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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Munster Medical Research Foundation Inc

Doing Business As
Community Hospital

Number and street (or P O box if mail is not delivered to street address) | Room/suite
901 MacArthur Boulevard

City or town, state or country, and ZIP + 4
Munster, IN 46321

D Employer identification number
35-1107009

E Telephone number
(219) 836-1600

G Gross receipts $ 366,050,152

F Name and address of Principal Officer
Donald P Fesko
401 MacArthur Blvd
Munster, IN 46321

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www comhs org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1964

M State of legal domicile IN

Part I Summary

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

Provide the highest quality care in the most cost-efficient manner, respecting the dignity of the individual, providing for the well being of the community and serving the needs of all people

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	3,390
6	Total number of volunteers (estimate if necessary)	6	170
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,871,167
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-233,482

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	769,998	317,326
9	Program service revenue (Part VIII, line 2g)	328,282,584	356,256,486
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	700,983	1,592,058
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,606,182	6,725,126
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,359,747	364,890,996
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	80,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	159,254,009	169,361,058
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	153,983,100	166,339,958
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	313,317,109	335,701,016
19	Revenue less expenses Subtract line 18 from line 12	24,042,638	29,189,980

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	194,443,556	255,838,222
21	Total liabilities (Part X, line 26)	63,336,580	97,883,167
22	Net assets or fund balances Subtract line 21 from line 20	131,106,976	157,955,055

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

Please Sign Here

Signature of officer — Date: 2010-05-13

Luis Molina CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
5451 LAKEVIEW PKWY S DR
INDIANAPOLIS, IN 46268

EIN ▶

Phone no ▶ (317) 280-3400

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Community Hospital is committed to provide the highest quality care in the most cost-efficient manner, respecting the dignity of the individual, providing for the well being of the community and serving the needs of all people, including the poor and disadvantaged

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 43,194,074 including grants of $) (Revenue $ 48,273,581)

NURSING PATIENT DAYS 108,977 (CONTINUED ON SCHEDULE O)

4b (Code) (Expenses $ 49,028,239 including grants of $) (Revenue $ 129,240,409)

Surgery Operations 17,007

4c (Code) (Expenses $ 30,974,468 including grants of $) (Revenue $ 68,140,726)

Cardiology Procedures 62,885

(Code) (Expenses $ 317,828 including grants of $) (Revenue $)

Audiology

(Code) (Expenses $ 4,991,195 including grants of $) (Revenue $)

Central Sterilization

(Code) (Expenses $ 2,344,245 including grants of $) (Revenue $)

Central Supply

(Code) (Expenses $ 3,134,341 including grants of $) (Revenue $)

CVU

(Code) (Expenses $ 8,079,442 including grants of $) (Revenue $)

Dietary

(Code) (Expenses $ 288,637 including grants of $) (Revenue $)

EEG

(Code) (Expenses $ 10,093,141 including grants of $) (Revenue $)

Emergency Room

(Code) (Expenses $ 507,489 including grants of $) (Revenue $)

Medically Based Fitness Center

(Code) (Expenses $ 7,160,218 including grants of $) (Revenue $)

Health Information Management

(Code) (Expenses $ 3,702,036 including grants of $) (Revenue $)

Home Health

(Code) (Expenses $ 5,779,277 including grants of $) (Revenue $)

ICU/CCU

(Code) (Expenses $ 15,068,156 including grants of $) (Revenue $)

IMCU

(Code) (Expenses $ 18,634,783 including grants of $) (Revenue $)

Laboratory

(Code) (Expenses $ 1,661,456 including grants of $) (Revenue $)

Medical Staff

(Code) (Expenses $ 4,071,193 including grants of $) (Revenue $)

Neonatology

(Code) (Expenses $ 2,704,836 including grants of $) (Revenue $)

Noninvasive Cardiology

(Code) (Expenses $ 2,229,222 including grants of $) (Revenue $)

Nuclear Medicine

(Code) (Expenses $ 281 including grants of $) (Revenue $)

Occupational Health

(Code) (Expenses $ 2,243,294 including grants of $) (Revenue $)

Occupational Therapy

(Code) (Expenses $ 9,021,992 including grants of $) (Revenue $)

Outpatient

(Code) (Expenses $ 6,105,036 including grants of $) (Revenue $)

Patient Financial and Registration Services

(Code) (Expenses $ 9,180,810 including grants of $) (Revenue $)

Physical Therapy

(Code) (Expenses $ 16,809,436 including grants of $) (Revenue $)

Physician Offices

(Code) (Expenses $ 13,252,395 including grants of $) (Revenue $)

Radiology

(Code) (Expenses $ 4,783,836 including grants of $) (Revenue $)

Respiratory Therapy

(Code) (Expenses $ 906,871 including grants of $) (Revenue $)

Social Services

(Code) (Expenses $ 722,876 including grants of $) (Revenue $)

Speech Therapy

(Code) (Expenses $ 80,000 including grants of $) (Revenue $)

grants and allocations

(Code) (Expenses $ 26,707,253 including grants of $) (Revenue $)

Pharmacy

(Code) (Expenses $ 651,337 including grants of $) (Revenue $)

Public Relations

(Code) (Expenses $ 1,924,326 including grants of $) (Revenue $)

Security

(Code) (Expenses $ 5,307,173 including grants of $) (Revenue $)

Oncology

(Code) (Expenses $ 531,880 including grants of $) (Revenue $)

Cancer

4d Other program services (Describe in Schedule O)
(Expenses $ 188,996,291 including grants of $ 80,000) (Revenue $ 115,596,017)

4e Total program service expenses $ 312,193,072 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	229		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,390		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 22		
b	Enter the number of voting members that are independent . .	1b 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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE COMMUNITY HOSPITAL
901 MACARTHUR BLVD
Munster,IN 463212959
(219) 852-6432

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								3,840,798	1,559,526	224,576

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 106

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Rehabcare Group Inc PO Box 502096 ST LOUIS, MO 63150	Rehab Care Services	3,784,766
patients first emergency medicine po box 246 LOWELL, IN 46356	professional fees	597,532
TRC PO Box 403008 ATLANTA, GA 30384	Acute Dialysis	590,151
mayo collaborative services PO Box 9146 MINNEAPOLIS, MN 55480	laboratory services	696,961
St Margaret Mercy Healthcare 5454 Hohman Avenue HAMMOND, IN 46320	Laundry Services	1,228,640

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 30

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 91,121				
	e	Government grants (contributions) 1e 45,465				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 180,740				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	317,326			
Program Service Revenue		Business Code				
	2a	CARDIOLOGY	621,990	68,140,726	68,140,726	
	b	CHRGBLE SUPPLIES	621,990	3,650,340	3,650,340	
	c	CVU	621,990	3,151,203	3,151,203	
	d	EEG	621,990	3,972,577	3,972,577	
	e	EMERGENCY ROOM	621,990	46,254,875	46,254,875	
	f	All other program service revenue		231,086,765	231,086,765	
	g	**Total. Add lines 2a-2f** ▶ $ 356,256,486				
	3	Investment income (including dividends, interest other similar amounts) ▶	2,023,416			2,023,416
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 239,729				
	b	Less rental expenses 176,827				
	c	Rental income or (loss) 62,902				
	d	Net rental income or (loss) ▶	62,902			62,902
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 550,971				
	b	Less cost or other basis and sales expenses 982,329				
	c	Gain or (loss) -431,358				
	d	Net gain or (loss) ▶	-431,358			-431,358
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	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 ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA SALES 722,210	1,163,289			1,163,289
	b	LABORATORY 621,500	645,609		645,609	
	c	PHARMACY SALES 446,110	3,966,332	3,079,404	886,928	
	d	All other revenue _____	886,994	43,676	338,630	504,688
	e	**Total. Add lines 11a-11d** ▶ $ 6,662,224				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	364,890,996	359,379,566	1,871,167	3,322,937

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,647,088	1,543,409	103,679	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	134,880,529	126,403,307		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,935,143	7,435,785	499,358	
9	Other employee benefits	14,805,919	13,874,184	931,735	
10	Payroll taxes	10,092,379	9,457,266	635,113	
11	Fees for services (non-employees)				
a	Management	1,125,930	931,909	194,021	
b	Legal	393,449		393,449	
c	Accounting	24,000		24,000	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	18,349,404	15,154,648	3,194,756	
12	Advertising and promotion	630,408	474,204	156,204	
13	Office expenses	71,930,641	70,529,165	1,401,476	
14	Information technology	564,064	420,125	143,939	
15	Royalties . .	0			
16	Occupancy	677,049	631,457	45,592	
17	Travel	206,936	177,649	29,287	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	180,821	151,721	29,100	
20	Interest	739,881	700,185	39,696	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,338,222	17,236,558	1,101,664	
23	Insurance	3,391,159	3,251,202	139,957	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL FEES	2,266,821	2,195,226	71,595	
b	OTHER EXPENSES	1,669,950	869,431	800,519	
c	REPAIRS & MAINTENANCE	3,898,714	1,437,361	2,461,353	
d	LEASE & RENTALS	3,505,571	3,192,152	313,419	
e	UTILITIES	3,743,774	3,566,300	177,474	
f	All other expenses	34,703,164	32,559,828	2,143,336	
25	**Total functional expenses.** Add lines 1 through 24f	335,701,016	312,193,072	23,507,944	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		20,032,597	2	21,935,104
	3	Pledges and grants receivable, net		46,080	3	1,845
	4	Accounts receivable, net		47,742,684	4	49,799,463
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,723,314	8	6,334,278
	9	Prepaid expenses and deferred charges		2,283,351	9	4,206,525
	10a	Land, buildings, and equipment cost basis	10a 398,613,473			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 228,428,666	115,992,470	10c	170,184,807
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		2,390,261	13	2,494,366
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		232,799	15	881,834
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		194,443,556	16	255,838,222
Liabilities	17	Accounts payable and accrued expenses		38,846,820	17	37,794,370
	18	Grants payable			18	
	19	Deferred revenue			19	129,821
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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			24	
	25	Other liabilities *Complete Part X of Schedule D*		24,489,760	25	59,958,976
	26	**Total liabilities.** *Add lines 17 through 25*		63,336,580	26	97,883,167
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		130,308,874	27	157,535,566
	28	Temporarily restricted net assets		695,756	28	317,143
	29	Permanently restricted net assets		102,346	29	102,346
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		131,106,976	33	157,955,055
	34	Total liabilities and net assets/fund balances		194,443,556	34	255,838,222

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
Munster Medical Research Foundation Inc	35-1107009

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		17,817
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			17,817
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PT II-B LINE 1i LOBBYING RELATED TO WAGE INDEX

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	102,346				
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	102,346				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 %
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,940,035		1,940,035
b Buildings		273,240,806	145,029,919	128,210,887
c Leasehold improvements		1,138,228	386,828	751,400
d Equipment		112,287,043	77,333,738	34,953,305
e Other		10,007,361	5,678,181	4,329,180
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				170,184,807

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	881,834
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASES	1,730,034
DUE TO COMM SURGERY CENTER LLC	848,676
EST 3RD PARTY SETTLEMENTS	7,561,040
ASSET RETIREMENT OBLIGATION	308,388
DUE TO AFFILIATES	7,818,031
PENSION LIABILITY	41,692,807
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	59,958,976

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PT V, LINE 4 ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT THE NEEDS OF MMRF, INC PT X THE ADOPTION OF FIN 48 DID NOT MATERIALLY IMPACT THE FINANCIAL STATEMENTS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MUNSTER MEDICAL RESEARCH FOUNDATION INC 901 MACARATHUR MUNSTER,IN 46321	X						X		
ST JOHN OUTPATIENT CENTER 9660 WICKER AVE ST JOHN,IN 46373									OP ANC SRVCS AND PHY
COMMUNITY DIAGNOSTIC CENTER 10020 DONALD S POWERS DRIVE MUNSTER,IN 46321									OP ANCILLARY SERVICE
FITNESS POINTE 9550 CALUMET AVE MUNSTER,IN 46321									CARDIAC REHAB SERVIC
FAMILY CARE CENTER 8731 INDIANAPOLIS BLVD HIGHLAND,IN 46322									PHYSICIAN PRACTICE
COMMUNITY CARE CENTER FRO WOMEN 9100 COLUMBIA AVE MUNSTER,IN 46321									PHYSICIAN PRACTICE
COMMUNITY CARE NETWORK INTERNISTS 9122 COLUMBIA AVE MUNSTER,IN 46321									PHYSICIAN PRACTICE
HOEHN MEDICAL GROUP 505 W LINCOLN HWY SCHERERVILLE,IN 46375									PHYSICIAN PRACTICE
COMMUNITY CARE CENTER 800 MACARTHUR BLVD MUNSTER,IN 46321									PHYSICIAN PRACTICE
COMMUNITY HOSPITAL CARE NETWORK 1650 45TH STREET SUITE C MUNSTER,IN 46321									PHYSICIAN PRACTICE
COMMUNITY SPINE AND NEUROSURGERY INST 801 MACARTHUR BLVD SUITE 405 MUNSTER,IN 46321									PHYSICIAN PRACTICE
COMMUNITY CARDIOLOGY CENTER LLC 801 MACARTHUR BLVD MUNSTER,IN 46321									CARDIAC CATH LAB

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donald S Powers	(i)	0	0	0	18,400	8,464	0	
	(ii)	578,246	195,860	10,632			811,602	
Donald P Fesko	(i)	0	0	0	9,867	11,879	0	
	(ii)	304,580	78,614	31,497			436,437	
Luis Molina	(i)	227,629	47,590	54,037	3,653	4,300	337,209	
	(ii)	0	0	0			0	
mark levin md	(i)	1,054,601	0	27,637	12,475	10,688	1,105,401	
	(ii)	0	0	0			0	
David Nellans	(i)	139,645	34,492	61,427	13,931	9,317	258,812	
	(ii)	0	0	0			0	
Richard Berkowitz MD	(i)	435,589	10,000	28,511	18,400	10,277	502,777	
	(ii)	0	0	0			0	
Mark Feldner MD	(i)	286,058	140,000	82,264	18,400	11,218	537,940	
	(ii)	0	0	0			0	
Asim Mohiuddin DO	(i)	365,072	10,000	27,636	10,317	12,702	425,727	
	(ii)	0	0	0			0	
Dana Boskovich MD	(i)	365,073	10,000	27,233	8,686	3,885	414,877	
	(ii)	0	0	0			0	
Krishnarao Pinnamaneni MD	(i)	345,072	10,000	51,232	18,400	9,317	434,021	
	(ii)	0	0	0			0	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART I, LINE 1a THE ORGANIZATION PAYS HEALTH/SOCIAL CLUB DUES ON BEHALF OF CERTAIN OFFICERS, KEY EMPLOYEES AND THE FIVE HIGHEST PAID EMPLOYEES WHICH IS THEN TAXED AS A FRINGE BENEFIT TO THE INDIVIDUAL

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1107009
Name: Munster Medical Research Foundation Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donald S Powers	(I)	0	0	0			0	
	(II)	578,246	195,860	10,632	18,400	8,464	811,602	
Donald P Fesko	(I)	0	0	0			0	
	(II)	304,580	78,614	31,497	9,867	11,879	436,437	
Luis Molina	(I)	227,629	47,590	54,037	3,653	4,300	337,209	
	(II)	0	0	0			0	
mark levin md	(I)	1,054,601	0	27,637	12,475	10,688	1,105,401	
	(II)	0	0	0			0	
David Nellans	(I)	139,645	34,492	61,427	13,931	9,317	258,812	
	(II)	0	0	0			0	
Richard Berkowitz MD	(I)	435,589	10,000	28,511	18,400	10,277	502,777	
	(II)	0	0	0			0	
Mark Feldner MD	(I)	286,058	140,000	82,264	18,400	11,218	537,940	
	(II)	0	0	0			0	
Asim Mohiuddin DO	(I)	365,072	10,000	27,636	10,317	12,702	425,727	
	(II)	0	0	0			0	
Dana Boskovich MD	(I)	365,073	10,000	27,233	8,686	3,885	414,877	
	(II)	0	0	0			0	
Krishnarao Pinnamaneni MD	(I)	345,072	10,000	51,232	18,400	9,317	434,021	
	(II)	0	0	0			0	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
CARDIOSPECIALISTS GROUP LTD R	LITCHFIELD, MORE THAN 5%	143,688	INDEPENDENT CONTRACTOR		No
COMMUNITY CARDIOLOGY CENTER SN M	PRTNRSHP MORE THAN 5% OWN	6,204,228	INDEPENDENT CONTRACTOR		No
CARDIOLOGY ASSOCIATES NW IN	SN MAKAM, OFFICER OF	129,096	INDEPENDENT CONTRACTOR		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART III, LINE 4A The designated population that The Community Hospital is focusing on includes those individuals whose life-style behaviors put them at risk for disease and illness Our primary focus continues this year on two diseases that have been identified as health discrepancies in Lake County, Indiana - cancer and heart disease The incidence of these diseases in our region surpassed state and national averages, as well as Healthy People 2010 targets and therefore demanded our primary focus The Community Hospital has invested greatly in recent years in these treatment programs and in offering patients access to treatments not available elsewhere in the county The focus of our community benefits efforts are to use resources to reach beyond the treatment of these diseases to help educate, support and empower individuals to lower their risks I 2008-2009 ANNUAL PROGRESS REPORT A The Community Hospital Fitness Pointe The goal of Fitness Pointe is to provide opportunities for persons of Northwest Indiana to improve and maintain their healthy life-style habits, lowering their risks for heart disease, strokes, and diabetes The facility was developed to address findings of our 1995 health assessment that identified opportunities to improve the health status of our community The Community Hospital opened Fitness Pointe on November 1, 1998 The 73,191 sq ft facility houses the hospital's Outpatient Physical Therapy and Occupational Therapy, Outpatient Dietary Counseling, Cardiac Rehabilitation Phase III and Rehab Plus, and the Fitness Pointe departments Fitness Pointe programs address health education/wellness, and fitness-related content areas The community education offerings and the contributions of the hospital employees and medical staff are vital pieces in addressing the health disparities in Lake County, supporting a variety of disease prevention goals Many of the community education classes originally developed at Fitness Pointe are now also offered at the Community Hospital Outpatient Centre in St John, further expanding the scope of services Health Education/Wellness Services The community health assessment indicated Lake County residents have increased risk for heart disease and cancer compared to state and national statistics A variety of health education and wellness programs are offered to the community at little or no charge to improve knowledge and awareness of life-style related risks for these diseases Fitness Pointe provides a supportive environment for area residents to maintain healthy habits Research indicates certain individuals are at greater risk for life-style related diseases such as heart disease and diabetes based on physical measures Fitness Pointe screenings for these risks during mandatory fitness profiles are performed on all new program participants In a study in conjunction with Valparaiso University and the Heart Center at Community, Fitness Pointe identified 1,321 individuals at a significantly increased risk for diabetes and heart disease Of these individuals, 700 of them at the highest risk levels for heart disease and diabetes were invited to undergo additional screening for blood cholesterol, body mass index and blood pressure Some others at moderate to high risk were targeted, through additional screening and life-style modification, for intervention to reduce their risk of disease With 25% of white children and 33% of African American and Hispanic children being overweight according to 2001 statistics, Fitness Pointe has developed programs to help address this issue Teens Get Fit is an exercise and nutrition information program that targets 12-15 year olds, providing a setting to help modify poor health habits "Fit Trip" is a program that brings 1st-3rd grade students to Fitness Pointe for a 90 minute introduction and experience with different types of exercise combined with basic nutrition tips "Take 5 for Life" is a program developed for 5th graders to teach good health, nutrition and fitness habits within the school setting, as well as to encourage activity Based on the health needs and interests of those program attendees, programs were developed in the areas of women's health, nutrition and healthy cooking, relaxation, weight management, senior health, back and other orthopedic health issues, diabetes management, cancer awareness and prevention, heart disease risk factor awareness and screening, mental health, and smoking cessation A specialized fitness and nutrition program called Teens Get Fit geared toward nutritionally challenged or overweight 12-15-year-olds has been developed, as has a Wellness Resource Center that includes internet access, books, magazines and other informative resources Through the collaborative efforts of the Community Hospital's Wellness Services, Public Relations, Dietary Services, Therapy, Rehabilitation, Education Department, Nursing Services and others, a quarterly Community Education calendar called "Take Care!" is created The calendar is distributed to more than 75,000 households in the hospital's service area, and to community centers, physician officers, libraries and other public locations It features educational and support programs designed to improve the physical, mental, safety, nutritional and social well-being of the community

Identifier	Return Reference	Explanation
WELLNESS EDUCATION PROGRAM AREAS		1 Heart disease-related programming includes ongoing daily blood pressure screening by the exercise staff, blood pressure screening offered during periodic events, a comprehensive series about cholesterol that includes a screening and education on cholesterol management, smoking cessation class, a stroke awareness lecture, a presentation on new advanced genetic testing for heart disease, peripheral arterial disease screenings, and a class that helps individuals maintain their health while on heart medications Heart disease-related support groups include a heart failure support group, a group for women with heart disease, and Mended Hearts - a national organization that whereby seasoned heart disease patients visit newly diagnosed patients in the hospital after surgery or a procedure Other community programs related to the heart included how to raise a heart-smart child, proper nutrition for lowering cholesterol, infant-child CPR, diabetes as it relates to the heart, and a series of programs and women and heart disease 2 Cancer awareness and prevention programs include a day of cancer awareness with skin cancer screenings, and a vast public awareness campaign about the latest advances in prostate cancer detection and treatment, including the value of early detection and free screening sessions The Community Hospital Cancer Research Foundation launched the Cancer Resource Centre, which host a variety of free programs, classes and support groups about living with cancer A special segment of classes was born with the opening of the Cancer Resource Centre - a support program of the Community Hospital Cancer Research Foundation Here, those facing cancer attend free classes such as yoga, breathing through pain, learning about complementary therapies, and a variety of support groups 3 Diabetes education efforts have expanded to include diabetes management classes in conjunction with exercise This is in addition to a basic diabetes education class and a diabetes management class certified by the American Diabetes Association 4 Senior topics offered at Fitness Pointe include fall prevention, understanding managed care, understanding advanced directives, understanding hospice and medicare benefits, help with dizziness, making sense of medical technology, medication safety, urinary incontinence presentation, a grandparent class, and a program on osteoporosis 5 Orthopedic programs include arthritis, tendonitis and bursitis recognition and management, prevention of neck and low back pain, athletic foot and ankle problems, the care and treatment of knee, hip, foot and shoulder problems, cervical and lumbar disk problems, a fall prevention and balance screening program, and sports injury prevention 6 Nutrition programs include individual nutritional counseling with a registered dietitian, group weight management programs, lunch & learn cooking demonstrations, a class about emotional eating, and a class about fad diets and proper nutrition

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		7 Mental health related programs include relaxation, stress management, breathing exercises, programs on complementary therapies, recognizing and understanding depression, and lifemapping 8 Women's wellness programs include pre-and post-natal exercise, a series about nutrition, screening and treatment related to osteoporosis, a complete health retreat for women, fibromyalgia, genetic links and testing for cancer, hormone replacement therapy, strength training for women, and headaches in women 9 Family health programs include a prenatal class, sibling class, taking care of baby, keeping baby safe and healthy, infant growth and development, family and friends CPR, breast feeding classes and lactation consultations, Lamaze, teen childbirth education, grandparent education, films about Cesarean sections, poison prevention and treatment, Ask the Pediatrician and how to raise a heart-smart child, and a parent support group Participation in health education/wellness programs ranges from an average of 300-350 attendees a month Approximately 20-30% of these attendees are members of the Fitness Pointe facility while 70-80% are non-members from the general community Fitness Program Areas The American Heart Association recognizes the lack of regular physical exercise as a major risk factor for heart disease Regular exercise is associated with better heart health, mental well-being, weight management, cancer prevention, diabetes control, low back pain prevention/relief and other lifestyle-related diseases Fitness Pointe's general fitness membership program offers a variety of exercise program options designed to meet the individual needs Individuals from the community who take advantage of the general facility membership program include transfers from cardiac rehabilitation and physical therapy, and those referred by their personal physician In addition, many are corporate customers interested in encouraging healthier employees, or individuals looking for an opportunity to improve their health on their own or with a friend or family member Prior to use of the facility, individuals are screened by an exercise specialist to determine medical or physical limitations and precautions Measurements collected on participants include endurance, body composition, resting blood pressure, flexibility and a history of medical information and lifestyle habits An individualized program of cardiovascular conditioning, muscular training and flexibility exercises is developed based on the individual interests and needs Group exercise classes are conducted on a weekly basis at Fitness Pointe Classes include traditional low impact, regular and step aerobics, water aerobics, yoga, Reiki, Pilates, rowing, cycling, relaxation/stretching, etc All classes are available to members Classes also are offered on how to exercise at home, including fitness at home, Pilates at home, Awesome Abs, and yoga at home Many classes are also open to non-members from the community These include a) Awesome Abs b) Fitness at Home c) Fitness Instructor Training d) Teens Get Fit e) Women's Fitness Express f) Introduction to Basic Self Defense and Self Defense II g) Pilates at Home h) Yoga & Daily Life In a cooperative program with the town of Munster Parks and Recreation Department, a number of group exercise classes were offered jointly The Munster Police Department offers basic and advanced self defense classes for free several times a year

Identifier	Return Reference	Explanation
COMMUNITY HEALTH/FITNESS EVENTS		Fitness Pointe celebrated national Great American Smoke-out with free programming & incentives for people to stop smoking Fitness Pointe continues its partnerships with area universities, offering staff and facilities to educate for college credit nutrition and fitness students of Purdue University Calumet and Indiana University, as well as clinical rotations for post graduate physical therapists, baccalaureate and graduate nurses and exercise science/physiology students from other state universities Cardiac Rehabilitation Our own assessment found that despite significant benefits of cardiac rehabilitation, only about 45 percent of our inpatient heart surgery population is referred to cardiac rehabilitation, Phase 2 In response to the fact that those who continue cardiac rehab through Phase 3 are likely to maintain their lifestyle, Fitness Pointe now offers Rehab Plus in place of Phase IV cardiac rehab Since Fitness Pointe has opened, more than 850 cardiac rehabilitation graduates and an average of 10 physical therapy graduates per month have transitioned to general members A discount rate is offered to encourage and support their continued rehab in a general fitness setting Fitness Pointe Program Statistics Fitness Pointe programs and services are offered to the public The average age of program attendees is 49 years of age, while 52% of participants were 50+ years of age Since Fitness Pointe is interested in meeting needs not already being met in the community, it is important to note that more than 70% of participants report they have never previously been a member of a fitness facility Fitness Pointe services record more than 25,000 visits per month Approximately 1,100 individuals have transferred to the facility membership program from cardiac rehab and physical therapy to continue their rehabilitative maintenance Short Term Goals Offer services that meet the interests and health needs of the community Provide ongoing staff development and training to provide the highest quality customer service Provide the best services at the lowest possible price Continue database documentation to determine short and long term effects of programs Continue integration of Fitness Pointe services with other hospital services to become a significant part of The Community Hospital continuum of care Identify appropriate partnerships to strengthen the quality and scope of services offered Identify research opportunities in the areas of Health Promotion and Disease Prevention B Prevention/Wellness at Community Community's Prevention/Wellness program focuses on reducing the incidence of heart disease and improving the quality of life through an integrated cardiovascular health services delivery system

Identifier	Return Reference	Explanation
CARDIOVASCULAR SCREENINGS		During the 2008-2009 fiscal year, Community continued to offer various levels of heart screenings at a substantial discount These screenings range from basic cholesterol screenings to more advanced testing including the heart scan and advanced lipid testing to identify genetic disposition to heart disease (Identifying a genetic predisposition to heart disease will change the way the disease is treated or prevented) All levels of screening put an emphasis on directing the screening participants to a variety of wellness programs offered through the hospital and Fitness Pointe Fitness Pointe continues to support the wellness programs created to better serve the health needs of our community and support the importance of risk factor modification through life-style and behavior changes The Coronary Health Appraisal is offered throughout the Community Healthcare System This screening not only measures cholesterol levels, glucose, and blood pressure, but also evaluates individuals who meet the criteria for Metabolic Syndrome A total of 102 people were screened between Community Hospital and Community Hospital Outpatient Center-St Johnh Twenty-five percent of participants were found to meet the criteria for Metabolic Syndrome During the 2008-2009 fiscal year, Community Hospital continued to offer the fast CT Heart scan This procedure helps to detect heart disease in its earliest stages During the year, 54 individuals participated in the screening To meet the needs of the patients, new equipment was purchased The hospital now offers a dual source CT scanner For the first time, CT cardiac angiography was offered as a screening service Two individuals participated in this screening service Once a month, the cardiac rehabilitation staff conducts a screening for peripheral vascular disease, or PAD Individuals at risk for PAD are smokers, diabetics and cardiac patients The screening targets individuals who would need further testing and possible intervention to treat the disease Following the public screening, participants are educated on the disease and how to prevent or manage it The screening costs $5 for cardiac rehab patients and Fitness Pointe members, and $7 for non-members and the general public Follow-up education lectures are conducted periodically at no charge In addition, each September, Community Hospital participates in the National Legs for Life Peripheral Arterial Disease screening campaign This free PAD screening offered to the public is one more way we reach out to the community and provide a needed service to our population The screening draws about 175 participants from around the area Cardiac Rehab offers a monthly blood pressure screen at Fitness Pointe In addition, the Cardiac Rehab staff routinely takes blood pressures during Munster Seniors Park and Recreation activities A diabetes screening was conducted during Diabetes Awareness Month Fourteen individuals had their blood sugar tested

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		We continue to track individuals in our database who go through our screening programs to determine to what degree this early intervention will help lower the risk for developing heart disease In addition to the database, our risk factor analysis software program allows us to have the most up-to-date data available This software enables us to prepare reports that educate individuals about how their health status places them at risk for developing heart disease, and provides recommendations and support in making healthy life-styles choices that can lower their risk Therefore, we can assist them in participating in one of our wellness education programs best suited to their individual needs This fiscal year, we expanded our database to include all patients from our various cardiovascular outpatient clinics such as the Heart Failure Treatment Clinic, Lipid Clinic and Cardiac Rehabilitation This allows us to better track our cardiovascular patients and better manage their outcomes and treatment options Through this database, we have been able to perform internal research activities that measure the outcomes of patients with heart disease and heart failure so we can better manage these conditions and prevent recurrent events The Cardiovascular Research Committee continues to organize and participate in activities and clinical research initiatives designed to promote early detection, diagnosis and treatment of cardiovascular disease Finally, Prevention/Wellness Services donates gift certificates for both the Heart Scan and Coronary Health Appraisal The certificates are made available to charitable organizations and certain Community Hospital sponsored events Over $1,300 worth of screenings were donated this past fiscal year C Cancer Program Community Hospital Cancer Program is approved by the American College of Surgeons Commission on Cancer in their "Community Hospital Comprehensive Cancer Program" category Approval of our cancer program qualifies Community Hospital to partner with the Commission on Cancer in the American Cancer Society's national cancer information and referral project, sharing information on resources and cancer experience for the American Cancer Society's national Call Center and Web site, key sources of cancer information and guidance for the public This indicates that Community Hospital meets the standards of the Commission on Cancer in organization and management of our program ensuring multidisciplinary, integrated and comprehensive oncology services In addition, Community Hospital meets their performance measures for high-quality cancer care An approved program ensures our patients receive quality care close to home and access to a multi-specialty team approach to coordinate the best treatment options The program also provides the community with access to cancer-related information, education and support, and offers lifelong patient follow-up, ongoing monitoring and improvement of care and information about ongoing cancer clinical trials and new treatment options A registry collects data on type and stage of cancers and treatment results Cancer program leadership uses cancer registration data including lifelong follow up to evaluate clinical outcomes compared to those in other programs They also use the data to track patterns of access, care and referral, allocate and prioritize resources, and target services and programs to address the health care needs of our service area American College of Surgeons Accredited Cancer Program Providing a wide range of services to our patients with cancer is the multidisciplinary Cancer Committee This committee composed of pathologists, surgeons, oncologists, radiation oncologists, clinical and nursing staff, and cancer registry personnel, hosts weekly tumor conferences to review clinical findings, past history and radiologic and pathologic treatment options Cancer Education Cancer education programs held over the past year include those directed at colon cancer prevention, breast self-examination, the importance of pap smears, smoking cessation, and the importance of early detection of prostate cancer In addition, several new community education programs were introduced to raise public awareness of issues affecting the prevention and early detection of cancer Some of these new programs also helped members of the community better manage side effects from cancer treatments, while other efforts were directed at helping patients make complex treatment decisions The Community Hospital Cancer Research Foundation opened the Cancer Resource Centre in Munster - a non-medical resource haven for those seeking information about cancer The Centre holds free community programs and support/networking groups, and has an extensive library with two computer terminals for internet access The Centre opened in June of 2003, and all services and programs are free

Identifier	Return Reference	Explanation
CLINICAL TRIALS/RESEARCH		In looking to expand on research initiatives and to broaden patient access to clinical trials, the hospital has formed the Community Hospital Cancer Research Foundation, a separate not-for-profit corporation to raise outside support The purpose of this foundation is to reduce cancer morbidity and mortality in the community by supporting and advancing cancer detection, diagnosis, treatment and education/prevention and by promoting the acquisition of knowledge through clinical research Clinical trials offered included those for all stages of breast and colon cancer, lymphoma, leukemia, multiple myeloma and pancreatic cancer In the effort to improve patient and physician access to cancer research trials, the hospital maintains association in a government program to improve patient and physician access to cancer research trials Sponsored by the National Cancer Institute (NCI), the program is known as The Cancer Trials Support Unit It is supporting the development of a national network of patients and physicians to participate in NCI-sponsored Phase III cancer treatment trials NCI has taken steps through this program to bring together research cooperatives from around the U S and Canada The effort recognizes that more patients and physicians could become involved in cancer research trials with added support Typically NCI research cooperatives open trials only to individual members, which are often academic institutions that can acquire large numbers of patients and have the financial backing to facilitate the work Through the Clinical Trials Support Unit, Community Hospital gains access to clinical research trials from eight different research cooperatives The pilot program also is providing financial assistance and is working to reduce regulatory and administrative burdens, and to streamline and standardize data collection and reporting Breast Cancer An on-going community-based education initiative continues to identify women who are at high risk for developing breast cancer A computerized model developed by the National Cancer Institute was used as a basis for identifying women and educating the public on factors that most directly increase the risk of developing breast cancer In October 1999, Community Hospital began conducting a free breast cancer risk assessment on all mammography patients over the age of 35 to identify patients who may be at high risk for breast cancer A breast cancer risk assessment report was developed by the hospital to communicate test results to patients, educating them about the risk factors for breast cancer and various treatment options they may discuss with their physician The hospital also offers free consultation services of our nurse clinician at the Women's Diagnostic Center in conjunction with these test results More than 14,000 women completed the breast cancer risk assessment through the fiscal year ending June 30, 2009 About 1 3% of the women who completed the breast risk assessment at Community Hospital were identified to have a lifetime risk assessment of greater than 20% The intent of these efforts is to better inform women of the risk factors that increase their chances of developing breast cancer and to provide education about additional treatment options if they are at elevated risk The American Cancer Society recommends annual breast MRI in addition to yearly mammography for women who have a lifetime risk assessment for breast cancer of 20% or greater, and this recommendation is communicated in each high risk patient's report In addition to a breast MRI, patients with an elevated lifetime risk for breast cancer may also benefit from consultation with a medical geneticist

Identifier	Return Reference	Explanation
PROSTATE CANCER		A free prostate cancer screening for the public was held in September of 2008 with approximately 136 participants taking advantage of the digital rectal exam and PSA The screening was made possible through a joint effort on behalf of the hospital and the physicians who donated their time Of those taking part in the screening 11% had abnormal digital rectal exams, 12% had abnormal PSA results and about 1% had both an abnormal exam and abnormal PSA results These results are forwarded for evaluation and treatment Skin Cancer A free skin cancer screening was held in November 2008 Physicians screened suspicious spots on 45 participants Of those, none had suspected basal cell cancer

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART IV, LINE 12 PART XI, LINE 2b MMRF DOES NOT HAVE A STAND ALONE AUDIT, HOWEVER IT'S INCLUDED AS A PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT IN ACCORDANCE WITH GAAP PART VI-A, LINE 2 FRANKIE FESKO FAMILY MEMBER OF DONALD POWERS AND DONALD FESKO PAULA NELLANS FAMILY MEMBER OF DAVID NELLANS PART VI-A, LINE 7A COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC AND HAS CONTROL TO ELECT MEMBERS OF THEIR GOVERNING BODY PART VI-A, LINE 7B COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC AND HAS RIGHTS TO APPROVE DECISIONS MADE BY MMRF PART VI-A, LINE 10 THE 990 IS SUBMITTED TO THE SENIOR VP AND CFO FOR REVIEW, ONCE THIS REVIEW IS COMPLETE THE RETURNS ARE THEN PRESENTED TO SENIOR LEADERSHIP TO REVIEW THE 990 IS ALSO REVIEWED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BEFORE IT IS POSTED TO A SECURE WEBSITE TO ALLOW THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING PART VI-B, LINE 12C AS PART OF THE ORGANIZATION'S ANNUAL MONITORING & ENFORCEMENT PROCEDURE RELATING TO ITS CONFLICT OF INTEREST POLICY, ALL CONFLICT OF INTEREST QUESTIONNAIRES ARE ALL REVIEWED AND THOSE OFFICERS, DIRECTORS OR KEY EMPLOYEES WHO DO NOT RETURN OR FULLY COMPLETE THE QUESTIONNAIRE ARE CONTACTED TO RECONCILE THE OMISSION PART VI-B, LINE 15 The Board has adopted Executive and Board of Directors Compensation Philosophy and reasonableness standards This is to ascertain that these standards are adhered to Their process for collecting and assembling market data is consistent with the rebuttable presumption checklist and guidelines along with fair market value used by the IRS in conducting executive compensation reviews as well as contemporary compensation practices All market data is assembled from reputable commercially available surveys PART VI-B, LINE 16b THE ORGANIZATION HAS TAKEN STEPS TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE JOINT VENTURE BY INCLUDING IN THE OPERATING AGREEMENT THAT THE JOINT VENTURE SHALL OPERATE IN A MANNER CONSISTENT WITH THE TAX EXEMPT STATUS OF THE HOSPITAL PART VI-C, LINE 19 MUNSTER MEDICAL RESEARCH FOUNDATION, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH BOND COVENANTS, MMRF THROUGH CFNI MAKES IT FINANCIAL STATEMENTS AND DISCLOSURES AVAILABLE TO THE PUBLIC THROUGH THE NRMSIR'S DATABASE PART VII, SECTION A MARC LEVIN M D IS COMPENSATED IN THE CAPACITY OF A NEUROSURGEON AND NOT AS A BOARD MEMBER THE AVERAGE HOURS PER WEEK INCLUDE ALL HOURS WORKED FOR THE FILING ORGANIZATION AND ALL RELATED ENTITIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
ST CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO, IN46312 35-1738708	HOSPITAL	IN	501(c)(3)	3	CFNI
ST MARY MEDICAL CENTER 1500 S LAKE PARK AVE HOBART, IN46342 35-2007327	HOSPITAL	IN	501(c)(3)	3	CFNI
COMMUNITY CANCER RESEARCH FDINC 901 MACARTHUR BLVD MUNSTER, IN46321 35-2146374	CANCER FUNDRA	IN	501(c)(3)	7	NA
COMMUNITY VILLAGE INC 10000 COLUMBIA AVE MUNSTER, IN46321 35-1956395	RETRMT HOME	IN	501(c)(3)	9	CFNI
CVPA HOLDING COMPANY 905 RIDGE ROAD MUNSTER, IN46321 35-1938136	SUPPORT ORG	IN	501(c)(2)	N/A	CFNI
RIDGEWOOD ARTS FD 905 RIDGE ROAD MUNSTER, IN46321 35-1939427	PLAYS & ARTS	IN	501(c)(3)	9	CFNI
COMMUNITY FD OF NW INDIANA INC 10010 DONALD POWERS DRIVE MUNSTER, IN46321 31-1128781	SUPPORTNG ORG	IN	501(c)(3)	11(C)	NA

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
COMMUNITY SURGERY CENTER 801 MACARTHUR MUNSTER, IN46321 35-2049088	SURGERY CENTER	IN	NA	N/A				No			No
ST CATHERINE HOSP CYBERKNIFE 4321 FIR STREET EAST CHICAGO, IN46312 20-2756806	CYBERKNIFE CTR	IN	NA	N/A				No			No
COMMUNITY CARDIOLOGY CTR 801 MACARTHUR BLVD MUNSTER, IN46321 20-2147241	CARDIOLOGY CTR	IN	MMRF	RELATED	1,458,507	1,533,693		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
COMMUNITY RESOURCES INC 907 RIDGE ROAD MUNSTER, IN46321 35-1727711	BLDG DEVELOPMENT	IN	NA	C			

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1107009
Name: Munster Medical Research Foundation Inc

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 501(c)(3))	(F) Direct Controlling Entity
ST CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO, IN46312 35-1738708	HOSPITAL	IN	501(c)(3)	3	CFNI
ST MARY MEDICAL CENTER 1500 S LAKE PARK AVE HOBART, IN46342 35-2007327	HOSPITAL	IN	501(c)(3)	3	CFNI
COMMUNITY CANCER RESEARCH FDINC 901 MACARTHUR BLVD MUNSTER, IN46321 35-2146374	CANCER FUNDRA	IN	501(c)(3)	7	NA
COMMUNITY VILLAGE INC 10000 COLUMBIA AVE MUNSTER, IN46321 35-1956395	RETRMT HOME	IN	501(c)(3)	9	CFNI
CVPA HOLDING COMPANY 905 RIDGE ROAD MUNSTER, IN46321 35-1938136	SUPPORT ORG	IN	501(c)(2)	N/A	CFNI
RIDGEWOOD ARTS FD 905 RIDGE ROAD MUNSTER, IN46321 35-1939427	PLAYS & ARTS	IN	501(c)(3)	9	CFNI
COMMUNITY FD OF NW INDIANA INC 10010 DONALD POWERS DRIVE MUNSTER, IN46321 31-1128781	SUPPORTNG ORG	IN	501(c)(3)	11(C)	NA

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	ST CATHERINE HOSPITAL	n	106,411
(2)	ST MARY MEDICAL CENTER	n	601,782
(3)	RIDGEWOOD ARTS FOUNDATION	b	80,000
(4)	ST CATHERINE HOSPITAL	o	72,069
(5)	ST MARY MEDICAL CENTER	o	158,462
(6)	ST CATHERINE HOSPITAL	p	1,129,715
(7)	ST MARY MEDICAL CENTER	p	941,607
(8)	COMMUNITY CARDIOLOGY CENTER LLC	q	6,204,223
(9)	COMMUNITY SURGERY CENTER LLC	q	14,043,162
(10)	COMMMUNITY CANCER RESEARCH FOUNDATION INC	c	91,121

Additional Data

Software ID:
Software Version:
EIN: 35-1107009
Name: Munster Medical Research Foundation Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses $	317,828	including grants of $	) (Revenue $	)
Audiology					
(Code	) (Expenses $	4,991,195	including grants of $	) (Revenue $	)
Central Sterilization					
(Code	) (Expenses $	2,344,245	including grants of $	) (Revenue $	)
Central Supply					
(Code	) (Expenses $	3,134,341	including grants of $	) (Revenue $	)
CVU					
(Code	) (Expenses $	8,079,442	including grants of $	) (Revenue $	)
Dietary					
(Code	) (Expenses $	288,637	including grants of $	) (Revenue $	)
EEG					
(Code	) (Expenses $	10,093,141	including grants of $	) (Revenue $	)
Emergency Room					
(Code	) (Expenses $	507,489	including grants of $	) (Revenue $	)
Medically Based Fitness Center					
(Code	) (Expenses $	7,160,218	including grants of $	) (Revenue $	)
Health Information Management					
(Code	) (Expenses $	3,702,036	including grants of $	) (Revenue $	)
Home Health					
(Code	) (Expenses $	5,779,277	including grants of $	) (Revenue $	)
ICU/CCU					
(Code	) (Expenses $	15,068,156	including grants of $	) (Revenue $	)
IMCU					
(Code	) (Expenses $	18,634,783	including grants of $	) (Revenue $	)
Laboratory					
(Code	) (Expenses $	1,661,456	including grants of $	) (Revenue $	)
Medical Staff					
(Code	) (Expenses $	4,071,193	including grants of $	) (Revenue $	)
Neonatology					
(Code	) (Expenses $	2,704,836	including grants of $	) (Revenue $	)
Noninvasive Cardiology					
(Code	) (Expenses $	2,229,222	including grants of $	) (Revenue $	)
Nuclear Medicine					
(Code	) (Expenses $	281	including grants of $	) (Revenue $	)
Occupational Health					
(Code	) (Expenses $	2,243,294	including grants of $	) (Revenue $	)
Occupational Therapy					
(Code	) (Expenses $	9,021,992	including grants of $	) (Revenue $	)
Outpatient					
(Code	) (Expenses $	6,105,036	including grants of $	) (Revenue $	)
Patient Financial and Registration Services					
(Code	) (Expenses $	9,180,810	including grants of $	) (Revenue $	)
Physical Therapy					
(Code	) (Expenses $	16,809,436	including grants of $	) (Revenue $	)
Physician Offices					
(Code	) (Expenses $	13,252,395	including grants of $	) (Revenue $	)
Radiology					
(Code	) (Expenses $	4,783,836	including grants of $	) (Revenue $	)
Respiratory Therapy					
(Code	) (Expenses $	906,871	including grants of $	) (Revenue $	)
Social Services					
(Code	) (Expenses $	722,876	including grants of $	) (Revenue $	)
Speech Therapy					
(Code	) (Expenses $	80,000	including grants of $	) (Revenue $	)
grants and allocations					
(Code	) (Expenses $	26,707,253	including grants of $	) (Revenue $	)
Pharmacy					
(Code	) (Expenses $	651,337	including grants of $	) (Revenue $	)
Public Relations					
(Code	) (Expenses $	1,924,326	including grants of $	) (Revenue $	)
Security					
(Code	) (Expenses $	5,307,173	including grants of $	) (Revenue $	)
Oncology					
(Code	) (Expenses $	531,880	including grants of $	) (Revenue $	)
Cancer					

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David E Wickland , President	16 0	X		X				0	60,083	0
Joseph T Morrow , Vice President, Director	1 0	X		X				0	0	0
Richard S McClaughry , Secretary	2 0	X		X				0	44,183	0
David A Bochnowski , Treasurer	1 0	X		X				0	0	0
Thomas A Brubaker MD , Director	2 0	X						0	0	0
Steven G Chovanec , Director	2 0	X						0	0	0
Eric Compton DDS , Director	2 0	X						0	0	0
Albert J Costello MD , Director	2 0	X						0	15,775	0
Frankie L Fesko , Director	16 0	X						0	97,210	0
William A Hasse III , Director	2 0	X						0	0	0
Robert L Litchfield DO , Director	1 0	X						0	11,000	0
Donna Panich , Director	1 0	X						0	0	0
Donald S Powers , Director	40 0	X						0	784,738	26,864
Paula Nellans , Director	1 0	X						0	0	0
Hon James J Richards , Director	13 0	X						0	60,083	0
SN Makam MD , Director	2 0	X						0	51,280	0
William K Schenck , Director	4 0	X						0	20,483	0
M Nabil Shabeeb MD , Director	1 0	X						0	0	0
Jay L Zandstra , Director	2 0	X						0	0	0
Nitin S Sardesai , Director	1 0	X						0	0	0
Donald P Fesko , Hospital Administrator	40 0	X		X				0	414,691	21,746
mark levin md , director	40 0	X						1,082,238	0	23,163
Luis Molina , Chief Financial Officer	40 0			X				329,256	0	7,953
David Nellans , VP Engineering	40 0				X			235,564	0	23,248
Richard Berkowitz MD , Anesthesiologist	40 0					X		474,100	0	28,677
Mark Feldner MD , Physician	40 0					X		508,322	0	29,618
Asim Mohiuddin DO , Anesthesiologist	40 0					X		402,708	0	23,019
Dana Boskovich MD , Anesthesiologist	40 0					X		402,306	0	12,571
Krishnarao Pinnamaneni MD , Anesthesiologist	40 0					X		406,304	0	27,717

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a CARDIOLOGY	621,990	68,140,726	68,140,726		
b CHRGBLE SUPPLIES	621,990	3,650,340	3,650,340		
c CVU	621,990	3,151,203	3,151,203		
d EEG	621,990	3,972,577	3,972,577		
e EMERGENCY ROOM	621,990	46,254,875	46,254,875		