARY, INTEREST AND PENALTIES RELAT ED TO UNRECOGNIZED TAX BENEFITS IN THE PROVISION FOR INCOME TAXES. THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME

Supplemental Information

Return Reference	Explanation
Part V	TAXES THAT HAVE BEEN ACCRUED OR RECOGNIZED AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
Part XI, Line 4B	Other Changes to Revenue Gain on Sale of Fixed Assets Reported with Revenue \$ 600 Fundraising Expenses Reported with Revenue \$ (15,315) Gaming Expenses Reported with Revenue \$ (8,830) Donated Gifts Reported for Tax Not Book \$ 54,853 ----- TOTAL \$ 31,308

Supplemental Information

Return Reference	Explanation
Part XII, Line 2D	Other Changes to EXPENSES Gain on Sale of Fixed Assets Reported with Revenue \$ (600) Fundraising Expenses Reported with Revenue \$ 15,315 Gaming Expenses Reported with Revenue \$ 8,830 BAD DEBT RESERVE ADJUSTMENT \$ 15,000 ----- TOTAL \$ 38,545

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Versiti Michigan Inc

Employer identification number

38-1550001

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

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

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

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

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	23,395			23,395
2 Less: Contributions	11,701			11,701
3 Gross income (line 1 minus line 2)	11,694			11,694
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	720			720
6 Rent/facility costs	8,538			8,538
7 Food and beverages	4,340			4,340
8 Entertainment				
9 Other direct expenses	1,717			1,717
10 Direct expense summary. Add lines 4 through 9 in column (d)				► 15,315
11 Net income summary. Subtract line 10 from line 3, column (d)				► -3,621

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►
 Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)**Compensation Information**

OMB No. 1545-0047

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.

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Versiti Michigan IncEmployer identification number
38-1550001**Part I Questions Regarding Compensation**

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

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

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?

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes**No****1b** Yes**2** Yes**4a** Yes**4b** No**4c** No**5a** No**5b** Yes**6a** No**6b** Yes**7** Yes**8** No**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	CHARTER TRAVEL VERSITI MICHIGAN CHARTERED AN AIRPLANE FOR ALL OF ITS DIRECTORS and one of its officers, Bart Reuter, FOR THE 2019 BOARD MEETING. THE CHARTERED TRAVEL EXPENSES ARE NOT TREATED AS TAXABLE COMPENSATION. Part I, Line 4A Severance Payments AN INDIVIDUAL LEFT THE ORGANIZATION IN 2018. THE INDIVIDUAL RECEIVED SEVERANCE IN 2019, WHICH IS INCLUDED ON SCHEDULE J, PART II. DUE TO A CONFIDENTIALITY AGREEMENT, NEITHER THE NAME NOR THE AMOUNT WILL BE LISTED.
Part I, Lines 5b, 6b and 7	Non-Fixed Payments INCENTIVE PAYOUT OPPORTUNITIES, BASED ON PERCENTAGE OF BASE PAY RATE, ARE AVAILABLE TO CERTAIN EMPLOYEES OF THE FILING ORGANIZATION. WHILE LEVELS OF THE INCENTIVE PAYOUT OPPORTUNITY ARE FIXED AND DETERMINED PERCENTAGES OF BASE COMPENSATION, THE INCENTIVE PAYOUT IS DETERMINED; IN PART, ON THE CONSOLIDATED REVENUE AND NET EARNING OF OPERATING DIVISIONS. THE INCENTIVE PAYOUT IS SUBJECT TO THE REVIEW OF ACCOMPLISHMENTS/OBJECTIVES AND THE ULTIMATE DETERMINATION OF INCENTIVE COMPENSATION IS SUBJECT TO PRESIDENT/CEO AND EXECUTIVE COMMITTEE OF THE BOARD APPROVAL.

Additional Data

Software ID:
Software Version:
EIN: 38-1550001
Name: Versiti Michigan Inc

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				
1CHRIS MISKEL CEO	(i) 114,370 (ii) 521,016	50,580 230,420	220 1,000	3,528 16,072	3,970 18,087	172,668 786,595	0 0
1LEEANN WIETEKAMP VP OF MEDICAL SERVICES	(i) 344,539 (ii) 0	0 0	16,395 0	3,061 0	8,113 0	372,108 0	0 0
2BRIAN BAUTISTA EVP & Chief Operating Officer	(i) 76,462 (ii) 348,327	22,523 102,604	257 1,173	3,528 16,072	3,970 18,087	106,740 486,263	0 0
3JAMES WEIDNER EVP & CHIEF HR OFFICER	(i) 52,256 (ii) 238,055	16,972 77,317	612 2,788	3,509 15,985	3,970 18,087	77,319 352,232	0 0
4GITESH DUBAL EVP & CHIEF MARKETING OFFICER	(i) 62,626 (ii) 285,298	22,641 103,143	151 689	3,528 16,072	3,970 18,087	92,916 423,289	0 0
5ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	(i) 70,767 (ii) 322,383	13,795 62,843	775 3,528	3,528 16,072	3,773 17,186	92,638 422,012	0 0
6MARGARET MCCELLIGOTT VP & CHIEF QUALITY OFFICER	(i) 42,998 (ii) 195,882	7,226 32,919	1,118 5,096	3,837 17,482	2,785 12,687	57,964 264,066	0 0
7LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	(i) 49,716 (ii) 226,484	9,716 44,263	608 2,769	4,032 18,368	3,970 18,087	68,042 309,971	0 0
8GILBERT C WHITE MD EVP of Research - thru 6/19	(i) 0 (ii) 412,806	0 82,238	0 5,611	0 22,400	0 15,534	0 538,589	0 0
9THOMAS ABSHIRE MD EVP MSI & CHIEF MED OFFICER	(i) 0 (ii) 486,567	0 84,012	0 6,822	0 22,400	0 2,417	0 602,218	0 0
10BRADLEY PIETZ EVP & Chief Innovation Officer	(i) 49,559 (ii) 225,767	5,407 24,634	282 1,286	3,098 14,114	1,564 7,125	59,910 272,926	0 0
11COLLEEN McCARTHY chief of staff & VP Organ Don.	(i) 40,505 (ii) 184,522	4,978 22,676	142 646	2,917 13,288	3,970 18,087	52,512 239,219	0 0
12BART REUTER EVP & Gen.Counsel - as of 1/19	(i) 56,777 (ii) 258,650	0 0	284 1,292	3,504 15,965	3,794 17,282	64,359 293,189	0 0
13JALEAH L HAWKINS Associate Medical Director	(i) 195,724 (ii) 0	0 0	937 0	7,935 0	8,113 0	212,709 0	0 0
14HEIDI E SEITZ Manager of Donor Recruitment	(i) 71,490 (ii) 0	61,536 0	754 0	5,829 0	22,715 0	162,324 0	0 0
15MAUREEN KWIECINSKI FORMER EVP & GEN. COUNSEL	(i) 0 (ii) 0	6,106 27,817	46,886 213,593	0 0	131 598	53,123 242,008	0 0

Noncash Contributions

2019

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Versiti Michigan Inc

Employer identification number

38-1550001

Part I Types of Property

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

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt
purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	No
32a	No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:**Software Version:**

EIN: 38-1550001

Name: Versiti Michigan Inc

Part I, Lines 25-28

Other ► (
Fair Vouchers)	
Other ► (
Raffle Items)	
Other ► (
Casino Vouchers)	
Other ► (
Gift Cards)	
Other ► (
Laughfest Buttons)	
Other ► (
Sporting Game Tickets)	
Other ► (
Laughfest Tickets)	

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<input checked="" type="checkbox"/>	1,782	38,413	FMV
<input checked="" type="checkbox"/>	28	8,730	FMV
<input checked="" type="checkbox"/>	257	4,390	FMV
<input checked="" type="checkbox"/>	200	2,000	FMV
<input checked="" type="checkbox"/>	800	800	FMV
<input checked="" type="checkbox"/>	20	320	FMV
<input checked="" type="checkbox"/>	6	200	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Versiti Michigan Inc

Supplemental Information to Form 990 or 990-EZComplete 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.

2019**Open to Public
Inspection****Employer identification number**

38-1550001

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 6	MEMBERS OR STOCKHOLDERS VERSITI, INC. (A 501(C)(3) ORGANIZATION) IS THE SOLE VOTING MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Lines 7a and 7b	Member or Stockholder Powers VERSITI, INC. HAS RESERVE POWERS, INCLUDING THE ABILITY TO ELECT A MAJORITY OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 11b	Form 990 Review VERSITI MICHIGAN UTILIZES GRANT THORNTON LLP TO COMPLETE THE IRS FORM 990 AND RELATED SCHEDULES. FOLLOWING COMPLETION, THEY ARE REVIEWED BY THE CONTROLLER AND CEO. THE DRAFT FORMS ARE THEN REVISED BY THE COMPLIANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION TO THE IRS. THE FULL BOARD IS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 12c	CONFLICT OF INTEREST POLICY VERSITI MICHIGAN MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, CURRENT DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A DISCLOSURE FORM BASED ON IRE REQUIREMENTS THAT INCLUDES THE FOLLOWING: WHETHER THEY HAVE ANY DIRECT OR INDIRECT RELATIONSHIP EITHER THROUGH BUSINESS OR FAMILY MEMBER WITH THE ORGANIZATION. WHETHER THEY RECEIVED COMPENSATION FROM ANY ORGANIZATION THAT SHARES COMMON OWNERSHIP OR CONTROL WITH THE ORGANIZATION. WHETHER THEY HAVE SERVED AS AN OFFICER, DIRECTOR, KEY EMPLOYEE, PARTNER OR MEMBER OF AN ENTITY (OR SHAREHOLDER OF A PROFESSIONAL CORPORATION) DOING BUSINESS WITH THE ORGANIZATION. THESE ANSWERS ARE ACCUMULATED, SUMMARIZED, AND EVALUATED BY MANAGEMENT TO DETERMINE IF ANY CONFLICTS EXIST. IDENTIFIED CONFLICTS ARE ADDRESSED IN ACCORDANCE WITH THE WRITTEN POLICY.

Return Reference	Explanation
Part VI, Section B, Lines 15a and 15b	<p>COMPENSATION PROCESS THE COMPENSATION COMMITTEE OF THE VERSITI BOARD OF DIRECTORS, ACTING IN ITS CAPACITY AS THE COMPENSATION COMMITTEE, SETS AND MONITORS THE COMPENSATION PHILOSOPHY FOR VERSITI AND THE RELATED ENTITIES THAT IT SUPPORTS, INCLUDING VERSITI MICHIGAN. OTHER THAN THE VERSITI PRESIDENT & CHIEF EXECUTIVE OFFICER, THE COMPENSATION COMMITTEE DOES NOT INCLUDE MEMBERS OF MANAGEMENT AND IS COMPRISED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO VERSITI OR VERSITI MICHIGAN COMPENSATION ARRANGEMENTS. THE VERSITI PRESIDENT AND CHIEF EXECUTIVE OFFICER RECUSES HER/HIMSELF FROM ALL DISCUSSIONS AND APPROVALS RELATED TO HER/HIS COMPENSATION. THE VERSITI COMPENSATION COMMITTEE REVIEWS VERSITI MICHIGAN EXECUTIVE COMPENSATION ARRANGEMENTS TO ENSURE SUCH ARRANGEMENTS ARE FAIR, REASONABLE, AND NOT EXCESSIVE WHEN COMPARED TO SIMILARLY-SITUATED EXECUTIVES. EXECUTIVE COMPENSATION ARRANGEMENTS ARE REVIEWED FOR REASONABILITY AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY IN ACCORDANCE WITH THE VERSITI REASONABILITY REVIEW POLICY. THE COMPENSATION COMMITTEE ASSESSES THE REASONABILITY OF EXECUTIVE COMPENSATION ARRANGEMENTS AFTER IT OBTAINS AND REVIEWS APPROPRIATE DATA FOR COMPARABILITY FROM THE HUMAN RESOURCE DEPARTMENT AND AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE ENGAGES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT ANNUALLY. THE INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS OF COMPENSATION LEVELS AT REGIONAL AND NATIONAL ORGANIZATIONS OF COMPARABLE SIZE, SCOPE AND STRUCTURE AND PROVIDES THE COMMITTEE WITH COMPREHENSIVE DATA ON THE AVAILABILITY OF SIMILAR SERVICES WITHIN THE GEOGRAPHIC AREA, COMPENSATION SURVEYS, WRITTEN OFFERS FROM SIMILAR INSTITUTIONS, AND OTHER INFORMATION RELEVANT TO COMPARABILITY OF COMPENSATION. THE COMPENSATION COMMITTEE'S REVIEW, RECOMMENDATIONS AND APPROVALS ARE DOCUMENTED CONCURRENTLY IN THE COMMITTEE MINUTES, WHICH ARE SUBSEQUENTLY REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AS REASONABLE, ACCURATE AND COMPLETE. VERSITI AND VERSITI MICHIGAN HAVE INCENTIVE PROGRAMS FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CORPORATE OFFICERS DESCRIBED IN DETAILED WRITTEN POLICIES APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY. EVALUATION AND COMPENSATION REVIEW -CEO - EACH YEAR, THE EXECUTIVE/COMPENSATION COMMITTEE EVALUATES THE VERSITI/VERSITI MICHIGAN CEO'S PERFORMANCE AGAINST ESTABLISHED OBJECTIVES, DETERMINES INCENTIVE PAYMENT AND MERIT INCREASE BASED UPON PERFORMANCE AND MARKET DATA PROVIDED BY THE THIRD PARTY COMPENSATION CONSULTANT, AND WORKS WITH THE CEO TO ESTABLISH OBJECTIVES FOR THE NEXT YEAR. -OTHER CORPORATE OFFICERS - EACH YEAR, THE VERSITI/VERSITI MICHIGAN CEO REVIEWS THE PERFORMANCE AND THE ACHIEVEMENT OF INDIVIDUAL GOALS AND OBJECTIVES OF EACH VERSITI /VERSITI MICHIGAN CORPORATE OFFICER. THE VERSITI/VERSITI MICHIGAN CEO PRESENTS HIS/HER RECOMMENDATIONS TO THE COMPENSATION COMMITTEE, WHICH REVIEWS AND APPROVES RECOMMENDED COMPENSATION RANGES, AND APPROVES FIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Lines 15a and 15B	AL SALARY AND INCENTIVE PAYMENTS. CORPORATE OFFICERS ARE POSITIONED WITHIN THE APPROPRIATE SALARY RANGE BASED UPON: -EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE, -PERFORMANCE OF THE EXECUTIVE'S AREAS OF RESPONSIBILITY, -THE EXECUTIVE'S CONTRIBUTION TO OVERALL PERFORMANCE, -THE IMPORTANCE OF RETAINING THE EXECUTIVE, -INTERNAL EQUITY CONSIDERATIONS, -THE FINANCIAL RESOURCES AVAILABLE, AND -EXECUTIVE BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section C, Line 19	ORGANIZATION'S DOCUMENTS OPEN TO THE PUBLIC VERSITI MICHIGAN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XI, Line 9	Other Changes in Net Assets Noncash contributions not reported on books (\$54,853) BAD DEBT RESERVE ADJUSTMENT (\$15,000) ----- TOTAL (\$69,853)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: DONOR TESTING TOTAL FEES: 5284705

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 1884269

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: CUSTOMER TESTING TOTAL FEES:152095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SHIPPING & TRANSPORTATION TOTAL FEES:99806

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SHIPPING SUPPLIES TOTAL FEES:66249

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: LICENSES, PERMITS, & HOSP FEES TOTAL FEES:43622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:US POSTAL SERVICE TOTAL FEES:26416

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE LAB SERVICE TOTAL FEES:25045

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:RECORD STORAGE TOTAL FEES:14577

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PURCHASE SERV AFFILIATES TOTAL FEES:12785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: MEDICAL REPORTS TOTAL FEES: 9515

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:8858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:EDUCATION TOTAL FEES:6781

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:NN-MARKETING PRINTING COSTS TOTAL FEES:5061

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:BANK ACCOUNT FEES TOTAL FEES:588

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PUBLICATION SERVICES TOTAL FEES:260

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE CORE LAB CHARGES TOTAL FEES:120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:LAB TOTAL FEES:54

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:LAUNDRY COSTS TOTAL FEES:-116

**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
Versiti Michigan IncEmployer identification number
38-1550001**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	Yes	No
(1) VERSITI WISCONSIN INC PO Box 2178 638 N 18TH ST MILWAUKEE, WI 53201 39-0807235	BLOOD	WI	501(C)(3)	7	VERSITI			No
(2) VERSITI RESEARCH INSTITUTE FNDN PO Box 2178 638 N 18TH ST MILWAUKEE, WI 53201 39-1372542	SUPPORTING	WI	501(C)(3)	12B	VERSITI			No
(3) VERSITI INC PO Box 2178 638 N 18TH ST MILWAUKEE, WI 53201 45-4675354	SUPPORTING	WI	501(C)(3)	12B	NA			No
(4) VERSITI ILLINOIS INC 1200 N HIGHLAND AVE AURORA, IL 60506 36-2179768	BLOOD	IL	501(C)(3)	10	VERSITI			No
(5) VERSITI INDIANA INC 3450 N MERIDIAN ST INDIANAPOLIS, IN 46208 35-0991629	BLOOD	IN	501(C)(3)	10	VERSITI			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.

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?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

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.

Part VII

Supplemental Information

Part VII

Supplemental Information

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

Return Reference	Explanation