

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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 2	2008 calen	dar yea	r, or tax year beginnir	ng 07-01-2008	and ending 06-30-20	09	D Employer ide	ntification number
_			ease	C Name of organization MUNSON MEDICAL CEN	TER				
Add	ress ch	ange	e IRS bel or	Doing Business As				38-1362830 E Telephone nu	
Nan	ne char		int or pe. See	boiling business vis					
Initi	al retur		ecific struc-		P O box if mail is	not delivered to street addi	ress) Room/suite	(231) 935-5 G Gross receipts	
┌ Terr	nınatıo	on tio	ons.	PO BOX 1188				d dross recapt	3 φ 411,423,303
✓ Ame	ended i	return		City or town, state or o		4			
Г Арр	lication	pending		TRAVERSE CITY, MI 49	96851188				
			F Nam	ne and address of Prir	ncipal Officer		H(a) Is th	s a group return	for
			EDWIN	A NESS			affilia		⊤Yes ▽ No
				IXTH ST RSE CITY,MI 4968	4		II/b> Assault		
I Tax	-exem	pt status 🔽		(3) ◄ (insert no)		527		l affiliates include	d? Yes No See instructions)
1 W	eb site	e: - WWW	MUNSOI	NHEALTHCARE ORG				io, attach a list ip Exemption Nur	
К Туре	of org	janization 🔽	Corporati	on trust association	other ►		L Year of Fo	rmation 1947 M S	State of legal domicile MI
Dar	τI	Summa	rv						
				e organization's missi	on or most siai	nificant activities			
e e		•		_	_	SON MEDICAL CENT	ER EXISTS TO	DELIVER COM	PREHENSIVE
<u> </u>				O PATIENTS IN PAF					
Ĭ.									
Governance			,			perations or disposed			
			_	_		VI, line 1a)			21
Activities &				_	_	g body (Part VI, line 1	lb)		15
Ě				nployees (Part V, line	•			_	4,013
₽				lunteers (estimate if i				_	440
•		•		ness taxable income		, line 12, column (C)		/a _ 7b	4,507 3,056
	В	Net unitera	teu busii	ness taxable income	IIOIII FOIIII 990	-1, IIIIe 34	Deit	or Year	Current Year
	8	Contribut	ions and	grants (Part VIII, lır		2,662,905	2,523,134		
ā	9				•			376,406,200	398,371,561
Revenue	10	-		,		and 7d)		10,170,318	-10,124,012
걆	11			art VIII, column (A),				4,316,634	4,492,234
	12					rt VIII, column (A), lı			, ,
		12)						393,556,057	395,262,917
	13			r amounts paid (Part	, , ,	•			17,493
	14			r for members (Part I			_		0
82	15	Salaries, 10)	other co	mpensation, employe	e benefits (Par	t IX, column (A), lines		182,157,922	201,611,452
Expenses	16a	•	nal fundi	raising fees (Part IX,	column (A), lın	e 11e)			0
÷.	ь	(Total fund	raising exp	penses, Part IX, column (D). line 25 545,949)			
ш	17	·		Part IX, column (A), l		11f-24f)		183,649,589	181,991,545
	18	•	-			(, line 25, column (A))		365,807,511	383,620,490
	19	Revenue	less exp	enses Subtract line :	18 from line 12			27,748,546	11,642,427
<u>දී</u> ජ							Beginn	ing of Year	End of Year
9.42 8.42 8.42 8.43 8.43 8.43 8.43 8.43 8.43 8.43 8.43	20	Total ass	ets (Par	t X, line 16)				484,426,778	484,188,280
Ass 1Ba	21		•	art X, line 26)				241,124,179	280,955,090
Net Assets or Fund Balances	22		•	d balances Subtract	line 21 from lin	e 20		243,302,599	203,233,190
Par		Signat						/	
		_			e examined this re	urn, including accompanyir	ng schedules and s	statements, and to th	ne best of my knowledge
		and belief,	it is true, c	correct, and complete Dec	laration of prepare	r (other than officer) is bas	sed on all informa	tion of which prepare	r has any knowledge
Plea: Sign		Constru	e of office	r			2010 Date	-05-19	
		'					Date		
Here		MARK A		NTERIM CHIEF FINANCIAL e and title	OFFICE				
_		Type or				_		T	
_		 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I	Data	Chack if	Dropperer's DTIN /	Soo Con Inct \
Here		Type or Preparer's signature)			Date	Check if self-	Preparer's PTIN (See Gen Inst)
Here ———————————————————————————————————		Preparer's signature	<u> </u>			Date		Preparer's PTIN (See Gen Inst)
Paid Prepa	rer's	Preparer's signature Firm's name if self-emplo	(or yours)		Date	self-	Preparer's PTIN (See Gen Inst)
Here ———————————————————————————————————	rer's	Preparer's signature	(or yours)		Date	self-		See Gen Inst)

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

1	Briefly describe the organization's mission				
	AS A VITAL PART OF MUNSON HEALTHCAP PHYSICIANS	RE, MUNSON MEDICAL CENTER EX	XISTS TO DELIVER COMPREH	ENSIVE QUALITY CARE TO PAT	TENTS IN PARTNERSHIP WITH
2	Did the organization undertake ai	ny significant program serv	ices during the year wh	ich were not listed on	
	the prior Form 990 or 990-EZ?				┌ Yes ┌ No
_	If "Yes," describe these new serv				
3	Did the organization cease conduservices?		hanges in how it conduc	ts any program	┌ Yes ┌ No
4	If "Yes," describe these changes				
4	Describe the exempt purpose acl Section 501(c)(3) and (4) organi others, the total expenses, and re	zatıons and 4947(a)(1) tru	sts are required to repo		
4a	(Code) (Exper EXPENSES INCURRED WHILE PROVIDIN THE HOSPITAL'S MISSION TO PROVIDE	NG HOSPITAL SERVICES TO THE R		17,493) (Revenue \$ Y, MICHIGAN AND THE SURR(392,739,783) DUNDING AREA WHILE FULFILLING
4b	(Code) (Exper	nses \$ in	cluding grants of \$) (Revenue \$)
4c	(Code) (Exper	ises \$ in	cluding grants of \$) (Revenue \$)
4d	Other program services (Descr (Expenses \$	ribe in Schedule O) including grants of\$) (Revenue \$)
4e	Total program service expenses		Must equal Part IX, Lın		<u>'</u>
		, , 0		-,······ \-/·	

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		N o
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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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	Yes	
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		N o
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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		N o
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		Νο
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		Νο
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 VI

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			
а	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		No
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? <i>If "Yes," complete Schedule M</i>	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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		Νo
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.	37		No

	The Statements Describes Other TDS Filings and Tay Compliance			Page
Ра	rt 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		103	110
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 304			
Ь	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			
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		Νo
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7Ь		
	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		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
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		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No.
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	Cross uncome from other courses (Do not not amounts due or not to other course			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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 vear			

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	
5 1 1 2 7 1 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcumst	ances,			
1a	Enter the number of voting members of the governing body	1a			21			
Ь	Enter the number of voting members that are independent	1b			15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus 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?							No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							No
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other p	ersons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertake	n durıng	the			
а	the governing body?					8a	Yes	
Ь	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		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			•	,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it values describe in Schedule O the process, if any, the organization uses to review the			-		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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			
а	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		N o
		1 -00		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MUNSON HEALTHCARE 3668 N US 31 S TRAVERSE CITY, MI 49684 (231) 935-7777

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				,	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	B) erage urs er eek	Individual Trustee or Director	Highest compensation from the organization (W-2/1099MISC) MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)			Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations		
							\vdash			
				$\vdash \vdash$			<u> </u>			
				\vdash			\vdash			
						·				
1b Total				<u></u>			-	3,421,424	1,921,647	823,632

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►99

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
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
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64151	INFO TECHNOLOGY	4,683,181
D W MECHANICAL 1266 INDUSTRY DR TRAVERSE CITY, MI 49686	CONSTRUCTION	2,040,536
AHSA LLC PO BOX 945 TRAVERSE CITY, MI 49685	TEMPORARY STAFF	2,012,323
MAYO COLLABORATIVE SERVICES PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY SRV	1,753,423
HOSPITALISTS OF NORTHWEST MICHIGAN PO BOX 107 TRAVERSE CITY, MI 496850107	MEDICAL SERVICE	1,468,447
2 Total number of independent contractors (including those in 1) who rec		+ 46

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
	1a	Federated can	npaigns 1a			Revenue		312, 313, 61 311
nts nts	ь	Membership d	ues					
gra	С	Fundraising ev	1b /ents					
ffs,			1c	424.002				
विष्	d	_	izations1d	434,892				
ons sin	e	-		1,768,801 319,441				
真	f	similar amounts r	tions, gifts, grants, and not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash cont	1f rıbutıons ıncluded ın					
ang ang		lines 1a-1f \$			2 522 424			
	h	Total (Add line	es 1a-1f)		2,523,134			
e	3-	MEDICADE AND A	AEDICAID DIATC	Business Code				
JL Je	2a b	MEDICARE AND N		621,990	202,019,208	202,019,208		
Rev	C	PATIENT SERVICE	HER ORGANIZATIO	621,990 621,990		192,149,413		
esu	d	HEALTH SERVICE		621,990	, ,	2,450,521 1,489,043		
Seri	e	RENT FROM RELA		531,120		263,376		
an	f		ram service revenue	· ·	233,370	203,370		
Program Service Revenue	g		es 2a-2f					
	3		come (including divid	dends, interest				
		other similar a	amounts)		5,925,212	2,163,343		3,761,869
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .						
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	216,953					
	Ь	Less rental expenses						
	c	Rental income or (loss)	216,953					
	d	Net rental inco	ome or (loss)		216,953			216,953
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		28,174				
	b	Less cost or other basis and sales expenses	16,073,842	3,556				
	c	Gain or (loss)	-16,073,842	24,618	16.040.224			16.040.224
	d	Net gain or (lo	ss)	. ▶	-16,049,224			-16,049,224
	8a	Gross income events (not in	from fundraising cluding					
Other Revenue		1c) See Part : Attach Schedul	ns reported on line IV, line 18 e G if total exceeds					
er -	ь		xpensesb					
됐	с		(loss) from fundrais	ng events				
_	9a	Complete Sched	e part IV , line 19 dule G if total	•				
		exceeds \$15,00	00 a					
	b	Less directe	xpensesb					
	с		(loss) from gaming a	activities •-				
	10a	Gross sales or returns and al	f inventory, less lowances	<u> </u>				
	L	1	a l	90,155				
	b c	Less cost of o	goods sold b (loss) from sales of	85,648 Inventory •	4,507		4,507	
	Ť	Miscellaneou	· · · · · · · · · · · · · · · · · · ·	Business Code	.,		.,	
	11a	CAFETERIA S	SALES	722,210	3,318,438			3,318,438
	b	MISCELLANE	O U S	621,990	522,926			522,926
	С	AUXILIARY G	IFT SHOP	446,199	429,410			429,410
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	• • • • • • • • • • • • • • • • • • •				
	12	Total Revenue	Add lines 1h, 2g, 3	\$ 4,270,774 , 4, 5, 6d, 7d,	395,262,917	400,534,904	4,507	-7,799,628
		8c,	l1e					
	J	oc, ioc, and I		•				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,493	17,493		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,142,985		2,113,954	29,031
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	152,129,551	135,633,481		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,596,401	10,415,371	1,181,030	
9	Other employee benefits	24,539,993	21,695,435	2,844,558	
10	Payroll taxes	11,202,522	9,869,836	1,331,011	1,675
11	Fees for services (non-employees)				
а	Management				
b	Legal	248,242		248,242	
c	Accounting	167,204		167,204	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	31,403,997	25,833,990	5,054,764	515,243
12	Advertising and promotion	778,984	85,427	693,557	
13	Office expenses	96,348,927	93,766,456	2,582,471	
14	Information technology	9,143,242	3,455,213	5,688,029	
15	Royalties				
16	Occupancy	7,075,497	6,317,060	758,437	
17	Travel	433,893	362,443	71,450	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	829,451	630,556	198,895	
20	Interest	3,520,623	3,128,426	392,197	
21	Payments to affiliates	24 5 1 2 2 2	40.0== == :	244:	
22	Depreciation, depletion, and amortization	21,644,603	19,233,394	2,411,209	
23 24	Insurance	3,004,142	2,617,098	387,044	
а	BAD DEBT	13,450,525	13,450,525		
b	MISCELLANEOUS	3,188,649	2,666,813	521,836	
c	REPAIRS AND MAINTENANCE	2,955,298	2,774,271	181,027	
d	GRANT EXPENSES	650,250	650,250	·	
e	DUES AND SUBSCRIPTIONS	583,703	203,135	380,568	
f	All other expenses	-13,435,685	-6,454,023	-6,981,662	
25	Total functional expenses. Add lines 1 through 24f	383,620,490	346,352,650	36,721,891	545,949
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2008)

	l	
Dart Y	Ralance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				180,295	1	236,448
	2	Savings and temporary cash investments				35,895,931	2	34,428,561
	3	Pledges and grants receivable, net		522,932	3	155,787		
	4	Accounts receivable, net				52,390,094	4	51,913,211
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			ployees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				10,112,684	8	10,510,572
22	9	Prepaid expenses and deferred charges				6,647,297	9	6,847,544
ssets	10a							
AS		Land, buildings, and equipment cost basis	10a		455,585,262			
_	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		218,862,621	221,377,218	10c	236,722,641
	11	Investments—publicly traded securities				148,602,125	11	126,777,781
	12	Investments—other securities See Part IV, line 11 $\it Complete B \it Schedule D$	Part VII	I of		7,530,476	12	9,564,265
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	Part VI	ΙΙ			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,167,726	15	7,031,470			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				484,426,778	16	484,188,280
	17	Accounts payable and accrued expenses .	41,188,657	17	38,848,147			
	18	Grants payable					18	
	19	Deferred revenue				556,390	19	390,235
.6	20	Tax-exempt bond liabilities				139,527,092	20	136,225,691
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ξ		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.	•			23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D	59,852,040	25	105,491,017			
	26	Total liabilities. Add lines 17 through 25				241,124,179	26	280,955,090
У		Organizations that follow SFAS 117, check here ► ✓ and comthrough 29, and lines 33 and 34.	plet e l	ines	27			
Balance	27	Unrestricted net assets				239,844,227	27	201,995,246
<u>8</u>	28	Temporarily restricted net assets		3,458,372	28	1,237,944		
돧	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	te					
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other f		32				
¥	33	Total net assets or fund balances				243,302,599	33	203,233,190
_	34	Total liabilities and net assets/fund balances				484,426,778	34	484,188,280
Pa	rt XI	Financial Statements and Reporting						

Dart YT	Financial	Statements	and	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	b Were the organization's financial statements audited by an independent accountant?			
С	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493144002610

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

MUNS	ON MEI	DICAL CENTER							126202	^	
Dэ	rt I	Peacon	for Public C	harity Status (to be co	mpleted	by all or	aanizatio		-1362830 Instruct		
				ation because it is (Please					msuuci	.10113)	
1				nurches, or association of ch					'Δ)(i).		
2	, _	•		tion 170(b)(1)(A)(ii). (Attac			. 50001011	., ((,),			
3	, I			e hospital service organizati			tion 170()	λ)(1)(Δ)(i	ii). (Attac	h Schedul	le H)
4	, T	•	·	zation operated in conjunctiv			-				•
-	,		name, city, and	•					_, _(_,	(,(,-	
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	by a gove	ernmental	unit desc	ribed in
_	,			(Complete Part II)		,		-, - 5			
6	Г			overnment or governmental	unit descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	į.	-	-	ally receives a substantial p						n the aene	eral public
-	,	_		o)(1)(A)(vi) (Complete Par		. черени по	J a go. o.			9	p a b c
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	Ė		•	ally receives (1) more than		•	•	ontribution	ns, membe	ership fees	, and gross
	·	_		ated to its exempt functions					•	·	. •
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess section	on 511 ta:	x) from bu	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	09(a)(3). Check
			it describes the ype I b	type of supporting organiza			ines 11e t nally Integ		h d	Г туре	III - Other
e	\vdash	•	• •	rtify that the organization is			-			' ''	
_	'	•	-	agers and other than one or			•			•	· ·
		section 50			•	, ,,	•				
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the			1
9		following pe		as the organization accepted	a any gne	or continb	acron mom	any or the	•		
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	bove?				11g(iii)
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports				
				I					1		1
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		s the	(vii) A mount of
		oorted nization		(described on lines 1-9 above or IRC section	col (i)	ation in Iisted in	the orga) of your		ation in organized	support?
	3			(See Instructions))		verning	supp			US?	
					docur	ment?		,			
					Yes	No	Yes	No	Yes	No	
					1		1				1

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.)

Pι	ıblic Support		, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	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							
2	The value of services or facilities							
3	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							
To	otal Support			1	1	I		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
	A mounts from line 4	(=) = = = :	(2) 2000	(0) = 000	(4) = 00.	\-/-	-	(1)
	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							
	Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							
	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)			12		
		-	•					
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	-	irst, secona, tnir	a, fourth, or fifth	itax year as a s	01(0)(3)	▶ □
	organization, check this box and stop here							-1
Сс	mputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (f))		14		
	Public Support Percentage for 2007 Scheo					15		
	-	•	-	and line 14 is 2	2 1/20/- or more		hic box	
Ioa	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies a				3 1/3% of more,	checki	nis box	⊳ ⊏
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	r more	check th	
-	box and stop here. The organization qualifi			•	20 10 00 1,0 10 1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ondok til	
17a	10% Facts and Circumstances Test - 2008.	· ·			3, 16a, or 16b	and line	14 is 10	
	more, and if the organization meets the "fa	-						
	organization meets the "facts and circums		-	•		-		► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa							
10	the organization meets the "facts and circu		_	•		_		n ► □
18	Private Foundation. If the organization did instructions	not check the b	oox on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox and	ısee	▶ □
	1113 (1 4 6 1 1 0 1 1 3							- 1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

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

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

f th	e organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990EZ, Par	t VI, line 47 (Lobbying A	ctivit	ies)	
▶ Se	ection 501(c)(3) organizations that	: have filed Form 5768 (election under s	section 501(h)) co	mplete Part II-A Do not co	mplet€	e Part II-B	
• Se	ection 501(c)(3) organizations that	have NOT filed Form 5768 (election ur	nder section 501(h	i)) Complete Part II-B Do r	not coi	mplete Part	II-A
f th	e organization answered "Ye	s," to Form 990, Part IV, Line 5 (Pro	оху Тах)				
▶ Se	ection 501(c)(4), (5), or (6) organi	zations complete Part III					
	me of the organization			Employer ider	ntıfıc a	tıon numbe	r
MU	INSON MEDICAL CENTER			20 1262020			
Dar	t I-A To be completed b	v all organizations exempt :	ınder section				
				501(c) and section			
1	Provide a description of the org	ganization's direct and indirect politic	al campaign activ	rities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours				_		
		 					
Par			inder section	501(c)(3). (See the	ınstrı ——	uctions	
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	\$ <u></u>		
3	If the organization incurred in a	a section 4955 tax, did it file Form 47	20 for this year?			☐ Yes	✓ No
4a	Was a correction made?					☐ Yes	✓ No
b	If "Yes," describe in Part IV						
Par			ınder section	501(c), except sect	tion !	501(c) (3	3).
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	\$		
2	Enter the amount of the filing o	rganızatıon's ınternal funds contribut	ed to other organi	zations for section			
	527 exempt funtion activities				\$		
3		mpt function expenditures Add lines	1 and 2 and ente	r here and on Form			
	,	1120 DOI 6			\$ <u> </u>	 ☐ Yes	✓ No
4	3 3	,				,	•
5	were made Enter the amount p political contributions received	A To be completed by all organizations exempt under section 501(c) and section organizations. (See the instructions for Schedule C for details.) rovide a description of the organization's direct and indirect political campaign activities in Part IV olitical expenditures olunteer hours B To be completed by all organizations exempt under section 501(c)(3). (See the infor Schedule C for details.) Inter the amount of any excise tax incurred by the organization under section 4955 Inter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? If yes," describe in Part IV To be completed by all organizations exempt under section 501(c), except sect (See the instructions for Schedule C for details.) Inter the amount directly expended by the filing organization for section 527 exempt function activities inter the amount of the filing organization's internal funds contributed to other organizations for section	al fund is a se	s or were	nents		
	(a) Name	(b) Address	(c) EIN			A mount of	received

(a) Name	(b) Address	(c) EIN	(d) A mount 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-
_				

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul		
		belongs to an affiliated group checked box A and "limited control" provisions apply		
		bbying Expenditures— es" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	penditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a)	the amount from the following table in both		
	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		
	Grassroots nontaxable amount (ente	r 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- ıflıne fıs more than lıne c		
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Fori	m 4720 reporting	┌─ 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					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
е 	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

	14.	<u> </u>
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	a)	(b)
		Yes	No	A mount
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			
а	Volunteers?	Yes		
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		7,360
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		543
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			7,903
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			
С	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	
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4) section 501(c)(6). (See the instructions for Schedule C for details.)	, section	501(c)(5), or

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

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.)

2	expenses for which the section 527(f) tax was paid).		
а	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

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation

1 \$

Part IV Supplemental I	Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493144002610

OMB No 1545-0047

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.

Open to Public Inspection

	me of the organization NSON MEDICAL CENTER		Employer identification number
·10	MOON FIEDICAL CENTER	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Con organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts.	
Pa			unds or Accounts. Complete if the
	-	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
ŀ	Aggregate value at end of year		
•	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		oradvised Yes V No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
2a	rt II Conservation Easements. Complete	if the organization answered "Ves" to	
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	rganization (check all that apply) on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
	on the last day of the tax year		Held at the End of the Year
а	Total number of concernation concerns		2a
b	Total number of conservation easements	_	2b
	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified hi	• •	2c
d	Number of conservation easements included in (c) a	•	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🟲		
ŀ	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	Tyes Vo
•	Staff or volunteer hours devoted to monitoring, inspe		
•	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes V No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
ar	t III Organizations Maintaining Collectio Complete If the organization answered '		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	•
	(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, histofollowing amounts required to be reported under SFA	•	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990 Part Y		b - ¢

	Organizations Maintaining Co					•			ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any		ne foll	-	-		on	
а	Public exhibition		d	ı	Loan or ex	change program	S		
b	Scholarly research		e	\sqcap	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y further the	e organization's e	exempt purpose in	ı	
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							- Yes	√ No
Par	t IV Trust, Escrow and Custodial	·					<u>`</u>		
	Part IV, line 9, or reported an ar					gamzation and	Mered 165 to		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	dıary	for c	ontributions	or other assets	not [Yes	✓ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	е				_		
							A mo	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Γ	Yes	V No
b	If "Yes," explain the arrangement in Part XI\	1							
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(E)Prior	Year (c)	Two Years Back (c	1)Three Years Back	(e) Four \	Years Back
1a	Beginning of year balance	151,976,653							
b	Contributions	815,757							
C	Investment earnings or losses	-20,538,618							
d	Grants or scholarships								
e	Other expenditures for facilities and programs	4,238,065							
f	Administrative expenses								
g	End of year balance	128,015,726							
2	Provide the estimated percentage of the year	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	99 000 %							
Ь	Permanent endowment 🕨								
c	Term endowment ► 1 000 %								
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tıon	that a	are held and	administered fo	r the	Yes	No
	(i) unrelated organizations						3a(i)	No
	(ii) related organizations						3a(ii	i)	No
	If "Yes" to 3a(II), are the related organizatio						3b	Yes	
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Building	s, and Equipmer	it. S				T		
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					10,968,830			10,968,830
b I	Buildings					247,522,313	100,081,685	1	47,440,628
c l	Leasehold improvements					43,933	41,083		2,850
d I	Equipment					166,925,091	117,455,856		49,469,235
_e	Other	<u> </u>				30,125,095	1,283,997		28,841,098
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	n (B,), line	10(c).) .		🕨	2	36,722,641
							Schedule D	(Form	990) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value		of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		of valuation 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, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	. ,		
MINIMUM PENSION LIABILITY	68,753,832		
DEFERRED POST RETIREMENT BENEFITS	17,522,177		
RESERVE FOR THIRD PARTY SETTLEMENTS	12,300,000		
SWAP MARKET VALUE BASIS	4,710,043		
ESTIMATED THIRD PARTY SETTLEMENTS	2,204,965		
	,==:,===		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	105,491,017		

_	Total revenue (Form 990, Part VIII, column (A), line 12)		
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	er Re	turn
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		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
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	
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanat ion
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE BOARD OF TRUSTEES DESIGNATES SUBSTANTIAL ASSETS FOR THE REPLACEMENT, IMPROVEMENT, AND EXPANSION OF TANGIBLE FACILITIES OWNED BY MUNSON MEDICAL CENTER TO ENSURE FUNDS ARE AVAILABLE TO MAINTAIN THE HOSPITAL ASSETS TO CARRY OUT ITS MISSION A PORTION OF THE TERM ENDOWMENT ASSETS ARE OUTSTANDING PLEDGES ON THE EMERGENCY DEPARTMENT CONSTRUCTION PROJECT THE REMAINING PORTION OF THE TERM ENDOWMENT ASSETS ARE THOSE HELD FOR SPECIFIC MEDICAL PURPOSES, AS DEFINED BY DONORS THOSE ASSETS ARE BEING HELD FOR A VARIETY OF DONOR INTERESTS INCLUDING ADAPTIVE SPORTS, PEDIATRIC THERAPY, OTHER PEDIATRIC MEDICAL NEEDS, RESEARCH, AND PATIENT ASSISTANCE
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	MUNSON MEDICAL CENTER HAS NO FIN 48 LIABILITIES, AND THEREFORE, NO FOOTNOTE DISCLOSURE ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

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2008

SCHEDULE F (Form 990)

Department of the Treasury Int

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Statement of Activities Outside the United States

Internal Revenue Service			Inspect ion							
	e of the organization ISON MEDICAL CENTE	R			Employer ide 38-136283	entification number				
Pa		ormation on Ac		ide the United States	S. Complete if the organ					
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance									
2	For grant makers. Desc United States	cribe in Part IV the	organization's pi	rocedures for monitoring th	ne use of grant funds outsid	e the				
3	Activites per Region (Use Schedule F-1	(Form 990) If ad	ditional space is needed)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region				
	TRAL AMERICA AND CARIBBEAN			SELFINSURANCE	INSURANCE	72,728				

Totals ▶

72,728

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

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Identifier	ReturnReference	ed in Part I, line 2, and any other additional information. Explanation
DDITIONAL INFORMATION	SCHEDULE F, PAGE 4, PART IV	EXPENDITURES ARE REPORTED BASED ON THE ACCRUAL METHOD OF ACCOUNTING

Software ID:

Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization MUNSON MEDICAL CENTER

Employer identification number

					38	3-1362830			
Pa	rt I Charity Care and	Certain O	ther Com	munity Benefits a	t Cost (Optional fo	r 2008)			
_	.							Yes	No
1a	Does the organization have a						1a		<u> </u>
	If "Yes," is it a written policy						1b		<u> </u>
2	If the organization has multip care policy to the various hos		ındıcate whic	ch of the following best	describes application	of the charity			
	Applied uniformly to all ho			Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a		
	Γ _{100%} Γ _{150%}	Γ2	200%	7 O ther	%				
b	Does the organization use FP	G to determir	ne eliaibility	for providina <i>discounte</i>	d care to low income i	ndıvıduals? If			
_	"Yes," indicate which of the fo						Зь		
	`	-	•				30	+-+	
	T 200%	I 300)% 	350% — 400	% I Other_	%			
c	If the organization does not u determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	ide in the description w	hether the organizati				
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	lly indigent"?		4		
5a							5a		
b									
c									
6a	Does the organization prepar						5c 6a		
	If "Yes," does the organization						6b		
	Complete the following table worksheets with the Schedule	using the worl							
7	Charity Care and Certain O		nıty Benefits	at Cost					
ı	Charity Care and Means-Tested Government Programs	(a) Number of	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero	
а	Charity care at cost (from	(-500.001)					1		
b	worksheets 1 and 2) Unreimbursed Medicaid (from								
с	worksheet 3, column a) Unreimbursed costs—other means-tested government programs (from Worksheet 3,								
d	column b) Total Charity Care and								
	Means-Tested Government Programs								
e	Other Benefits 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)								
-	Total Other Benefits								
k '	Total (line 7d and 7j)	I				1	I		

	activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offset revenue	(e) Net communit building expense	,	(f) Pero total ex	
1	Physical improvements and housing								
2	Economic development								
3	Community support								
4	Environmental improvements								
5	Leadership development and training for community members								
7	Coalition building Community health improvement advocacy								
8	Workforce development								
9	Other								
.0	Total		<u> </u>		2222)				
ar	Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
2 3 4 ect	Statement No 15? Enter the amount of the organi Enter the estimated amount of attributable to patients eligible Provide in Part VI the text of t In addition, describe the costil for including other bad debt am on B—Medicare	zation's bad d the organizat under the org he footnote to ng methodolog	ion's bad debt of ganization's cha the organization gy used in deter	expense (at cost) arity care policy on's financial staten					
5	Enter total revenue received fr	om Medicare	(including DSH	and IME)	5				
6	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5	6				
7	Enter line 5 less line 6—surpl	•	•		7				
8	Describe in Part VI the extent the costing methodology or so following methods was used	urce used to d	letermine the a	mount reported on l	ine 6 and indicate				
	Cost accounting system	I Co	st to charge ra	tio I	Other				
	on C—Collection Practices								
9a	Does the organization have a v If "Yes," does the organization					to be followed for	9a		
9b	patients who are known to qua						9b		
Pai	t IV Management Com	panies and	Joint Ventu	res (Optional for	2008)	1			
	(a) Name of entity	(t	D) Description of pr activity of entity	imary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physi ofit % oi wnershi	stock
2									
3							+		
5									
,									
•									
0									
10									
10									
8 9 10 11 12 13									

Part V Facility Information (Required for 2008) ER-other ER-24 hours Children's hospital Teaching hospital Research facility Critical access hospital Name and address Other (Describe) eur groat MUNSON MEDICAL CENTER 1105 SIXTH ST Х Х TRAVERSE CITY, MI 49684 NORTHWEST MICHIGAN SURGERY CENTER 4100 PARK FOREST DR **OUTPATIENT SURGERY CENTER** TRAVERSE CITY, MI 49684

Schedule H (Form 990) 2008

P	art VI Supplemental Information (Optional for 2008)
	implete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
	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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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493144002610

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion Employer identification number

MONSON MEDICAL CENTER						38-1362830	
Part I General Inform 1 Does the organization may the selection criteria use 2 Describe in Part IV the o	aintain records to s d to award the grai	nts or assistance?	t of the grants or assista				ГYes Г
Part II Grants and Ot Form 990, Part I Part IV and Sch	her Assistance IV, line 21 for ar edule I-1 if addi	e to Governments ny recipient that rec	and Organizations erved more than \$5,0	in the United Sta	tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•	_	
3 Enter total number of oth	er organizations .					<u> </u>	·

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MEDICAL AND OCCUPATIONAL	49	17,493			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493144002610

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 MUNSON MEDICAL CENTER

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

38-1362830

Pa	rt I Questions Regarding Compensation	n		·		
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	1?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		•	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					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	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
K DOUGLAS DECK	(ı) (ıı)	502,855	361,127	38,347	173,566	14,100	1,089,995	<i>i</i>
EDWIN A NESS	(ı) (ıı)	338,321	95,063	27,116	103,573	16,556	580,629	11,60
EDWARD CARLSON	(ı) (ıı)	208,932	37,242	47,994	29,565	12,377	7 336,110	12,92
MARK A HEPLER	(I) (II)	153,678	27,658	6,211	19,695	16,453	3 223,695	;
DAVID MCGREAHAM MD	(ı) (ıı)	235,044	46,028	28,495	30,877	14,781	355,225	11,92
PAUL M SHIRILLA	(ı) (ıı)	212,117	42,356	34,594	28,390	11,795	329,252	2 11,89
CHRISTOPHER PODGES	(ı) (ıı)	210,348	38,553	16,335	27,799	18,486	311,521	
KATHLEEN MCMANUS	(ı) (ıı)	192,169	40,151	16,216	23,930	12,764	4 285,230	9,76
MARK R ANTHONY	(ı) (ıı)	163,666	36,007	37,005	24,219	4,481	1 265,378	
SUZANNE K PETERS	(ı) (ıı)	121,497	31,654	43,742	19,154	12,740	228,787	
JAMES P FISCHER	(ı) (ıı)	145,057	30,441	19,735	19,695	17,850	232,778	
THOMAS SCHERMERHORN MD	(ı) (ıı)	450,408	23,819	31,538	29,073	17,904	552,742	
AHMET SEVIMLI MD	(ı) (ıı)	297,443	565	21,955	19,364	17,055	356,382	
DREW V COLLINS	(ı) (ıı)	282,332		16,011	18,000	12,485	328,828	
JOHN D FAICHNEY	(ı) (ıı)	196,342	19,451	18,943	13,081	16,044	263,861	
STEVEN YOUNG MD	(ı) (ıı)	206,804		23,041	13,912	13,868	3 257,625	

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

Ident if ier	Return Reference	Explanation
NONQUALIFIED,	PAGE 1, PART	K DOUGLAS DECK 0 141,073 0 EDWIN A NESS 0 82,175 0 EDWARD CARLSON 0 14,884 0 MARK A HEPLER 0 9,798 0 DAVID MCGREAHAM, MD 0 15,636 0 PAUL M SHIRILLA 0 14,220 0 CHRISTOPHER PODGES 0 13,884 0 KATHLEEN MCMANUS 0 11,910 0 MARK R ANTHONY 0 12,042 0 SUZANNE K PETERS 0 9,528 0 JAMES P FISCHER 0 9,798 0

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

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

(A) Name		(B) Breakdown of	FW-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
K DOUGLAS DECK	(I) (II)	502,855	361,127	38,347	173,566	14,100	1,089,995	
EDWIN A NESS	(ı) (ıı)	338,321	95,063	27,116	103,573	16,556	580,629	11,601
EDWARD CARLSON	(ı) (ıı)	208,932	37,242	47,994	29,565	12,377	336,110	12,925
MARK A HEPLER	(ı) (ıı)	153,678	27,658	6,211	19,695	16,453	223,695	
DAVID MCGREAHAM MD	(ı) (ıı)	235,044	46,028	28,495	30,877	14,781	355,225	11,928
PAUL M SHIRILLA	(I) (II)	212,117	42,356	34,594	28,390	11,795	329,252	11,892
CHRISTOPHER PODGES	(ı) (ıı)	210,348	38,553	16,335	27,799	18,486	311,521	
KATHLEEN MCMANUS	(ı) (ıı)	192,169	40,151	16,216	23,930	12,764	285,230	9,765
MARK R ANTHONY	(1) (11)	163,666	36,007	37,005	24,219	4,481	. 265,378	
SUZANNE K PETERS	(I) (II)	121,497	31,654	43,742	19,154	12,740	228,787	
JAMES P FISCHER	(ı) (ıı)	145,057	30,441	19,735	19,695	17,850	232,778	
THOMAS SCHERMERHORN MD	(ı) (ıı)	450,408	23,819	31,538	29,073	17,904	552,742	
AHMET SEVIMLI MD	(ı) (ıı)	297,443	565	21,955	19,364	17,055	356,382	
DREW V COLLINS	(ı) (ıı)	282,332		16,011	18,000	12,485	328,828	
JOHN D FAICHNEY	(ı) (ıı)	196,342	19,451	18,943	13,081	16,044	263,861	
STEVEN YOUNG MD	(ı) (ıı)	206,804		23,041	13,912	13,868	257,625	

DLN: 93493144002610

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

Name of the organization Employer identification number MUNSON MEDICAL CENTER 38-1362830 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No 2005A GT COUNTY HOSPITAL **FINANCE AU** 38-6004832 386523DK7 11-03-2005 25,000,000 REFUNDING Х Х 2005B GT COUNTY HOSPITAL **FINANCE AU** 38-6004832 386523DL5 11-03-2005 30,000,000 ER CONSTRUCTION Χ Χ Part II **Proceeds** (Optional for 2008) Α В С D Ε Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes Yes No No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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As Filed Data -

DLN: 93493144002610

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2008

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

► 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.

Transactions with Interested Persons

IUNSON MEDICAL CENTER										
				38	3-136	2830)			
To be completed by organization	•							. Part	V , line	40b
() N									C) Corre	
1 (a) Name of disqualifier		(b) Des	cription of transa	ection				Yes	No	
2 Enter the amount of tax imposed on								<u>_</u>	<u> </u>	
section 4958	ne 2, abov	e, reimburs	ed by the organization .		· ·	<u>*</u>		V , line	: 38a	
(a) Name of interested person and purpose	(b) Loa a) Name of interested person and from		to or (c)O riginal principal			In	(1 Appr	oved ard or	(g)Wi	
	То	From			Yes	No	Yes	No	Yes	No
		· ·								

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)A mount 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	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
MAUREEN CARLSON	WIFE OF KEY EMP	40,141	RELATED FAMILY COMP		Νο
DAVID FRIAR	TRUSTEE	1,468,447	GROUP PRACTICE PHYSI		Νο

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization MUNSON MEDICAL CENTER

► 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.

Employer identification number

38-1362830

ldentifier	Return Reference	Explanation
AMENDED RETURN EXPLANATION	FORM 990, PAGE 1, ITEM B	THE MUNSON MEDICAL CENTER 2008 FORM 990 WAS AMENDED TO INDICATE THAT THE BOARD OF TRUSTEES RECEIVED A COPY OF THE FORM 990 PRIOR TO ITS FILING THUS, PART VI, SECTION A QUESTION 10 IS NOW MARKED "YES" THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FORM FOR DISTRIBUTION TO THE BOARD OF TRUSTEES THE BOARD WAS PROVIDED A COPY OF THE RETURN PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	EDWIN A NESS DAVID MCGREAHAM PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS CHRISTOPHER PODGES PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS MARK R ANTHONY PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS SUZANNE K PETERS PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS JAMES P FISCHER PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER K DOUGLAS DECK EDWARD CARLSON TRUSTEE CFO 10 MOS MUNSON HEALTHCARE EMPLOYER K DOUGLAS DECK MARK A HEPLER TRUSTEE INTERIM CFO MUNSON HEALTHCARE EMPLOYER K DOUGLAS DECK PAUL M SHIRILLA TRUSTEE KEY EMPLOYEE MUNSON HEALTHCARE EMPLOYER

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	· ·	MUNSON MEDICAL CENTER IS ORGANIZED ON A NONSTOCK MEMBERSHIP BASIS THE SOLE MEMBER IS MUNSON HEALTHCARE, AN IRS SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN THE EVENT OF A DISSOLUTION, MUNSON MEDICAL CENTER'S NET ASSETS WOULD BE DISTRIBUTED TO MUNSON HEALTHCARE

ldentifier	Return Reference	Explanation			
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	FOUR ELECTED TRUSTEES OF MUNSON MEDICAL CENTER ARE DIRECTORS OF MUNSON HEALTHCARE ALL OTHER TRUSTEES ARE CHOSEN FROM A MONG THOSE NOMINATED BY THE GOVERNANCE COMMITTEE			

	ldentifier	Return Reference	Explanation
Т		FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE MUNSON MEDICAL CENTER TRUSTEES ARE APPROVED BY THE MUNSON HEALTHCARE BOARD OF DIRECTORS INCLUDING THE ACCEPTANCE OF THE ANNUAL BUDGET, AND ANNUAL FINANCIAL STATEMENTS, INCURRENCE OF CERTAIN DEBT, AND APPOINTMENT OF THE PRESIDENT

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE MUNSON MEDICAL CENTER BOARD IS DEEPLY COMMITTED TO THE ACCURACY AND THOROUGHNESS OF THE FORM 990 REPORTING MUNSON MEDICAL CENTER BELONGS TO THE MUNSON HEALTHCARE SYSTEM AT THE CORPORATE LEVEL, THE RESPONSIBLE INDIVIDUALS FROM THE FINANCE, ADMINISTRATION, BUSINESS, LEGAL, HUMAN RESOURCES, PUBLIC RELATIONS, AND FUND DEVELOPMENT DEPARTMENTS PREPARE AND REVIEW PORTIONS OF THE FORM 990 BOARD COMMITTEES THEN FURTHER REVIEW SPECIFIC DISCLOSURES THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION INFORMATION CONTAINED IN THE CORE FORM AS WELL AS THE SCHEDULE J INFORMATION THE CONFLICT, VALUATION AND COMPLIANCE COMMITTEE REVIEWS THE CONFLICT OF INTEREST DISCLOSURES PREPARED BY BOARD MEMBERS AND KEY EMPLOYEES TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE AUDIT COMMITTEE REVIEWS MUNSON HEALTHCARE, MUNSON MEDICAL CENTER, MUNSON HEALTHCARE REGIONAL FOUNDATION, AND SELECTED OTHER SYSTEM ENTITY FORMS 990 ON AN ANNUAL BASIS

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE MUNSON MEDICAL CENTER BOARD HAS A STANDING CONFLICT, VALUATION, AND COMPLIANCE ("CVC") COMMITTEE ANY TRANSACTIONS WITH DISQUALIFIED PERSONS ARE SUBJECT TO PRIOR APPROVAL OF FAIR MARKET VALUE BY THE CVC COMMITTEE ANNUALLY, THE CVC COMMITTEE DIRECTS THE PROCESS FOR EACH TRUSTEE AND KEY EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THE RESPONSES ARE REVIEWED AND SUMMARIZED BY MUNSON MEDICAL CENTER'S LEGAL DEPARTMENT A FULL REPORT IS PRESENTED TO THE CVC COMMITTEE FOR ITS REVIEW AND APPROVAL THE CVC COMMITTEE UTILIZES THE QUESTIONNAIRE RESPONSES TO EVALUATE ANY TRANSACTION WITH A POTENTIAL CONFLICT

ldentifier R	Return Reference	Explanation
PROCESS FOR TOP OFFICIAL	ORM 990, AGE 6, ART VI, INE 15A	THE PROCESS FOR DETERMINING APPROPRIATE LEVELS OF PAY FOR EXECUTIVE POSITIONS WITHIN MUNSON HEALTHCARE IS CAREFULLY AND THOUGHTFULLY DIRECTED BY THE BOARD OF DIRECTORS, THROUGH THE COMPENSATION AND EXECUTIVE LEADERSHIP DEVELOPMENT COMMITTEE THE COMMITTEE UTILIZES "BEST PRACTICES" METHODS OF DETERMINING COMPENSATION AND, AS SUCH, IS COMPOSED OF EIGHT MEMBERS WHOSE VOTING MEMBERS ARE INDEPENDENT THE COMMITTEE IS CHARGED WITH ENSURING THAT EXECUTIVE COMPENSATION IS DESIGNED TO ATTRACT AND RETAIN HIGH QUALITY, PROFESSIONAL LEADERSHIP WHILE MAINTAINING STRONG STEWARDSHIP FOR THE ORGANIZATION ANNUALLY, THE COMMITTEE RETAINS A NATIONAL INDEPENDENT CONSULTANT TO ENSURE THAT MHC'S COMPENSATION PRACTICES AND LEVELS ARE INDEPENDENTLY REVIEWED WHILE BEING COMPETITIVE AND REASONABLE COMPENSATION LEVELS REFLECT THE SCOPE OF EACH EXECUTIVE'S RESPONSIBILITIES, EDUCATIONAL BACKGROUND, EXPERIENCE, AND INDUSTRY STANDING AS WELL AS INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE ANNUAL COMPENSATION FOR MUNSON EXECUTIVES IS DETERMINED IN PART BY MEASURABLE PROGRESS TOWARD THE ORGANIZATION'S GOALS INCLUDING CONTINUED IMPROVEMENT IN CLINICAL QUALITY, COMMUNITY HEALTH, AND OPERATIONAL EFFICIENCIES MUNSON HEALTHCARE'S GOAL FOR EXECUTIVE BASE COMPENSATION IS TO BE AT THE MEDIAN NATIONALLY WHEN COMPARED TO LIKE-SIZE NON-PROFIT HOSPITALS AND HEALTHCARE SYSTEMS IN GENERAL, AND BASED ON THE EXPERIENCE AND PERFORMANCE OF THE EXECUTIVE, MUNSON WILL POSITION TOTAL CASH COMPENSATION BETWEEN THE 50TH AND 75TH PERCENTILE OF COMPETITIVE TOTAL CASH COMPENSATION

ldentifier	Return Reference	Explanation				
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OTHER KEY EMPLOYEES IS CONSISTENT WITH THAT OF THE TOP EXECUTIVES FOR MUNSON MEDICAL CENTER				

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON MEDICAL CENTER ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE MUNSON MEDICAL CENTER DOES NOT MAKE THE BYLAWS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ANNUALLY, MUNSON MEDICAL CENTER PREPARES AND DISTRIBUTES AN ANNUAL REPORT TO THE COMMUNITY, WHICH CONTAINS FINANCIAL AS WELL AS PROGRAM DATA

ldentifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	K DOUGLAS DECK, PRESIDENT OF MUNSON HEALTHCARE, SYSTEM PARENT CORPORATION, ALLOCATES ALL HIS TIME TO THAT COMPANY EDWARD CARLSON, CFO FOR 10 MONTHS, ALLOCATED 40% OF HIS TIME TO MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, AND 60% TO MUNSON MEDICAL CENTER MARK HEPLER, INTERIM CFO FOR 2 MONTHS, ALLOCATES 30% OF HIS TIME TO MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, 70% TO MUNSON MEDICAL CENTER, AND LESS THAN AN HOUR A WEEK TO THE REMAINING ORGANIZATIONS IN THE MUNSON HEALTHCARE SYSTEM IN HIS CAPACITY AS CFO FOR ALL MUNSON SYSTEM ORGANIZATIONS EDWIN A NESS IS PRESIDENT OF MUNSON MEDICAL CENTER AND ALLOCATES 90% OF HIS TIME TO THAT COMPANY AND 10% TO MUNSON HEALTHCARE SYSTEM MATTERS PAUL M SHIRILLA, VICE PRESIDENT OF GENERAL COUNSEL FOR THE MUNSON HEALTHCARE SYSTEM, ALLOCATES 85% OF HIS TIME TO SYSTEM MATTERS AND 15% TO MUNSON MEDICAL CENTER MARK ANTHONY IS A VICE PRESIDENT FOR MUNSON MEDICAL CENTER AND ALLOCATES 95% OF THIS TIME TO THAT COMPANY HE DEVOTES APPROXIMATELY 2-3 HOURS A WEEK TO MUNSON DIALYSIS CENTER AS PRESIDENT

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	A UDITED FINANCIAL STATEMENTS MUNSON MEDICAL CENTER'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AS PART OF THE AUDIT OF MUNSON HEALTHCARE AND SUBSIDIARIES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND RECEIVED AN UNQUALIFIED OPINION FROM ERNST & YOUNG MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, MAINTAINS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS, THE SELECTION OF THE INDEPENDENT AUDITORS, AND THE PROCESS FOR PREPARING THE FORM 990 THAT PROCESS INCLUDES THE REVIEW OF MUNSON HEALTHCARE, MUNSON MEDICAL CENTER, MUNSON HEALTHCARE REGIONAL FOUNDATION, AND SELECTED OTHER SYSTEM ENTITY FORMS 990 ON AN ANNUAL BASIS EXPLANATION OF MUNSON HEALTHCARE CEO COMPENSATION IN PART VII SECTION A AND SCHEDULE J K DOUGLAS DECK, CEO OF MUNSON HEALTHCARE, RECEIVED TWO INCENTIVE PAYMENTS IN CALENDAR 2008 COVERING TWO FULL FISCAL YEARS, 2007 AND 2008 THIS HAS THE EFFECT OF OVERSTATING THE ANNUAL COMPENSATION AMOUNT WHEN REPORTED ON A CALENDAR YEAR BASIS THE PAYMENTS OCCURRED IN TWO FISCAL YEARS, THE FIRST OF WHICH WAS MR DECK'S FIRST YEAR WITH MUNSON HEALTHCARE THE BOARD OF DIRECTORS APPROVED THE PAYMENTS IN ACCORDANCE WITH THE COMPENSATION POLICIES OF MUNSON HEALTHCARE

DLN: 93493144002610

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

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. Internal Revenue Service Name of the organization **Employer identification number** MUNSON MEDICAL CENTER 38-1362830 **Identification of Disregarded Entities** Part I Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Total income Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) (E) (F) Name, address, and EIN of related organization Legal domicile (state Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	ortionate	(I) Code V—UBI amount on Box 20 of K-1	Gene man	(J) eral or laging tner?
							Yes	No		Yes	No
MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI496851188 38-2830005	REAL ESTAT	MI	NA	RELATED	117,890	1,754,090		No		Yes	
NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI49686 38-3453378	PURCHASING	MI	N/A					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
MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI496851188 38-2872821	LAUNDRY	MI	NA	C CORP	4,084,427	4,218,854	100 000 %
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-3144382	PHARMACY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION PO BOX 1188 TRAVERSE CITY, MI496851188 38-3567278	REAL ESTAT	MI	NA	C CORP	186,700	18,757	77 820 %

Part V	Transactions	with	Related	Organizations	
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Schedule	R (Form 990) 2008				Ра	age 3
Part \	Transactions with Related Organizations					
No	e. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Durin	g the tax year, did the orgranization engage in any of the following transactions	with one or more related organizations listed in Parts II-IV	7			
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entit	у	1	1a		No
b Gr	t, grant, or capital contribution to other organization(s)		Ţ	1b		No
c Gif	t, grant, or capital contribution from other organization(s)		1	1c	Yes	
d Lo	ans or loan guarantees to or for other organization(s)		1	1d		No
e Lo	ans or loan guarantees by other organization(s)		1	1e		No
f Sa	le of assets to other organization(s)		1	1f	Yes	
	rchase of assets from other organization(s)		⊢	1g		No
	change of assets		<u> </u>	1h		No
	se of facilities, equipment, or other assets to other organization(s)		[1i	Yes	
j Lea	se of facilities, equipment, or other assets from other organization(s)		[7	1j		No
k Pe	rformance of services or membership or fundraising solicitations for other orga	nızatıon(s)	1	1k	Yes	
l Per	formance of services or membership or fundraising solicitations by other organ	nization(s)	7	1 l	Yes	
m Sh	arıng of facılıtıes, equipment, mailing lists, or other assets		1	1m	Yes	
n Sh	aring of paid employees		1	1n	Yes	
o Re	ımbursement paıd to other organızatıon for expenses		1	10	Yes	
p Re	ımbursement paıd by other organization for expenses		1	1p	Yes	
q 0 t	her transfer of cash or property to other organization(s)		[1	1q	Yes	
r Ot	ner transfer of cash or property from other organization(s)		[3	1r		No
2 If t	he answer to any of the above is "Yes," see the instructions for information on		s and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved			

(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) Prımary 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?		20 of K-1		or Đ
			Yes	No		Yes	No		Yes	No
			•	•	•	•	•	Cabadul	P (Form	200) 2000

Software ID: Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiz	ations	ı	ı	
(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
MUNSON DIALYSIS CENTER					
1105 SIXTH ST TRAVERSE CITY, MI49684 38-3097861	DIALYSIS	MI	(C)		MUNSON HC HEALTHCARE
MUNSON HEALTHCARE	,				
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2640544	HEALTHCARE	МІ	(C)	11B	N/A
MUNSON HEALTHCARE REGIONAL FOUNDATI					
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2642724	RAISE FUND	MI	(C)	17	MUNSON HC HEALTHCARE
MUNSON HOME CARE					
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2191390	HOME HEALT	MI	(C)	IG	MUN HOME H HEALTHCARE
MUNSON HOME HEALTH	,				
1105 SIXTH ST TRAVERSE CITY, MI49684 38-3335362	HOME HEALT	MI	(C)	11 1 K	MUN HOME H HEALTHCARE
MUNSON HOME SERVICES	,				
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2543463	HOME HEALT	MI	(C)	IQ	MUNSON HC HEALTHCARE
MUNSON MOBILE IMAGING INC		<u> </u>			
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2704069	HEALTHCARE	MI	(C)		MUNSON HC HEALTHCARE
NORTH FLIGHT INC	,				
1105 SIXTH ST TRAVERSE CITY, MI49684 38-2657917	MED TRANSP	MI	(C)	11 1 K	MUNSON HC HEALTHCARE
PAUL OLIVER MEMORIAL HOSPITAL					
1105 SIXTH ST TRAVERSE CITY, MI49684 38-1415623	HEALTHCARE	МІ	(C)	1 ⊀	MUNSON HC HEALTHCARE
PAUL OLIVER MEMORIAL HOSPITAL FOUND					
1105 SIXTH ST TRAVERSE CITY, MI49684 23-7201619	RAISE FUND	MI	(C)	17	PAUL OLV H HEALTHCARE

	990, Schedule R, Part V - Transactions with Related Organizations (A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	MEDICAL OFFICE CONDOMINIUM ASSOCIAT	К	256,223
(2)	MEDICAL OFFICE CONDOMINIUM ASSOCIAT	P	64,638
(3)	MUNSON DIALYSIS CENTER	К	88,912
(4)	MUNSON DIALYSIS CENTER	N	1,640,793
(5)	MUNSON DIALYSIS CENTER	Р	685,187
(6)	MUNSON HEALTHCARE	В	1,825,000
(7)	MUNSON HEALTHCARE REGIONAL FOUNDATI	С	434,892
(8)	MUNSON HEALTHCARE REGIONAL FOUNDATI	L	515,243
(9)	MUNSON HEALTHCARE REGIONAL FOUNDATI	Р	273,027
(10)	MUNSON HOME CARE	К	196,149
(11)	MUNSON HOME CARE	I	94,310
(12)	MUNSON HOME CARE	Р	12,292,232
(13)	MUNSON HOME HEALTH	I	73,776
(14)	MUNSON HOME HEALTH	Р	1,635,235
(15)	MUNSON HOME SERVICES	К	162,272
(16)	MUNSON HOME SERVICES	Р	4,111,054
(17)	MUNSON MEDICAL BUILDING PARTNERS	J	636,349
(18)	MUNSON MEDICAL BUILDING PARTNERS	Р	377,816
(19)	MUNSON SERVICES INC	N	1,836,003
(20)	MUNSON SUPPORT SERVICES	L	1,927,082
(21)	MUNSON SUPPORT SERVICES	Р	2,114,990
(22)	NORTH FLIGHT INC	К	176,641
(23)	NORTH FLIGHT INC	L	61,619
(24)	NORTH FLIGHT INC	Р	6,191,364
(25)	NORTHERN MICHIGAN SUPPLY ALLIANCE	F	145,225
(26)	NORTHERN MICHIGAN SUPPLY ALLIANCE	J	126,000
(27)	NORTHERN MICHIGAN SUPPLY ALLIANCE	К	130,302
(28)	NORTHERN MICHIGAN SUPPLY ALLIANCE	L	2,743,756
(29)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	315,296
(30)	NORTHERN MICHIGAN SUPPLY ALLIANCE	Р	14,178,162

Form 9	990, Schedule R, Part V - Transactions with Related Organizations		
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(31)	PAUL OLIVER MEMORIAL HOSPITAL	К	668,038
(32)	PAUL OLIVER MEMORIAL HOSPITAL	N	952,018
(33)	PAUL OLIVER MEMORIAL HOSPITAL	0	173,205
(34)	PAUL OLIVER MEMORIAL HOSPITAL	Р	5,852,327
(35)	MUNSON MOBILE IMAGING	0	54,732
(36)	MUNSON MOBILE IMAGING	Р	1,694,287
4			

Software ID: Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C ion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
K DOUGLAS DECK , TRUSTEE		Х						0	902,329	187,666
EDWIN A NESS , PRESIDENT	36	Х		Х				460,500	0	120,129
WARD R GILLETT MD , PRES MED STA	4	X						37,790	0	0
EDWARD J RUTKO WSKI MD , FORMER CHAIR	8	Х		х				18,375	0	0
CARL G BENNER MD , TRUSTEE	4	Х						9,375	0	0
DAVID FRIAR MD , TRUSTEE	4	Х						9,375	0	0
GORDON H WINSTANLEY , TRUSTEE	4	Х						9,375	0	0
JOSEPH KOSTRZEWA , TRUSTEE	4	Х						9,375	0	0
MICHAEL D SIMPSON , TRUSTEE	4	Х						9,375	0	0
NANCY FISHER , TRUSTEE	4	Х						9,375	0	0
SHIRLANNA CORREIA , TRUSTEE	4	Х						9,375	0	0
WILLIAM ANDERSON , TRUSTEE	4	Х						9,375	0	0
JOHN ERB , VICE CHAIR	4	Х		Х				9,375	0	0
GEORGE BEARUP , TREASURER	6	X		Х				9,375	0	0
REX ANTINOZZI MD , SECRETARY	6	Х		Х				9,375	0	0
ROBERT W SPRUNK , CHAIR	4	X		Х				9,375	0	0
DANIEL T WOLF , TRUSTEE	4	Х						0	0	0
JAMES DUTMERS JR , TRUSTEE	4	Х						0	0	0
THOMAS G MCINTYRE , TRUSTEE	4	Х						0	0	0
PATRICK E HEINTZ , TRUSTEE	4	X						0	0	0
THOMAS H FOX , TRUSTEE	4	X						0	0	0
EDWARD CARLSON , CFO 10 MONTH	24			Х				0	294,168	41,942
MARK A HEPLER , INTERIM CFO	28			Х				0	187,547	36,148
DAVID MCGREAHAM MD , VP MED AFFAR	40				х			309,567	0	45,658
PAUL M SHIRILLA , ASST SEC/VP	6				Х			0	289,067	40,185
CHRISTOPHER PODGES , VP INFO SYST	40				х			265,236	0	46,285
KATHLEEN MCMANUS , SENIOR VP					Х			0	248,536	36,694
MARK RANTHONY , SR VICE PRES	40				Х			236,678	0	28,700
SUZANNE K PETERS , VP HR	40				Х			196,893	0	31,894
JAMES P FISCHER , VP PATI'T CR	40				Х			195,233	0	37,545

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
THOMAS SCHERMERHORN MD , PHYSICIAN	40					Х		505,765	0	46,977	
AHMET SEVIMLI MD , PHYSICIAN	40					Х		319,963	0	36,419	
DREW V COLLINS , PHYSICIAN	40					Х		298,343	0	30,485	
JOHN D FAICHNEY , PHYSICIAN	40					Х		234,736	0	29,125	
STEVEN YOUNG MD , PHYSICIAN	40					Х		229,845	0	27,780	

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 MEDICARE AND MEDICAID PMTS	621,990	202,019,208	202,019,208		
b PATIENT SERVICE REVENUE	621,990	192,149,413	192,149,413		
c SERVICES TO OTHER ORGANIZATIO	621,990	2,450,521	2,450,521		
d HEALTH SERVICE REVENUE	621,990	1,489,043	1,489,043		
e RENT FROM RELATED ORGS	531,120	263,376	263,376		