

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4000 WELLNESS DR

City or town, state or province, country, and ZIP or foreign postal code
MIDLAND, MI 48670

D Employer identification number
38-0833014

E Telephone number
(989) 839-3181

G Gross receipts \$ 572,328,781

F Name and address of principal officer
GREGORY ROGERS
4000 WELLNESS DR
MIDLAND, MI 48670

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

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

J Website: WWW.MIDMICHIGAN.ORG

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1940

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT HEALTH SERVICES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN OUR COMMUNITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,714
6 Total number of volunteers (estimate if necessary)	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,202,791
7b Net unrelated business taxable income from Form 990-T, line 34	554,816

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,588,030	2,526,782
9 Program service revenue (Part VIII, line 2g)	404,748,065	468,633,014
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,468,405	6,775,626
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,825,102	5,858,913
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	458,629,602	483,794,335
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	214,550	197,100
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)	144,949,028	153,085,528
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,576		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	247,449,315	267,233,710
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	392,612,893	420,516,338
19 Revenue less expenses Subtract line 18 from line 12	66,016,709	63,277,997
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	679,353,409	743,891,018
21 Total liabilities (Part X, line 26)	201,695,589	204,005,369
22 Net assets or fund balances Subtract line 21 from line 20	477,657,820	539,885,649

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: ***** Date: 2020-05-27
FRANCINE M PADGETT SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-05-27
Check if self-employed PTIN: P00378651
Firm's name: PLANTE & MORAN PLLC Firm's EIN: 38-1357951
Firm's address: 27400 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034 Phone no: (248) 352-2500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE EXCELLENT HEALTH SERVICES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE IN OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 358,042,025 including grants of \$) (Revenue \$ 471,829,857)

See Additional Data

4b (Code) (Expenses \$ 197,100 including grants of \$ 197,100) (Revenue \$)

See Additional Data

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 ▶ 358,239,125

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	2,714			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>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></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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</p>			15		No
<p>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</p>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), 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: FRANCINE M PADGETT 4000 WELLNESS DR MIDLAND, MI 48670 (989) 839-3181

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

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

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

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

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		2,262,244	3,470,349
			1,726,988

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 ▶ 141

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

Section B. Independent Contractors

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

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

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 ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	2,526,782		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		2,526,782			

Program Service Revenue			Business Code				
	2a MEDICARE/MEDICAID PAYMENTS		621990	261,935,900	261,935,900		
	b PATIENT REVENUE, NET		621990	192,524,135	192,524,135		
	c SUBSIDIARY RELATED INCOME		900099	7,719,873	7,719,873		
	d 340B PHARMACY REVENUE		900099	4,944,646	4,944,646		
	e CONTRACTED CLINICAL SERVICES		621990	1,508,460	1,508,460		
	f All other program service revenue						
g Total. Add lines 2a-2f			468,633,014				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,997,485	374,909		6,622,576
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		88,000					
	b Less rental expenses		0				
	c Rental income or (loss)		88,000				
	d Net rental income or (loss)			88,000			88,000
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		88,308,806	3,781				
	b Less cost or other basis and sales expenses		88,179,279	355,167			
	c Gain or (loss)		129,527	-351,386			
	d Net gain or (loss)			-221,859			-221,859
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CAFETERIA/FOOD SERVICE	722514		1,346,104			1,346,104	
b REFERENCE LABORATORY	621500		476,543		476,543		
c FITNESS CENTER	624100		201,949		201,949		
d All other revenue			3,746,317	2,821,934	524,299	400,084	
e Total. Add lines 11a-11d			5,770,913				
12 Total revenue. See Instructions			483,794,335	471,829,857	1,202,791	8,234,905	

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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	197,100	197,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	661,955		661,955	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	122,844,561	98,883,075	23,722,686	238,800
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,759,266	4,790,564	960,531	8,171
9 Other employee benefits.	15,261,397	11,761,002	3,450,620	49,775
10 Payroll taxes.	8,558,349	7,072,983	1,466,977	18,389
11 Fees for services (non-employees)				
a Management.				
b Legal.	558		558	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	678,089		678,089	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,697,729	25,820,313	9,876,351	1,065
12 Advertising and promotion.	107,836	59,335	46,728	1,773
13 Office expenses.	7,105,237	2,532,330	4,557,151	15,756
14 Information technology.	294,425	263,061	30,325	1,039
15 Royalties.				
16 Occupancy.	5,220,658	3,576,928	1,643,730	
17 Travel.	306,222	228,291	73,403	4,528
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	388,301	185,728	202,293	280
20 Interest.	5,977,979	5,977,979		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,286,649	17,414,102	1,872,547	
23 Insurance.	3,526,598		3,526,598	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	82,481,979	82,481,979		
b PURCHASED SERVICES	58,033,707	50,110,477	7,923,230	
c PHYSICIAN PRACTICE SUBS	43,334,765	43,334,765		
d EQUIPMENT MAINTENANCE	4,332,816	3,088,951	1,243,865	
e All other expenses	460,162	460,162		
25 Total functional expenses. Add lines 1 through 24e.	420,516,338	358,239,125	61,937,637	339,576
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	10,694	1	11,245
	2 Savings and temporary cash investments	8,045,514	2	893,457
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	49,160,449	4	46,370,307
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,895,476	8	6,057,662
	9 Prepaid expenses and deferred charges	17,835,982	9	18,872,816
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 402,100,527		
	b Less accumulated depreciation	10b 228,955,571	159,021,308	10c 173,144,956
	11 Investments—publicly traded securities	122,592,840	11	154,077,435
	12 Investments—other securities See Part IV, line 11	314,828,702	12	343,024,469
	13 Investments—program-related See Part IV, line 11	1,962,444	13	1,438,671
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	679,353,409	16	743,891,018	
Liabilities	17 Accounts payable and accrued expenses	24,046,006	17	26,940,072
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	163,598,331	20	158,106,094
	21 Escrow or custodial account liability Complete Part IV of Schedule D	400,002	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	13,651,250	25	18,959,203
	26 Total liabilities. Add lines 17 through 25	201,695,589	26	204,005,369
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	477,657,820	27	539,885,649
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	477,657,820	33	539,885,649	
34 Total liabilities and net assets/fund balances	679,353,409	34	743,891,018	

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	483,794,335
2	Total expenses (must equal Part IX, column (A), line 25)	2	420,516,338
3	Revenue less expenses Subtract line 2 from line 1	3	63,277,997
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	477,657,820
5	Net unrealized gains (losses) on investments	5	19,492,105
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	-20,542,273
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,885,649

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 38-0833014

Name: MIDMICHIGAN MEDICAL CENTER - MIDLAND

Form 990 (2018)

Form 990, Part III, Line 4a:

MIDMICHIGAN MEDICAL CENTER - MIDLAND PROVIDES COMPASSIONATE PATIENT CARE SERVICES OF SUPERIOR QUALITY TO MIDLAND AND ITS SURROUNDING COUNTIES 14,548 PATIENT ADMISSIONS AND 280,933 OUTPATIENT VISITS WERE PROVIDED IN FISCAL YEAR 2019 CARE IS PROVIDED WITHOUT RESPECT TO A PATIENT'S ABILITY TO PAY

Form 990, Part III, Line 4b:

MIDMICHIGAN MEDICAL CENTER - MIDLAND PROVIDES SCHOLARSHIPS FOR STUDENTS PURSUING HEALTH CARE CAREERS THROUGH AN ACCREDITED CLINICAL HEALTH CARE PROGRAM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY WILSON DIRECTOR	2 00 0 00	X						0	0	0
BARB HURLEY DIRECTOR	2 00 0 00	X						0	0	0
BILL COLLINS VICE CHAIR	2 00 0 00	X						0	0	0
BRIDGETTE GRANDSEN DIRECTOR	2 00 0 00	X						0	0	0
CHUCK KENDALL CHAIR	2 00 0 00	X						0	0	0
CLIFFORD BLOCK DIRECTOR	2 00 0 00	X						0	0	0
DIANE POSTLER-SLATTERY DIRECTOR	2 00 58 00	X						0	1,005,371	196,197
ERICH KICKLAND MD DIRECTOR, PART-YEAR	2 00 0 00	X						0	0	0
GREG DORRIEN DIRECTOR	2 00 0 00	X						0	0	0
GREGORY ROGERS PRESIDENT	2 00 64 00	X		X				0	668,805	265,423

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF NEWMAN MD DIRECTOR	2 00 0 00	X						0	0	0
JON LYNCH DIRECTOR, PART-YEAR	2 00 0 00	X						0	0	0
KENT BIDDINGER MD DIRECTOR	2 00 0 00	X						0	0	0
MARGARET THOMPSON MD DIRECTOR	2 00 0 00	X						0	0	0
PAULA NILES DIRECTOR	2 00 0 00	X						0	0	0
SHARON MORTENSEN DIRECTOR	2 00 0 00	X						0	0	0
SUSAN SALLACH MD DIRECTOR	2 00 50 00	X						0	668,976	23,893
DONNA RAPP SENIOR VP & SECRETARY	2 00 64 00			X				0	566,427	494,672
FRANCINE PADGETT SENIOR VP & CFO	2 00 68 00			X				0	560,770	188,336
DIANE NOLD VP	50 00 0 00				X			295,391	0	140,575

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANICE PENNEY VP & CNO	50 00 0 00				X			308,006	0	208,310
KELLY HILL MD MEDICAL DIRECTOR	50 00 0 00					X		276,107	0	64,176
MARGUERITTE KUHN MD VP MEDICAL AFFAIRS	50 00 0 00					X		287,168	0	32,047
MARK FIREMAN MD PHYSICIAN	50 00 0 00					X		535,962	0	26,880
MICHAEL ERICKSON VP	50 00 0 00					X		289,366	0	49,332
SASHA SAVAGE MD PHYSICIAN	50 00 0 00					X		270,244	0	37,147

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number
38-0833014

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 38-0833014

Name: MIDMICHIGAN MEDICAL CENTER - MIDLAND

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number
38-0833014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (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

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		1,152,894		1,152,894
b Buildings		243,887,475	117,163,293	126,724,182
c Leasehold improvements		23,333,178	13,962,336	9,370,842
d Equipment		129,163,952	97,829,942	31,334,010
e Other		4,563,028		4,563,028
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				173,144,956

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) HEDGE FUNDS	22,405,796	F
(B) BLACKROCK DOMESTIC EQUITY	83,614,199	F
(C) PARAMETRIC GLOBAL EQUITY	22,495,527	F
(D) ALLIANZ GLOBAL EQUITY	23,167,911	F
(E) BLACKROCK INTERNATIONAL	89,487,437	F
(F) BLACKROCK FIXED INCOME	49,898,237	F
(G) CLARION & CORNERSTONE	51,955,362	F
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	343,024,469	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SELF- INSURANCE , DEF COMP, & ACC PEN	18,959,203
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	18,959,203

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number
 38-0833014

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1		2,287,531		2,287,531	0.540 %
b Medicaid (from Worksheet 3, column a)	1		60,692,032	54,649,336	6,042,696	1.440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2		62,979,563	54,649,336	8,330,227	1.980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1,422	891,930	605,253	19,335	585,918	0.140 %
f Health professions education (from Worksheet 5)	13	957	12,878,889	7,457,311	5,421,578	1.290 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		67,860		67,860	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5		89,519		89,519	0.020 %
j Total. Other Benefits	1,441	892,887	13,641,521	7,476,646	6,164,875	1.470 %
k Total. Add lines 7d and 7j	1,443	892,887	76,621,084	62,125,982	14,495,102	3.450 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		218		218	0 %
2 Economic development	1		5,032		5,032	0 %
3 Community support	2		25,091		25,091	0 010 %
4 Environmental improvements	1		914		914	0 %
5 Leadership development and training for community members	1		15,602		15,602	0 %
6 Coalition building	6		42,826		42,826	0 010 %
7 Community health improvement advocacy	1	1	11,597		11,597	0 %
8 Workforce development	14	198	15,227		15,227	0 %
9 Other	1		1,987		1,987	0 %
10 Total	28	199	118,494		118,494	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	19,331,604
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	966,580
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	131,057,797
6 Enter Medicare allowable costs of care relating to payments on line 5	6	111,995,833
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	19,061,964
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 NPS ASSOCIATES LLC	AMBULATORY SURGERY CENTER	44 000 %		56 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART VI</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART VI</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MIDMICHIGAN MEDICAL CENTER - MIDLAND

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCHEDULE H, PART VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART VI</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

MIDMICHIGAN MEDICAL CENTER - MIDLAND

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MIDMICHIGAN MEDICAL CENTER - MIDLAND

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 14

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	AS WELL AS USING THE FEDERAL POVERTY GUIDELINES, THE PATIENT'S AVAILABLE ASSETS AND ALL OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT ARE TAKEN INTO CONSIDERATION WHEN DETERMINING FREE OR DISCOUNTED CARE PATIENTS WHOSE FAMILY INCOME EXCEEDS 250% OF THE FPG MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE
PART II, COMMUNITY BUILDING ACTIVITIES	MIDMICHIGAN MEDICAL CENTER - MIDLAND EMPLOYEES CONTRIBUTED MANY HOURS AS MEMBERS OF COMMUNITY BOARDS, CIVIC ORGANIZATIONS, ADVISORY COMMITTEES, COALITIONS, AND WORK GROUPS EXAMPLES INCLUDE CHAIRING THE HEALTH AND HUMAN SERVICES COUNCIL OF MIDLAND COUNTY, AND PARTICIPATING IN STRATEGIC INITIATIVES FOR NON-PROFIT ORGANIZATIONS LIKE THE LEGACY CENTER, GREAT START COLLABORATIVE, AND THE MIDLAND COUNTY LOCAL EMERGENCY PLANNING COMMITTEE ADDITIONALLY, MEMBERSHIP WORK ON THE COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT (CHAI) TEAM OF THE HEALTH AND HUMAN SERVICES COUNCIL INCLUDED DEVELOPMENT AND IMPLEMENTATION OF A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR FOUR HEALTH IMPROVEMENT FOCUS AREAS QUALITY OF LATER LIFE, SUBSTANCE USE DISORDER, BEHAVIORAL HEALTH AND HEALTHY WEIGHT MIDLAND IS ALSO REPRESENTED ON THE CHAMBER OF COMMERCE, WHICH ASSISTS THE COMMUNITY WITH SMALL BUSINESS DEVELOPMENT, AND PROVIDES FINANCIAL SUPPORT FOR SMALL BUSINESSES AND WORK OF YOUNG COMMUNITY LEADERS MIDMICHIGAN MEDICAL CENTER - MIDLAND IS A KEY PARTNER WITH THE UNITED WAY OF MIDLAND COUNTY, WHICH SUPPORTS THE WORK OF MANY NON-PROFIT AGENCIES IN MIDLAND COUNTY, INCLUDING 211 FIRST CALL FOR HELP, THE ROCK (REACHING OUR COMMUNITY KIDS) CENTER FOR YOUTH DEVELOPMENT AND THE SHELTERHOUSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE METHODOLOGY OTHER UNCOMPENSATED CARE REPRESENTS THE COST OF SERVICES PROVIDED FOR WHICH PAYMENT IS EXPECTED AT THE TIME SERVICE IS PROVIDED, BUT PAYMENT IS NOT RECEIVED OR IS LESS THAN THE COST INCURRED TO PROVIDE THE SERVICE THE FOLLOWING IS INCLUDED AS PROGRAMS AND SERVICES RELATED TO OTHER UNCOMPENSATED CARE UNCOMPENSATED SERVICES, AT COST REPRESENTS THE COST OF SERVICES PROVIDED FOR WHICH A FEE HAS BEEN ASSESSED BUT NOT COLLECTED OR ONLY A PORTION OF THE COST OF THE RENDERED SERVICE HAS BEEN RECOVERED COSTING METHODOLOGY AN AVERAGE COST-TO-CHARGE RATIO IS APPLIED TO THE CHARGE WRITE-OFF THE RATIO IS CALCULATED BY REMOVING FROM TOTAL EXPENSE THE OTHER OPERATING INCOME, UNCOMPENSATED CARE EXPENSE AND THE DIRECTLY ASSIGNED MEDICAID ASSESSMENT EXPENSE, THEN DIVIDING THIS NET EXPENSE BY TOTAL GROSS PATIENT REVENUES THIS RATIO IS MULTIPLIED WITH THE CHARITY CARE CHARGES AND UNCOMPENSATED CARE CHARGES WRITTEN OFF FOR THE RELATED EXPENSE
PART III, LINE 3	THE BAD DEBT COST WAS REVIEWED BY THE HOSPITAL'S REVENUE CYCLE TEAM AND THE AMOUNT OF BAD DEBT ESTIMATED TO BE ATTRIBUTABLE TO PATIENTS WHO WOULD HAVE QUALIFIED UNDER OUR FINANCIAL ASSISTANCE POLICY IS 5% OF TOTAL BAD DEBTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	PAGE 8 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS
PART III, LINE 8	THE SOCIAL SECURITY ACT AMENDMENT TO ESTABLISH MEDICARE STATES THAT MEDICARE WILL NOT PAY THE COST TO PROVIDE CARE TO NON-BENEFICIARIES AND NON-BENEFICIARIES WILL NOT PAY THE COST OF CARE FOR BENEFICIARIES WHEN MEDICARE DOES NOT PAY RATES THAT COVER ALL THE COST OF CARE FOR BENEFICARIES, IT BECOMES A COMMUNITY BURDEN THEREFORE, THE FULL AMOUNT OF SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT THIS ORGANIZATION BELIEVES THE AUDITED FINANCIAL STATEMENT CALCULATION IS A MORE ACCURATE DETERMINATION OF COST THAN THE MEDICARE ALLOWABLE COSTS USED FOR COST REPORTS THAT ARE REQUIRED TO BE UTILIZED ON THIS SCHEDULE IN PART III, SECTION B THE AUDITED FINANCIAL STATEMENTS INCLUDE ALL MEDICARE REVENUES AND COSTS AND ALSO USE A COST-TO-CHARGE RATIO METHOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	MIDMICHIGAN HEALTH DOES NOT TRY TO COLLECT FROM THOSE WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE MIDMICHIGAN HEALTH'S POLICY STATES THAT THE PURPOSE OF THE POLICY "IS TO PROVIDE COST EFFECTIVE PAYMENT OPTIONS TO PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE (PER FINANCIAL AID/CHARITY CARE POLICY) AND EITHER HAVE NO INSURANCE OR HAVE A BALANCE AFTER INSURANCE WHICH IS THEIR RESPONSIBILITY TO PAY "
PART VI, LINE 2	<p>MIDMICHIGAN MEDICAL CENTER - MIDLAND OPERATES FROM A COMMUNITY HEALTH NEEDS ASSESSMENT PLAN, DEVELOPED FROM DATA OUTLINED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THE HOSPITAL HAS PROVIDED COMMUNITY BENEFITS TO THE AREAS SERVED THROUGH DIRECT FINANCIAL ASSISTANCE TO PATIENTS, SUBSIDIZED PROGRAMS AND COMMUNITY OUTREACH PROGRAMS, INCLUDING LOW COST AND FREE HEALTH CARE SCREENINGS AND OTHER PREVENTION PROGRAMS COMMUNITY HEALTH NEEDS WERE DETERMINED AND PRIORITIZED BY REVIEWING QUANTITATIVE AND QUALITATIVE DATA, AND RANKING HEALTH ISSUES ACCORDING TO FOCUS WE INVESTIGATED A VARIETY OF PRIMARY AND SECONDARY DATA SOURCES A GRID OF OVER 150 INDICATORS FROM 20 DIFFERENT PRIMARY AND SECONDARY SOURCES WAS UTILIZED TO BUILD THE DATA PLATFORM DATA OUT OF NORMAL RANGE AGAINST A BENCHMARK WAS COMPARED TO CURRENT STANDARDS, THOSE OF OUR COMMUNITY HEALTH TEAM, POPULATION HEALTH COLLABORATIVE TEAM, AND THOSE OF OUR COLLABORATIVE PARTNERS AND COMMUNITY MEMBERS IN ORDER TO DETERMINE CAUSES OF HEALTH PROBLEMS, DATA WAS CATEGORIZED INTO FOUR AREAS 1 DETERMINANTS OF HEALTH, 2 CARE ACCESS, 3 HEALTH BEHAVIORS AND 4 HEALTH CONDITIONS AREAS WHERE HEALTH ISSUES EXISTED WERE REVEALED IN TWO WAYS FIRST, WHEN COMPARISON OF LOCAL QUANTITATIVE DATA INDICATORS AGAINST STATE OF MICHIGAN BENCHMARKS RESULTED IN POOR PERFORMANCE, AND WHEN THEMES OF UNACCEPTABLE HEALTH EMERGED FROM ANALYSIS OF QUALITATIVE DATA AREAS WHERE HEALTH ISSUES EXISTED WERE REVEALED IN TWO WAYS FIRST, WHEN COMPARISON OF LOCAL QUANTITATIVE DATA INDICATORS AGAINST STATE OF MICHIGAN BENCHMARKS RESULTED IN POOR PERFORMANCE, AND WHEN THEMES OF UNACCEPTABLE HEALTH EMERGED FROM ANALYSIS OF QUALITATIVE DATA PRIORITIZATION OCCURRED IN STAGES, INPUT WAS SOLICITED FROM THE COMMUNITY HEALTH TEAM, MIDMICHIGAN MEDICAL CENTER - MIDLAND LEADERSHIP TEAM, COMMUNITY HEALTH STAFF AND RESPECTIVE COMMUNITY GROUPS A 324 LICENSED-BED HOSPITAL LOCATED ON 180 ACRES OF WOODED CAMPUS, MIDMICHIGAN MEDICAL CENTER - MIDLAND IS THE FLAGSHIP OF THE MIDMICHIGAN HEALTH SYSTEM FROM ITS BEGINNING IN 1944, THE MEDICAL CENTER IN MIDLAND, MICHIGAN HAS ESTABLISHED ITSELF AS A LEADER IN QUALITY STATE-OF-THE-ART HEALTH CARE IN FACT, MIDMICHIGAN MEDICAL CENTER - MIDLAND WAS NAMED ONE OF THE TOP BEST HOSPITALS IN MICHIGAN BY THE U S NEWS & WORLD REPORT THE MEDICAL CENTER IS ACCREDITED BY THE JOINT COMMISSION AND HAS DESIGNATION FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS AN APPROVED COMMUNITY HOSPITAL CANCER PROGRAM AND ITS BREAST HEALTH PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS IN ORDER TO RESPOND AND IMPACT THE HEALTH CARE NEEDS THAT WERE IDENTIFIED, THE TOP PRIORITY AREAS FOR MIDMICHIGAN HEALTH CHOSEN BY THE COMMUNITY HEALTH TEAM AND REVIEWED BY THE MIDMICHIGAN HEALTH POPULATION HEALTH COLLABORATION TEAM AND MIDMICHIGAN MEDICAL CENTER - MIDLAND BOARD ON JUNE 28, 2019 FOLLOW 1 CHRONIC DISEASE2 MATERNAL/INFANT/CHILD CARE3 MENTAL HEALTH AND SUBSTANCE ABUSE4 STRATEGIC PLAN WAS DEVELOPED FOR THE ABOVE PROJECTS AS WELL AS OTHERS THAT EACH CONTAINS GOALS AND OUTCOME MEASURES UPON WHICH WE WILL EVALUATE PROGRAMS TOWARD GOAL COMPLETION THE COMPLETED CHNA AND IMPLEMENTATION PLAN CAN BE ACCESSED BY THE PUBLIC ON THE MIDMICHIGAN HEALTH WEBSITE AT HTTPS //WWW.MIDMICHIGAN.ORG/APP/FILES/PUBLIC/32444/MIDLAND-CHNA-FINAL-2019.PDF THE UNDERLYING PREMISE FOR EACH MIDMICHIGAN HEALTH SUBSIDIARY IS SHARED OWNERSHIP FOR COMMUNITY HEALTH THE PLAN REFLECTS INPUT FROM DESIGNATED INDIVIDUALS IN EACH COMMUNITY INCLUSIVE OF, BUT NOT LIMITED TO, PUBLIC HEALTH EXPERTS, REPRESENTATIVES OF LOW-INCOME AND MEDICALLY UNDERSERVED POPULATIONS AND THOSE SUFFERING FROM CHRONIC DISEASE THE BROADENED SCOPE FROM WHICH WE FUNCTION IS INHERENT IN THE STRATEGIES WHICH INCLUDE INTERNAL HEALTH IMPROVEMENT INITIATIVES OF MIDMICHIGAN MEDICAL CENTER - MIDLAND AND MIDMICHIGAN HEALTH, AS WELL AS COLLABORATIVE EFFORTS OF THE HOSPITAL WITH PUBLIC HEALTH, THE UNIVERSITY OF MICHIGAN AND OUR COMMUNITY PARTNERS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE IS COMMUNICATED TO THE PUBLIC THROUGH INFORMATIONAL BROCHURES AT REGISTRATION AREAS AND THROUGH PATIENT ACCOUNTING COUNSELORS PATIENT ACCOUNTING COUNSELORS ARE TRAINED TO HELP PATIENTS OBTAIN FREE OR LOW-COST HEALTH INSURANCE OR TO WORK WITH PATIENTS TO PROVIDE CHARITY CARE OR FINANCIAL AID BASED ON THEIR FINANCIAL STATUS ADDITIONALLY, SOCIAL WORKERS PROVIDE INFORMATION, BOTH WRITTEN AND VERBAL, ABOUT PROGRAMS FOR ASSISTANCE THEY ALSO COORDINATE WITH THE MEDICAID ELIGIBILITY REPRESENTATIVE FROM DHS FOR FOLLOW-UP OR EXPEDITED APPLICATIONS THEY PROVIDE MEDICAID APPLICATIONS, PERSONAL FINANCIAL STATEMENTS FOR HOSPITAL CHARITY CARE AND REFER TO THE PATIENT ACCOUNTING COUNSELORS ADDITIONALLY, CONTACT INFORMATION ABOUT FINANCIAL ASSISTANCE IS AVAILABLE ON OUR WEBSITE AT HTTP //WWW MIDMICHIGAN ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FAQ-BILLING/#NOINSURANCE MIDMICHIGAN PROVIDES FINANCIAL AID TO PATIENTS BASED ON THEIR INCOME, ASSETS AND NEEDS IN ADDITION, WE MAY BE ABLE TO HELP FIND FREE OR LOW-COST HEALTH INSURANCE, OR WORK WITH PATIENTS TO ARRANGE A MANAGEABLE PAYMENT PLAN
PART VI, LINE 4	MIDMICHIGAN MEDICAL CENTER - MIDLAND, LOCATED IN MIDLAND, MICHIGAN, SERVES MIDLAND COUNTY, COMPRISED OF ZIP CODES 48618 (COLEMAN), 48620 (EDENVILLE), 48628 (HOPE), 48640 (MIDLAND), 48641 (MIDLAND), 48642 (MIDLAND), 48657 (SANFORD), 48667 (MIDLAND), 48670 (MIDLAND), 48674 (MIDLAND), 48686 (MIDLAND) SERVICE FOR MIDMICHIGAN MEDICAL CENTER MIDLAND EXTENDS TO 48706 (BAY), 48708 (BAY), 48611 (AUBURN), AND 48623 (FREELAND) MIDLAND COUNTY IS THE 24TH MOST POPULATED COUNTY IN MICHIGAN ACCORDING TO COUNTY HEALTH RANKINGS THERE ARE 83,411 RESIDENTS IN MIDLAND COUNTY OF THOSE, 21 5 PERCENT ARE UNDER 18 YEARS OF AGE AND 17 9 PERCENT ARE 65 AND OLDER FEMALES MAKE UP 50 7 PERCENT OF THE POPULATION WHILE MALES MAKE UP 49 3 PERCENT OF THE POPULATION OF THE POPULATION, 91 5 PERCENT ARE WHITE AND 8 5 PERCENT ARE NON-WHITE IN MIDLAND COUNTY, THE PERCENTAGE OF PEOPLE WHO REPORTED THEIR HEALTH TO BE FAIR OR POOR WAS 12 PERCENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>MIDMICHIGAN HEALTH'S FOCUS ON IMPROVING THE HEALTH OF OUR COMMUNITIES IS REFLECTED IN OUR MISSION, VALUES, AND VISION WE PARTNER WITH SCHOOLS, BUSINESSES AND HEALTH CARE AGENCIES TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITIES SERVED ACTIVE COMMUNITY MEMBER BOARDS OVERSEE COMMUNITY OUTREACH ENDEAVORS FOR EACH MIDMICHIGAN HEALTH SUBSIDIARY ADDITIONALLY, STAFF PARTICIPATE IN COMMUNITY COLLABORATIVE PARTNERSHIPS FOR AREA NON-PROFITS WITH A FOCUS ON HEALTH LIKE MIDLAND CANCER SERVICES AND THE MICHIGAN HEALTH INFORMATION ALLIANCE, INC , OR MIHIA, WHICH IS A DIVERSE GROUP OF STAKEHOLDERS COLLABORATING TOGETHER AS A NON-PROFIT ORGANIZATION TO IMPROVE HEALTH AND HEALTH DELIVERY IN CENTRAL MICHIGAN THESE COMMUNITY COLLABORATIONS HELP TO BUILD A HEALTH CARE SYSTEM WHERE CONSUMERS, PROVIDERS AND PAYERS MAKE DECISIONS FOR BEST PRACTICE IN THE AREA SERVED ADDITIONALLY, WE PARTNER ON NEEDED HEALTH INITIATIVES, WORKING WITH LOCAL PUBLIC HEALTH DEPARTMENTS AND HEALTH AND HUMAN SERVICE AGENCIES TO UNDERSTAND THE UNIQUE HEALTH NEEDS OF EACH OF OUR COMMUNITIES THE COMMUNITY HEALTH MANAGER FOR MIDMICHIGAN MEDICAL CENTER - MIDLAND IS AN ACTIVE MEMBER OF THE COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT COMMITTEE (CHAI) OF THE HEALTH AND HUMAN SERVICES COUNCIL OF MIDLAND COUNTY AND SERVES AS THE CHAIR OF THE MIDLAND HEALTH AND HUMAN SERVICES COUNCIL</p>
PART VI, LINE 6	<p>A TOTAL OF \$6,283,367 IN COMMUNITY BENEFITS WAS PROVIDED BY MIDMICHIGAN MEDICAL CENTER - MIDLAND IN 2019 THROUGH COMMUNITY EDUCATION PROGRAMS, SCREENINGS, SPECIAL EVENTS AND HEALTH EXPERTISE, INCLUDING INSURANCE UNDER-REIMBURSEMENTS AND SERVICES FOR THOSE WHO COULD NOT PAY OVER \$90 MILLION IN COMMUNITY BENEFITS WAS PROVIDED BY MIDMICHIGAN HEALTH TO THE COMMUNITIES IT SERVES IN FY 2019, 878,145 PERSONS WERE REACHED WITH GENERAL COMMUNITY EDUCATION TOPICS LIKE ADVANCED DIRECTIVES, CANCER PREVENTION, DRUG AND ALCOHOL DANGERS, AND SAFETY EDUCATION 1,213 INDIVIDUALS PARTICIPATED IN FREE OR LOW-COST SCREENINGS, INCLUDING SCREENINGS FOR CANCER, PERIPHERAL ARTERY DISEASE, CHOLESTEROL AND OBESITY THESE SCREENINGS PROVIDED A MEANS FOR DETECTING POTENTIALLY SERIOUS HEALTH PROBLEMS IN THEIR EARLIEST STAGES, WHEN TREATMENT IS USUALLY MORE SUCCESSFUL, RESULTING IN LOWER MORBIDITY OR MORTALITY ADDITIONALLY, MIDMICHIGAN MEDICAL CENTER - MIDLAND PROVIDED DIABETES EDUCATION TO 170 PEOPLE AND HAD 373 BREASTFEEDING EDUCATION AND SUPPORT CONTACTS HEALTH FAIRS REACHED OUT TO ENCOURAGE AND TEACH CHILDREN ABOUT REGULAR EXERCISE, GOOD NUTRITION AND MAINTAINING A HEALTHY WEIGHT MIDMICHIGAN HEALTH COLLABORATED WITH SCHOOLS WITH MANY OF THESE PROGRAMS TRAUMA PREVENTION ACTIVITIES IN LINE WITH OUR TRAUMA II CERTIFICATION WERE PROVIDED, INCLUDING 133 BIKE HELMET FITTINGS FOR CHILDREN, 522 THINK FIRST PARTICIPANTS AND FALL PREVENTION/INJURY PREVENTION TRAINING FOR 6 PEOPLE MIDMICHIGAN HEALTH COMMUNITY HEALTH STAFF CONTINUED TO MAKE A CONCENTRATED EFFORT THIS FISCAL YEAR TO CONNECT PEOPLE TO PHYSICIANS AND NEEDED HEALTH SERVICES CONTACT INFORMATION FOR SERVICES WERE TAKEN TO EACH SCREENING AND COMMUNITY OUTREACH EVENT AND PROVIDED AT THE TIME OF PHYSICIAN APPOINTMENTS, WHEN SCHEDULING APPOINTMENTS OR INQUIRING ABOUT AN APPOINTMENT AT A COMMUNITY EVENT A TOTAL OF 6,830 INDIVIDUALS WERE PROVIDED GUIDANCE OR REFERRALS TO COMMUNITY SERVICES AND PUBLIC ASSISTANCE PROGRAMS, AND 13 INDIVIDUALS WERE ASSISTED WITH ENROLLMENT IN PUBLIC, MEDICAL PROGRAMS THE MIDMICHIGAN HEALTH PHYSICIAN DIRECTORY HAS INFO ABOUT MIDMICHIGAN ACCESS LINE, AND PHYSICIAN LIAISONS TO PROVIDE INFORMATION TO OFFICES RE MIDMICHIGAN ACCESS LINE TO HELP THEM DETERMINE IF A PROGRAM OR SERVICE IS AVAILABLE LOCALLY, OR TO TRANSFER THEM TO A PHYSICIAN OFFICE OR DEPARTMENT FOR REFERRALS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	MICHIGAN

Additional Data**Software ID:****Software Version:****EIN:** 38-0833014**Name:** MIDMICHIGAN MEDICAL CENTER - MIDLAND**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MIDMICHIGAN MEDICAL CENTER - MIDLAND 4000 WELLNESS DR MIDLAND, MI 48670 WWW.MIDMICHIGAN.ORG 1060000089	X	X		X			X			

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

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

Form and Line Reference	Explanation
MIDMICHIGAN MEDICAL CENTER - MIDLAND	PART V, SECTION B, LINE 5 MIDMICHIGAN MEDICAL CENTER-MIDLAND'S COMMUNITY EDUCATION COORDINATOR IS A MEMBER OF THE COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT COMMITTEE THIS COMMITTEE IS A SUBCOMMITTEE OF MIDLAND'S HEALTH AND HUMAN SERVICE COUNCIL OTHER ORGANIZATIONS WHO PARTICIPATE IN THIS COMMITTEE INCLUDE THE DOW CHEMICAL COMPANY, MIDLAND SENIOR SERVICES, COUNCIL ON AGING, COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN, AND THE 1016 RECOVERY NETWORK THE COMMITTEE IS RESPONSIBLE FOR DEVELOPING AND EVALUATING ASSESSMENTS OF COMMUNITY NEED AND DEVELOPING PLANS TO MEET THOSE NEEDS ADDITIONALLY, MIDMICHIGAN MEDICAL CENTER-MIDLAND IS A PARTNER WITH MICHIGAN HEALTH INFORMATION ALLIANCE, INC , OR MIHIA, WHICH IS A FORMAL, MULTI-STAKEHOLDER, COMMUNITY COLLABORATION WORKING TO ACHIEVE A COMMUNITY HEALTH EXCELLENCE FOR THE 14-COUNTY REGION IT SERVES THIS INITIATIVE IS BASED ON A CORE BELIEF THAT SOLUTIONS TO OUR HEALTH AND HEALTH CARE PROBLEMS CAN BE FOUND AND DESIGNED AT A REGIONAL LEVEL, ACCELERATING REGIONAL COMPETITIVEADVANTAGE AND SUSTAINABILITY WE WORK WITH THE MIHIA DATA DASHBOARD AND THE DIRECTOR OF MIHIA, WHO ADVISES WITH DATA COLLECTION AND INTERPRETATION
MIDMICHIGAN MEDICAL CENTER - MIDLAND	PART V, SECTION B, LINE 11 I OBESITYGOAL ENCOURAGE HEALTHY WEIGHT AND PREVENT DISEASES ASSOCIATED WITH OBESITY 1 SUPPORT HEALTHY WEIGHT BEHAVIORS2 IMPLEMENT ACTIONS THAT PREVENT DEVELOPMENT OF DISEASE3 INCREASE AWARENESS ON THE IMPACT OF OBESITYII MENTAL HEALTHGOAL ENGAGE IN ACTIVE OUTREACH TO PROMOTE PREVENTION, PROVIDE EARLY INTERVENTION, AND INTEGRATE MENTAL HEALTH SERVICES 1 INCREASE AWARENESS2 IMPLEMENT SCREENINGS AND COURSE OF TREATMENT3 INCREASE AVAILABILITY OF SERVICESIII ACCESS TO CAREGOAL ENSURE MIDMICHIGAN HEALTH PROVIDES HEALTH CARE SERVICES THAT ARE TIMELY AND ACCESSIBLE 1 PROVIDE INFORMATION TO SUPPORT CARE ACCESS2 IMPROVE PROVIDER TO PATIENT COMMUNICATION3 CONTINUE PROJECTS TARGETED AT PREVENTABLE READMISSIONS FOR SELECTED DIAGNOSES4 INCREASE AVAILABILITY OF PROVIDERS AND SUPPORT WORKERSIV SUBSTANCE ABUSEGOAL PROVIDE COMPREHENSIVE SUBSTANCE USE ASSESSMENT, PREVENTION, TREATMENT, EDUCATION, AND SUPPORT 1 IMPLEMENT ACTIONS TO IDENTIFY AND TREAT SUBSTANCE USE2 ENGAGE THE COMMUNITY IN SUBSTANCE USE EDUCATION, PREVENTION, AND TREATMENT ACTIVITIESV LUNG DISEASEGOAL ENCOURAGE LUNG HEALTH AND PREVENT DEVELOPMENT OF LUNG DISEASE 1 IMPLEMENT A HEALTH SYSTEM WIDE APPROACH TO TOBACCO USE ASSESSMENT, PREVENTION, AND TREATMENT ACTIVITES2 REDUCE TOBACCO USE AND VAPING IN THE COMMUNITYVI COLORECTAL CANCERGOAL IMPROVE COLORECTAL CANCER SCREENING RATES 1 IMPLEMENT A MULTIDISCIPLINARY APPROACH TO COLORECTAL CANCER PREVENTION2 ENGAGE THE COMMUNITY IN COLORECTAL CANCER PREVENTION, EDUCATION, AND TREATMENT ACTIVITIES

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

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

Form and Line Reference	Explanation
MIDMICHIGAN MEDICAL CENTER - MIDLAND	PART V, SECTION B, LINE 13H PATIENTS RELIGIOUS BELIEFS PREVENTS HIM/HER FROM PARTICIPATING DIRECTLY WITH AN INSURANCE COMPANY
PART V, SECTION B, LINES 7A AND 10A	HTTPS //WWW MIDMICHIGAN ORG/ABOUT/COMMUNITY-BENEFITS/CHNA/

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINES 16A, 16B, AND 16C	WWW MIDMICHIGAN ORG/PATIENTS-VISITORS/BILLING-INSURANCE/PATIENT-NOTICE-OF-FINANCIAL-AID/

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - RIECKER SURGERY CENTER 4400 WELLNESS DR MIDLAND, MI 48640	AMBULATORY SURGERY
1 2 - MIDMICHIGAN MED OFFICE - CAMPUS RIDGE I 4401 CAMPUS RIDGE DR MIDLAND, MI 48640	REHABILITATION SERVICES & LABORATORY
2 3 - CENTER FOR WOMEN'S HEALTH 2600 MCCANDLESS DR MIDLAND, MI 48640	MAMMOGRAPHY, BONE DENSITY, ULTRASOUND
3 4 - MPG CARDIOLOGY 301 W WACKERLY MIDLAND, MI 48640	CARDIOLOGY DIAGNOSTIC SERVICES
4 5 - MIDMICHIGAN MED OFFICE - CAMPUS RIDGE II 4500 CAMPUS RIDGE DR MIDLAND, MI 48640	INFUSION CENTER
5 6 - MIDMICHIGAN MED OFFICE - FREELAND 5694 MIDLAND RD FREELAND, MI 48623	REHABILITATION SERVICES, LAB, RADIOLOGY
6 7 - MIDMICHIGAN MED OFFICE - MIDLAND 4009 ORCHARD DR MIDLAND, MI 48640	PHYSICIAN OFFICE & LABORATORY
7 8 - MIDMICHIGAN MED OFFICE - EAST END 715 E MAIN ST SUITE 100 MIDLAND, MI 48640	LABORATORY
8 9 - MIDMICHIGAN MED OFFICE - SANFORD 40 W SAGINAW RD SANFORD, MI 48657	LABORATORY
9 10 - MIDLAND PROFESSIONAL SUITES 555 W WACKERLY ST MIDLAND, MI 48640	REHABILITATION SERVICES, LAB, RADIOLOGY
10 11 - LONGVIEW PEDIATRIC CENTER OF MIDMICHIGAN 337 LEMKE ST MIDLAND, MI 48642	REHABILITATION SERVICES
11 12 - MIDMICHIGAN MED OFFICE - AUBURN 929 W MIDLAND RD AUBURN, MI 48611	LABORATORY
12 13 - ORTHOPEDIC CLINIC BUILDING 7101 W WACKERLY ST MIDLAND, MI 48642	REHABILITATION SERVICES
13 14 - GASTROENTEROLOGYHEPATOLOGY ASSOCIATES 4230 BAY CITY RD MIDLAND, MI 48642	LABORATORY

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number

38-0833014

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE HOSPITAL-ADMINISTERED SCHOLARSHIP PROGRAM REQUIRES APPLICANTS TO SUBMIT ANNUAL COPIES OF THEIR ACCREDITED CLINICAL HEALTH CARE PROGRAM ACCEPTANCE LETTERS AND MOST RECENT SEMESTER TRANSCRIPT SCHOLARSHIP AWARDS ARE NOT GIVEN TO THE RECIPIENTS, BUT SENT DIRECTLY TO THEIR RESPECTIVE SCHOOLS

Additional Data

Software ID:
Software Version:
EIN: 38-0833014
Name: MIDMICHIGAN MEDICAL CENTER - MIDLAND

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - ALMA COLLEGE	1	400		N/A	N/A
				N/A	N/A
SCHOLARSHIPS - ASPEN UNIVERSITY	10	7,000		N/A	N/A
SCHOLARSHIPS - BALDWIN WALLACE UNIVERSITY	1	1,250		N/A	N/A
				N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				N/A	N/A
SCHOLARSHIPS - CENTRAL MICHIGAN UNIVERSITY	11	18,500		N/A	N/A
SCHOLARSHIPS - CHAMBERLAIN COLLEGE	1	350		N/A	N/A
SCHOLARSHIPS - CHAMBERLAIN UNIVERSITY	3	2,200		N/A	N/A
SCHOLARSHIPS - FINLANDIA UNIVERSITY	1	200		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - COLORADO TECHNICAL UNIVERSITY	1	1,400		N/A	N/A
SCHOLARSHIPS - DAVENPORT UNIVERSITY	13	14,900		N/A	N/A
SCHOLARSHIPS - DELTA COLLEGE	3	1,850		N/A	N/A
SCHOLARSHIPS - EASTERN MICHIGAN UNIVERSITY	13	16,200		N/A	N/A
SCHOLARSHIPS - FERRIS STATE UNIVERSITY	20	25,500		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - GRAND VALLEY STATE UNIVERSITY	5	5,750		N/A	N/A
SCHOLARSHIPS - INDIANA STATE UNIVERSITY	1	400		N/A	N/A
SCHOLARSHIPS - HARVARD MEDICAL SCHOOL	1	3,500		N/A	N/A
SCHOLARSHIPS - LOYOLA UNIVERSITY CHICAGO	1	1,400		N/A	N/A
SCHOLARSHIPS - INDIANA UNIVERSITY	1	1,500		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - INDIANA STATE UNIVERSITY	1	1,400		N/A	N/A
SCHOLARSHIPS - MICHIGAN STATE UNIVERSITY	4	11,000		N/A	N/A
MICHIGAN TECHNOLOGICAL COLLEGE	1	1,000		N/A	N/A
SCHOLARSHIPS - MID MICHIGAN COMMUNITY COLLEGE	4	2,000		N/A	N/A
SCHOLARSHIPS - LIBERTY UNIVERSITY	1	750		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - MIDWESTERN UNIVERSITY	1	2,000		N/A	N/A
SCHOLARSHIPS - NORTHERN MICHIGAN UNIVERSITY	2	2,800		N/A	N/A
SCHOLARSHIPS - ROSALIND FRANKLIN UNIVERSITY	1	1,250		N/A	N/A
SCHOLARSHIPS - SAGINAW VALLEY STATE UNIVERSITY	26	24,300		N/A	N/A
SCHOLARSHIPS - ROSS UNIVERSITY SCHOOL	1	3,500		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - SALUS UNIVERSITY	1	1,250		N/A	N/A
SCHOLARSHIPS - SOUTH DAKOTA STATE UNIVERSITY	1	2,000		N/A	N/A
SCHOLARSHIPS - YORK COLLEGE SCHOOL OF	1	1,500		N/A	N/A
SCHOLARSHIPS - TULANE UNIVERSITY	1	3,500		N/A	N/A
SCHOLARSHIPS - UNIVERSITY OF CINCINNATI	2	3,800		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - UNIVERSITY OF MICHIGAN	8	7,250		N/A	N/A
SCHOLARSHIPS - UNIVERSITY OF TEXAS	2	1,900		N/A	N/A
SCHOLARSHIPS - UNIVERSITY OF WISCONSIN	1	1,500		N/A	N/A
SCHOLARSHIPS - UNIVERSITY OF WEST GEORGIA	2	1,500		N/A	N/A
SCHOLARSHIPS - WALDEN UNIVERSITY	3	1,500		N/A	N/A

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS - WAYNE STATE UNIVERSITY	5	11,000		N/A	N/A
SCHOLARSHIPS - WESTERN GOVENORS UNIVERSITY	7	3,600		N/A	N/A
SCHOLARSHIPS - WESTERN MICHIGAN UNIVERSITY	2	4,500		N/A	N/A

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.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number
38-0833014

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>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 in line 1a?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a No	5b No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a No	6b No								
<p>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</p>	7 Yes									
<p>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</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING PERSONS LISTED IN PART VII, SECTION A, RECEIVED PAYMENT OF THE COUNTRY CLUB DUES. MIDMICHIGAN MEDICAL CENTER - MIDLAND HAS TAKEN A CONSERVATIVE POSTURE WITH RESPECT TO ALL PERQUISITES AND ALL PERQUISITES MUST BE JUSTIFIED BY BUSINESS NEED. AMOUNTS RELATED TO THE NON-BUSINESS PORTION OF THE PAYMENT ARE TREATED AS TAXABLE INCOME. ERICKSON, MICHAEL VP NOLD, DIANE VP THE ORGANIZATION ONLY REIMBURSES THE MONTHLY SOCIAL MEMBERSHIP (NO INITIATION DUES) OF LESS THAN \$150 PER MONTH.

Return Reference	Explanation
PART I, LINE 4B	ROGERS, PADGETT, RAPP, POSTLER-SLATTERY, NOLD, ERICKSON, AND PENNEY ARE PARTICIPANTS IN A 457(F) PLAN RAPP RECEIVED A PAYMENT IN 2018 THE SERP IS UNFUNDED AND BEGAN ON JANUARY 1, 2009 THE CURRENT PARTICIPANTS OF THE PLAN ARE THOSE WHO HOLD A CORPORATE OFFICE OF VICE PRESIDENT OR ABOVE EACH PARTICIPANT'S ANNUAL AWARD IS A BENEFIT RESTORATION AMOUNT THAT PROVIDES THE ADDITIONAL BENEFITS THAT THE PARTICIPANT DID NOT EARN UNDER THE PENSION PLAN AND 403(B) PLAN DURING A PLAN YEAR BECAUSE OF THE STATUTORY LIMITS A PARTICIPANT'S ACCOUNT SHALL BE 100% VESTED IF THE PARTICIPANT IS EMPLOYED BY MIDMICHIGAN HEALTH ON THE DATE THE FIRST OF THE FOLLOWING VESTING EVENTS OCCUR ATTAINMENT OF NORMAL RETIREMENT AGE, DEATH, TERMINATION OF EMPLOYMENT BECAUSE OF TOTAL DISABILITY, OR, ON THE THREE-YEAR ANNIVERSARY OF THEIR PARTICIPATION DATE

Return Reference	Explanation
PART I, LINE 7	MIDMICHIGAN HEALTH'S COMPENSATION INCLUDES BOTH BASE AND VARIABLE COMPENSATION (NONFIXED PAYMENTS) IN ACCORDANCE WITH ITS POLICIES, ALL ELEMENTS (BASE, VARIABLE, BENEFITS, AND PERQUISITES) ARE COMPARED TO MARKET AND ARE DETERMINED BY THE INDEPENDENT COMPENSATION COMMITTEE AFTER A REVIEW BY AN INDEPENDENT CONSULTANT, SULLIVAN COTTER, TO ENSURE THAT TOTAL COMPENSATION REMAINS WITHIN ACCEPTABLE GUIDELINES (60% OF MEDIAN) THE COMPENSATION COMMITTEE, WHO IS AUTHORIZED TO ACT ON BEHALF OF THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS, APPROVED COMPENSATION FOR THE MIDMICHIGAN HEALTH CEO, SENIOR EXECUTIVES AND PHYSICIANS SULLIVAN COTTER ISSUED ITS COMPREHENSIVE ASSESSMENT IN MAY 2019 AN INDEPENDENT ASSESSMENT IS COMPLETED EVERY 3-5 YEARS THE COMPENSATION COMMITTEE REVIEWED THE RESULTS IN MAY 2019 PRIOR TO AWARDING ANY ANNUAL COMPENSATION ADJUSTMENTS IN ADDITION, AS A PART OF THE PHYSICIAN ENTERPRISE ENGAGEMENT, KAUFMAN HALL ISSUED A SAFE HARBOR LETTER THAT WAS REVIEWED AT THE MAY 2018 COMPENSATION COMMITTEE MEETING

Return Reference	Explanation
PART III	MIDMICHIGAN HEALTH'S COMPENSATION COMMITTEE CHARTER IS APPROVED ANNUALLY BY THE COMMITTEE AND BOARD AS WERE THE EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY MIDMICHIGAN HEALTH ALSO CONTINUES TO UTILIZE AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST WITH THE GOVERNANCE PROCESS AND TO REVIEW AND REPORT ON ALL SYSTEM LEVEL EXECUTIVES, HOSPITAL LEVEL EXECUTIVES AND SELECTED OTHER EXECUTIVES MIDMICHIGAN HEALTH HAS TAKEN A CONSERVATIVE POSTURE WITH RESPECT TO ALL PERQUISITES AND ALL PERQUISITES MUST BE JUSTIFIED BY BUSINESS NEED MIDMICHIGAN HEALTH TARGETS THE BASE SALARY OF ITS EXECUTIVES WITHIN A MARKET COMPETITIVE SALARY RANGE WITH A MIDPOINT APPROXIMATELY EQUAL TO THE 50TH PERCENTILE OF THE BASE SALARY MARKET DATA MARKET DATA IS OBTAINED NATIONALLY FROM HEALTH SYSTEMS, HOSPITALS AND ORGANIZATIONS OF COMPARABLE SIZE BY SULLIVAN COTTER, AN INDEPENDENT CONSULTANT NET OPERATING REVENUE IS THE CRITICAL FACTOR UTILIZED TO DETERMINE COMPARABILITY



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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number

38-0833014

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY 2011D	80-0596186		06-09-2011	12,763,800	CAPITAL PROJECTS		X		X	X	
B MICHIGAN FINANCE AUTHORITY 2014	80-0596186	59447P5V9	12-18-2014	140,555,140	REFUNDING '06 AND '09		X		X		X
C MICHIGAN FINANCE AUTHORITY 2016	80-0596186		12-15-2016	30,000,000	CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,932,980		5,169,173		5,000,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	12,763,800		140,550,140		30,000,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			139,294,806					
7	Issuance costs from proceeds	26,670		1,255,334		200,000			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2014		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2B	MICHIGAN FINANCE AUTHORITY 2011D THIS BOND ISSUE IS A TRANSACTION WITH NO INVESTMENT OF PROCEEDS, THEREFORE, NO ARBITRAGE REBATE CALCULATION IS REQUIRED

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2018
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Department of the Treasury

Name of the organization

MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number

38-0833014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION IS MIDMICHIGAN HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF MIDMICHIGAN HEALTH, THE ORGANIZATION'S SOLE CORPORATE MEMBER, ELECTS THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING RIGHTS AND RESPONSIBILITIES ARE RESERVED TO THE SOLE MEMBER A) APPROVE ANY CHANGE IN THE PURPOSES OF THE CORPORATION, B) APPROVE CHANGES IN THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS, C) APPROVE PLANS OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION OR THE CREATION BY THE CORPORATION OF ANY CONTROLLED CORPORATION OR ENTITY, D) APPROVE ANY PROPOSED SALE, TRANSFER, LEASE, PLEDGE, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, OR THE PROPOSED SALE, TRANSFER, LEASE, PLEDGE OR ENCUMBRANCE OF ANY ASSET OR ASSETS OF THE CORPORATION OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, E) APPROVE THE CORPORATION'S BUDGET AND ANY CAPITAL EXPENDITURES OF THE CORPORATION IN EXCESS OF ANY AMOUNT DESIGNATED FROM TIME TO TIME BY THE SOLE MEMBER, F) APPROVE THE GUARANTEE BY THE CORPORATION OF THE DEBT OF OTHERS, AND G) APPROVE THE INCURRENCE BY THE CORPORATION OF ANY DEBT OR LEASE OBLIGATION IN AN AMOUNT IN EXCESS OF AN AMOUNT DESIGNATED FROM TIME TO TIME BY THE SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE STAFF AT EACH SUBSIDIARY UPLOADS INFORMATION INTO THE SOFTWARE WHICH IS THEN REVIEWED BY THE CORPORATE CONTROLLER AT MIDMICHIGAN HEALTH, THE SOLE MEMBER OF THIS CORPORATION THE CORPORATE CONTROLLER REQUESTS ADDITIONAL INFORMATION AND OBTAINS CLARIFICATION A FINAL REVIEW IS THEN DONE BY THE SVP AND TREASURER IN ADDITION, ALL COMPENSATION DISCLOSURES ARE REVIEWED WITH THE MIDMICHIGAN HEALTH CEO PRIOR TO FILING THE FORM 990 PART VII AND SCHEDULE J COMPENSATION INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE PRIOR TO FILING FORM 990, INCLUDING ALL SCHEDULES, IS MADE AVAILABLE TO THIS ORGANIZATION'S BOARD OF DIRECTORS IN A SECURE ELECTRONIC FORMAT WITH A SUMMARY OF ALL THE MAJOR CHANGES FROM THE PRIOR YEAR RETURN QUESTIONS OR CONCERNS ARE ADDRESSED BY THE SVP AND TREASURER THE QUESTIONS OR CONCERNS OF THESE REVIEWS ARE PRESENTED TO THE MIDMICHIGAN HEALTH BOARD OF DIRECTORS AND THIS ORGANIZATION'S BOARD OF DIRECTORS, IF ANY ARE IDENTIFIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES EACH DIRECTOR, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE OF THE BOARD ANNUALLY 1) TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY (THE "POLICY"), 2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIP THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, AND 3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY THE COMPLETED FORMS ARE REVIEWED BY THE MIDMICHIGAN HEALTH SECRETARY AND FILED FOR REFERENCE AS NEEDED A LISTING OF ANY CONFLICTS ARE PROVIDED TO THE BOARD CHAIR, VICE CHAIR, AND PRESIDENT OF THE ORGANIZATION VOTING BOARD MEMBERS WITH CONFLICTS ON SPECIFIC ISSUES MAY BE ASKED TO LEAVE THE MEETING DURING DISCUSSIONS AND AT A MINIMUM ARE REQUIRED TO ABSTAIN FROM VOTING ON ANY ISSUE IN WHICH THEY ARE NOT INDEPENDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL THE CEO, PRESIDENTS, AND OPERATING OFFICERS COMPENSATION IS ANNUALLY APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF MIDMICHIGAN HEALTH THE COMPENSATION IS THEN REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS (OR SUBCOMMITTEE THEREOF) COMPENSATION PROCESS FOR OFFICERS ALL OFFICER AND KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE FOR ADHERENCE TO CORPORATE POLICIES FOR DETAILED INFORMATION ON COMPENSATION, PLEASE SEE SCHEDULE J

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B, LINE 1	INDEPENDENT CONTRACTORS FOR ALL RELATED ORGANIZATIONS ARE COMPENSATED BY MIDMICHIGAN HEALTH, 38-2459948, THE SOLE MEMBER OF THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 4	NO DIRECTORS RECEIVE PAY FOR THE PURPOSE OF SERVING ON THE BOARD IN 2018 THEY ARE CONSIDERED TO WORK AN AVERAGE OF 2 HOURS A WEEK ON BOARD-RELATED MATTERS ALL INDIVIDUALS WITH REPORTABLE COMPENSATION ARE PAID BY EITHER THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION FOR SERVICES RELATED TO A FULL-TIME POSITION THOSE PERSONS ARE ESTIMATED TO WORK AN AVERAGE OF 50 HOURS A WEEK RELATED TO THEIR FULL-TIME POSITION OFFICERS PAID BY A RELATED ORGANIZATION ARE EMPLOYEES OF MIDMICHIGAN HEALTH, THE SOLE MEMBER OF THE CORPORATION MIDMICHIGAN HEALTH PROVIDES MANAGERIAL ASSISTANCE TO ITS VARIOUS SUBSIDIARIES AND HOURS OF SERVICES ARE NOT TRACKED BY SUBSIDIARY THEREFORE THE FULL-TIME SERVICE TO ALL SUBSIDIARIES OF 50 HOURS PER WEEK IS LISTED FOR THOSE OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICE FEES - PROGRAM SERVICES \$12,643,440 QAAP FEES - PROGRAM SERVICES \$11,505 ,553 CONSULTING FEES - PROGRAM SERVICES \$73,730 MGMT & GEN \$7,348,762 OTHER PROFESSIONAL F EES PROGRAM SERVICES \$1,597,590 MGMT & GEN \$2,527,589 FUNDRAISING \$1,065

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER OF CAPITAL TO TAX EXEMPT ORGANIZATION -20,618,990 ADJUSTMENT TO RECORD FAS 158 LIABILITY 601,016 BOOK TAX DIFFERENCE FROM K-1 -524,299

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDMICHIGAN MEDICAL CENTER - MIDLAND

Employer identification number

38-0833014

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MIDMICHIGAN HEALTH PAIN MANAGEMENT 2463 SOUTH M-30 WEST BRANCH, MI 48661 83-4186622	HEALTHCARE PAIN MANAGEMENT	MI	N/A									

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-0833014
Name: MIDMICHIGAN MEDICAL CENTER - MIDLAND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4000 WELLNESS DR MIDLAND, MI 48670 38-2459948	SUPPORT	MI	501(C)(3)	LINE 12A, I	N/A		No
300 E WARWICK DR ALMA, MI 48801 38-1437919	HOSPITAL	MI	501(C)(3)	LINE 3	MIDMICHIGAN HEALTH	Yes	
703 N MCEWAN ST CLARE, MI 48617 38-1518643	HOSPITAL	MI	501(C)(3)	LINE 3	MIDMICHIGAN HEALTH	Yes	
515 QUARTER ST GLADWIN, MI 48624 38-6020434	HOSPITAL	MI	501(C)(3)	LINE 3	MIDMICHIGAN HEALTH	Yes	
1501 W CHISHOLM ST ALPENA, MI 49707 38-6000029	HOSPITAL	MI	501(C)(3)	LINE 3	MIDMICHIGAN HEALTH	Yes	
3007 N SAGINAW RD MIDLAND, MI 48640 38-1459397	HOME CARE	MI	501(C)(3)	LINE 10	MIDMICHIGAN HEALTH	Yes	
2620 W SUGNET RD MIDLAND, MI 48640 38-3317788	MEDICAL OFFICE	MI	501(C)(3)	LINE 12A, I	MIDMICHIGAN HEALTH	Yes	
4000 WELLNESS DR MIDLAND, MI 48670 38-2459947	OPERATIONS	MI	501(C)(2)		MIDMICHIGAN HEALTH	Yes	
4000 WELLNESS DR MIDLAND, MI 48670 06-1723993	SUPPORT	MI	501(C)(3)	LINE 12A, I	N/A		No
4000 WELLNESS DR MIDLAND, MI 48670 81-2813405	FOUNDATION	MI	501(C)(3)	LINE 12A, I	MIDMICHIGAN HEALTH	Yes	
2463 S M-30 WEST BRANCH, MI 48661 46-4088182	HOSPITAL	MI	501(C)(3)	LINE 3	MIDMICHIGAN HEALTH	Yes	
335 E HOUGHTON AVE WEST BRANCH, MI 48661 38-3067917	FUNDRAISING	MI	501(C)(3)	LINE 12A, I	MIDMICHIGAN HEALTH	Yes	
322 W HOUGHTON AVE WEST BRANCH, MI 48661 38-2424475	HOSPICE CARE	MI	501(C)(3)	LINE 10	MIDMICHIGAN HEALTH	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MIDMICHIGAN PHYSICIANS GROUP	B	18,856,703	COST
(1)	MIDMICHIGAN HEALTH DEVELOPMENT ASSOCIATES	B	1,900,000	COST
(2)	MIDMICHIGAN HEALTH FOUNDATION	C	1,194,078	COST
(3)	MIDMICHIGAN MEDICAL CENTER - GRATIOT	A	76,776	COST
(4)	MIDMICHIGAN HEALTH DEVELOPMENT ASSOCIATES	K	1,719,489	COST
(5)	MIDMICHIGAN HEALTH	P	33,018,201	COST
(6)	MIDMICHIGAN PHYSICIANS GROUP	P	6,085,267	COST
(7)	MIDMICHIGAN MEDICAL CENTER - CLARE	Q	1,550,307	COST
(8)	MIDMICHIGAN MEDICAL CENTER - GLADWIN	Q	989,961	COST
(9)	MIDMICHIGAN PHYSICIANS GROUP	Q	509,674	COST
(10)	MIDMICHIGAN MEDICAL CENTER - GRATIOT	Q	3,018,289	COST
(11)	MIDMICHIGAN MEDICAL CENTER - ALPENA	Q	476,576	COST
(12)	MIDMICHIGAN PHYSICIANS GROUP	S	2,031,540	COST
(13)	MIDMICHIGAN MEDICAL CENTER - GRATIOT	S	55,617	COST