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Amended

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning**and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☒ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C Name of organization****CRITTENTON HOSPITAL MEDICAL CENTER**

Doing Business As

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

1101 W. UNIVERSITY DRIVE

City or town, state or country, and ZIP + 4

ROCHESTER, MI 48307**F Name and address of principal officer** **FRANK SOTTILE, MD****SAME AS C ABOVE****D Employer identification number****38-1359247****E Telephone number****248-652-5000****G Gross receipts \$ 333,106,345.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.CRITTENTON.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1900** **M State of legal domicile:** **MI****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities CRITTENTON HOSPITAL MEDICAL CENTER IS DEDICATED TO ENHANCING THE HEALTH STATUS OF THE						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VII, line 1a)	3					15
4	Number of independent voting members of the governing body (Part VII, line 1b)	4					15
5	Total number of employees (Part V, line 2a)	5					1980
6	Total number of volunteers (estimate if necessary)	6					427
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a					3,146,452.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					-904,690.
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		2,300.		500.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		204,213,372.		222,786,735.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, and 11e)		-1,612,657.		-3,691,850.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,218,569.		1,769,152.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,821,584.		220,864,537.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a	Professional fundraising fees (Part IX, column (A), line 11)		92,169,728.		99,731,256.		
16b	Total fundraising expenses (Part IX, column (D), line 25)						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		113,312,439.		128,170,280.		
19	Revenue less expenses - Subtract line 18 from line 12		205,482,167.		227,901,536.		
20	Total assets (Part X, line 16)		-1,660,583.		-7,036,999.		
21	Total liabilities (Part X, line 26)						
22	Net assets or fund balances - Subtract line 21 from line 20		Beginning of Current Year		End of Year		
			353,705,165.		314,819,430.		
			159,178,762.		160,568,429.		
			194,526,403.		154,251,001.		

Part II Signature Block

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

Sign Here

Signature of officer

Date

7-12-13**FRANK SOTTILE, MD, INTERIM CEO**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐Preparer's identifying number (see instructions)
000842339

Firm's name (or yours if self-employed), address, and ZIP + 4

PLANTE & MORAN, PLLC**P.O. BOX 307****SOUTHFIELD, MI 48037-0307**Phone no. ▶ **248-352-2500**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

67

H

3

No statute issue

SCANNED AUG 05 2013

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

**CRITTENTON HOSPITAL MEDICAL CENTER IS DEDICATED TO ENHANCING THE
HEALTH STATUS OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN
PARTNERSHIP WITH ITS PHYSICIANS AND COMMUNITY MEMBERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 195,466,108. including grants of \$) (Revenue \$ 219,640,283.)
SEE SCHEDULE O FOR PART III, LINE 4A DESCRIPTION

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

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

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 195,466,108.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	176		
1b	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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1980		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	15
b 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 business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **TAMMIE SMITH - 248-652-5444**
1101 W. UNIVERSITY DR, ROCHESTER, MI 48307

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BEVERLY ALLEN TREASURER	1.00	X						0.	0.	0.
LISA ASADOORIAN TRUSTEE	1.00	X						0.	0.	0.
BRYAN BARNETT TRUSTEE	1.00	X						0.	0.	0.
MICHAEL BROWE TRUSTEE	1.00	X						0.	0.	0.
ROBERT GO, MD TRUSTEE	1.00	X						46,475.	0.	0.
KENNETH JOHNSON TRUSTEE	1.00	X						0.	0.	0.
DAVID KLIONSKY, MD TRUSTEE	1.00	X						1,500.	0.	0.
KATHRIN KUDNER TRUSTEE	1.00	X						0.	0.	0.
ROBERT LENIHAN II CHAIRMAN	1.00	X						0.	0.	0.
FREDERICK MAIBAUER, MD TRUSTEE	1.00	X						32,850.	0.	0.
BRADFORD MERRELLI, MD VICE CHAIRMAN	1.00	X						0.	0.	0.
SCOTT MILLER TRUSTEE	1.00	X						0.	0.	0.
RUSSELL SHELTON TRUSTEE	1.00	X						0.	0.	0.
ROBERT SKANDALARIS TRUSTEE	1.00	X						0.	0.	0.
BRAD UPTON TRUSTEE	1.00	X						0.	0.	0.
JEFFREY JENNINGS CHIEF OF STAFF	1.00	X		X				43,750.	0.	0.
LYNN ORFGEN PRESIDENT AND CEO	40.00			X				522,418.	0.	39,244.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AUDRIANNE MOCERI SECRETARY	40.00			X				62,483.	0.	20,291.
CYNTHIA LONG CFO	40.00			X				171,712.	0.	19,158.
FRANK SOTTILE CMO	40.00			X				401,641.	0.	23,599.
GREGORY PARTAMIAN COO	40.00			X				250,443.	0.	24,192.
KATHLEEN VANWAGONER CNO	40.00			X				165,410.	0.	23,347.
MICHELLE HORNBERGER CSO	40.00			X				147,597.	0.	20,163.
SAMER KAZZIHA, MD EXECUTIVE MEDICAL DIRECTOR	40.00					X		451,848.	0.	24,637.
SHERYL MAY NURSE ANESTHETIST	40.00					X		189,677.	0.	8,902.
AMARBIR S KHAIRA MD RELIEF HOUSE PHYSICIAN	40.00					X		277,158.	0.	0.
KEVIN K FLOREK DO MEDICAL DIRECTOR OCCUPATIONAL	40.00					X		245,591.	0.	24,621.
1b Total								3,224,734.	0.	263,676.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **76**

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

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
CARETECH SOLUTIONS 901 WILSHIRE DR STE 250, TROY, MI 48084	INFORMATION SRVS	4,535,154.
BARTON MALOW CO 26500 AMERICAN RD, SOUTHFIELD, MI 48034	CONSTRUCTION MGT	4,305,458.
TMV GROUP, 1751 EAST LINCOLN AVE, MADISON HEIGHTS, MI 48071	MARKETING SRVS	2,891,978.
NATIONAL GOVT SRV PO BOX 59610, NEW YORK, NY 10087	RESIDENCY SRVS	2,546,837.
BALD MTN SURG CTR, 1375 S LAPEER RD, STE 109, LAKE ORION, MI 48360	SURGICAL SRVS	1,577,063.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **52**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			500.			
Program Service Revenue	2 a <u>NET PATIENT SERVICE RE</u>	Business Code	900099	219,402,383.	216,255,931.	3,146,452.	
	b <u>INVT IN JOINT VENTURE</u>		900099	2425432.	2425432.		
	c <u>PROFESSIONAL FEES U-M</u>		900099	535,963.	535,963.		
	d <u>CPR CLASSES</u>		611600	113,149.	113,149.		
	e <u>SPORTS REHAB</u>		621990	87,028.	87,028.		
	f All other program service revenue		900099	222,780.	222,780.		
	g Total. Add lines 2a-2f			222,786,735.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3111299.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 500. of contributions reported on line 1c). See Part IV, line 18		a		26,148.			
b Less direct expenses		b		19,197.			
c Net income or (loss) from fundraising events				6,951.			6,951.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a		238855.			
b Less: cost of goods sold	b		170946.				
c Net income or (loss) from sales of inventory			67,909.			67,909.	
Miscellaneous Revenue			Business Code				
11 a <u>MISCELLANEOUS REVENUE</u>		900099	759,220.			759,220.	
b <u>WELLPOINTE IMAGING</u>		621990	300,438.			300,438.	
c <u>MEDICAL STAFF FUNCTION</u>		900099	211,240.			211,240.	
d All other revenue		900099	423,394.			423,394.	
e Total. Add lines 11a-11d			1694292.				
12 Total revenue. See instructions.			220,864,537.	219,640,283.	3,146,452.	-1,922,698.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	3,735,325.		3,735,325.	
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	76,054,868.	72,930,044.	3,124,824.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,302,978.	4,824,649.	478,329.	
9 Other employee benefits	8,519,838.	7,729,230.	790,608.	
10 Payroll taxes	6,118,247.	5,566,381.	551,866.	
11 Fees for services (non-employees):				
a Management				
b Legal	470,296.		470,296.	
c Accounting	311,067.		311,067.	
d Lobbying	55,000.		55,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	57,095.		57,095.	
g Other	32,338,200.	29,867,010.	2,471,190.	
12 Advertising and promotion	3,157,360.	2,409,539.	747,821.	
13 Office expenses	3,274,605.	1,817,791.	1,456,158.	656.
14 Information technology	6,729,490.		6,729,490.	
15 Royalties				
16 Occupancy	5,103,078.	2,059,231.	3,043,847.	
17 Travel	196,412.	82,501.	113,911.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,814.	12,940.	33,950.	1,924.
20 Interest	2,656,513.	2,622,150.	34,363.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,658,365.	10,562,278.	4,096,087.	
23 Insurance	863,721.	778,916.	84,805.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES	36,963,404.	36,659,223.	304,181.	
b BAD DEBT	11,890,225.	11,890,225.		
c PURCHASED SERVICES	2,677,289.	2,664,062.	13,227.	
d MALPRACTICE	2,205,221.		2,205,221.	
e PURCHASED SERVICES-GENL	2,115,637.	1,206,264.	909,373.	
f All other expenses	2,398,488.	1,783,674.	613,569.	1,245.
25 Total functional expenses. Add lines 1 through 24f	227,901,536.	195,466,108.	32,431,603.	3,825.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,071.	1	13,628.
	2 Savings and temporary cash investments	46,302,636.	2	47,602,336.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,222,999.	4	33,941,242.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,263,984.	8	4,129,086.
	9 Prepaid expenses and deferred charges	2,539,917.	9	2,329,425.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 288,662,947.		
	b Less accumulated depreciation	10b 139,214,898.		
		144,618,986.	10c	149,448,049.
	11 Investments - publicly traded securities	98,160,609.	11	45,429,259.
	12 Investments - other securities. See Part IV, line 11		12	19,273.
	13 Investments - program-related. See Part IV, line 11		13	15,804,139.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	30,582,963.	15	16,102,993.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	353,705,165.	16	314,819,430.	
Liabilities	17 Accounts payable and accrued expenses	22,496,807.	17	27,560,389.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	108,465,000.	20	105,285,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,300,000.	23	1,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	590,185.
	25 Other liabilities. Complete Part X of Schedule D	26,916,955.	25	26,132,855.
	26 Total liabilities. Add lines 17 through 25	159,178,762.	26	160,568,429.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	193,499,757.	27	153,286,567.
	28 Temporarily restricted net assets	1,026,646.	28	964,434.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	194,526,403.	33	154,251,001.
	34 Total liabilities and net assets/fund balances	353,705,165.	34	314,819,430.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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

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

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

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

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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

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

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

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

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

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

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

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

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

Name of organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		55,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			55,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1(G), OTHER LOBBYING ACTIVITIES: CRITTENTON HOSPITAL

MEDICAL CENTER INDIRECTLY CONDUCTS LOBBYING ACTIVITIES THROUGHOUT THE

YEAR. THE HOSPITAL HAS ENGAGED THE SERVICES OF A PROFESSIONAL LOBBYIST,

WHO PERIODICALLY MEETS WITH FEDERAL, STATE, AND LOCAL LEGISLATORS TO

DISCUSS ITEMS OF IMPORTANCE TO THE HOSPITAL AND HEALTH CARE INDUSTRY, AND

ISSUES AFFECTING THE HEALTH CARE NEEDS OF THE COMMUNITY. THE EXPENDITURES

LISTED IN PART II-B ARE FEES AND EXPENSES REIMBURSEMENTS PAID TO THE LOBBYIST DURING THE YEAR. ON RARE OCCASIONS, THE HOSPITAL ENCOURAGES ITS EMPLOYEES TO CONTACT LEGISLATORS TO CONSIDER CHANGES IN THE LAW THAT WOULD IMPROVE THE REGULATORY CLIMATE AFFECTING THE HEALTH CARE INDUSTRY AND ULTIMATELY, HEALTH CARE NEEDS OF THE COMMUNITY THE HOSPITAL SERVES. THE "GRASSROOT" LOBBYING IS INFREQUENT, AND INVOLVES NO SIGNIFICANT EXPENDITURES BY EITHER THE HOSPITAL OR ITS EMPLOYEES. NONE OF THIS ACTIVITY (DIRECT OR INDIRECT) INVOLVES POLITICAL CAMPAIGN ACTIVITY.

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1026646.	1062921.			
b Contributions	152,319.	168,931.			
c Net investment earnings, gains, and losses	19,316.	15,719.			
d Grants or scholarships					
e Other expenditures for facilities and programs	218,962.	203,894.			
f Administrative expenses	15,885.	17,031.			
g End of year balance	963,434.	1026646.			

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► 100.00 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,565,744.			2,565,744.
b Buildings	170763796.		78,676,845.	92,086,951.
c Leasehold improvements	1,635,874.		723,943.	911,931.
d Equipment	98,951,359.		58,158,023.	40,793,336.
e Other	14,746,174.		1,656,087.	13,090,087.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				149448049.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
EQUITY IN CDC	5,965,904.	COST
EQUITY IN ROC	3,681,697.	COST
GOODWILL USC, LLC	2,342,821.	COST
INVESTMENT IN MRI	1,447,935.	COST
INVESTMENT IN USC, LLC	1,002,899.	COST
INVESTMENT IN WELLPOINTE	581,504.	COST
INVESTMENT IN PREMIER	523,165.	COST
EQUITY IN SACC	170,000.	COST
EQUITY IN MOBILE PET IMAGING	88,214.	COST
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	15,804,139.	

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

(a) Description	(b) Book value
ACCOUNTS RECEIVABLE, AFFILIATES	252,112.
ACCOUNTS RECEIVABLE, MISCELLANEOUS	2,203,197.
INTEREST RECEIVABLE	398,824.
FUNDS HELD BY TRUSTEE	2,640,667.
DEBT ISSUANCE COSTS	929,483.
ACCOUNTS RECEIVABLE, KARMANOS	1,581,172.
ACCOUNTS RECEIVABLE, SAC	3,844,298.
LONG TERM ACCOUNTS RECEIVABLE	2,000,000.
DUE FROM THIRD PARTY	2,253,240.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	16,102,993.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
SELF FUNDED MALPRACTICE INS CLAIMS	4,204,954.
POST RETIREMENT HEALTH INS	579,986.
PENSION LIABILITY	21,347,915.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	26,132,855.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE USED FOR THE GIFT SHOP, THE

AUXILLIARY, AND THE HOSPITAL FOR GRANTS, SCHOLARSHIPS AND OTHER EXPENSES.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

CRITTENTON HOSPITAL MEDICAL CENTER

38-1359247

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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? ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional 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 for region
CENTRAL AMERICA/CARRIBEAN	0	0	PROGRAM SERVICES	INSURANCE	1,128,042.
Totals	0	0			1,128,042.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

38-1359247

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

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

- ☐
- No

- Total**

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	SILVER SALE	BOOK SALE	8	
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	6,699.	6,647.	13,302.	26,648.
2 Less: Charitable contributions			500.	500.
3 Gross income (line 1 minus line 2)	6,699.	6,647.	12,802.	26,148.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	4,273.	4,419.	10,505.	19,197.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(19,197)
11 Net income summary. Combine line 3, column (d), and line 10				6,951.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column (d), and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

Name of the organization **CRITTENTON HOSPITAL MEDICAL CENTER** Employer identification number **38-1359247**

Part I Charity Care and Certain Other Community Benefits at Cost

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

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			414,698.		414,698.	.19%
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,593,024.	6,102,204.	1,490,820.	.69%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			8,007,722.	6,102,204.	1,905,518.	.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			492,165.		492,165.	.23%
f Health professions education (from Worksheet 5)			4,243,489.		4,243,489.	1.97%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			72,800.		72,800.	.03%
i Cash and in-kind contributions to community groups (from Worksheet 8)			84,607.		84,607.	.04%
j Total. Other Benefits			4,893,061.		4,893,061.	2.27%
k Total. Add lines 7d and 7j			12,900,783.	6,102,204.	6,798,579.	3.15%

Part II Community Building Activities Complete this table if the organization conducted any community building activities

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			4,153.	0.	4,153.	.00%
4 Environmental improvements						
5 Leadership development and training for community members			4,786.		4,786.	.00%
6 Coalition building			50,502.		50,502.	.02%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			59,441.		59,441.	.02%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1

2 Enter the amount of the organization's bad debt expense (at cost) 2 11,890,225.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 3,794,373.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 65,772,171.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 70,259,151.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 -4,486,980.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 USC, LLC	SURGICAL CENTER	28.70%		71.30%
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 7: A COST TO CHARGE RATIO WAS USED TO CALCULATE THE
NUMBERS WHICH WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO
CHARGES.

PART I, LINE 7F: COLUMN F-BAD DEBT EXPENSE IS \$11,890,225

PART III, LINE 4: THE PROVISION FOR BAD DEBTS IS BASED UPON
MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS
CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE
COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE
YEAR MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE
ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE
RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE
PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR
UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM
INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN
PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES.

PART III, LINE 8: WE SERVICE THE INDIGENT OF OUR COMMUNITY WITHOUT
RECEIVING ADEQUATE REIMBURSEMENT, THEREFORE BENEFITING THE COMMUNITY. WE
UTILIZE THE FEDERALLY MANDATED MEDICARE REIMBURSEMENT FORMULAS TO

Part VI Supplemental Information

CALCULATE ASSOCIATED MEDICARE COSTS.

PART VI, LINE 2: THE ALLOCATION OF CRITTENTON'S RESOURCES TO IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE OF COMMUNITY RESIDENTS IS BASED ON COMMUNITY NEEDS THAT ARE IDENTIFIED BOTH THROUGH THE STRATEGIC OF LIFE OF COMMUNITY RESIDENTS AND BY CRITTENTON'S COMMUNITY HEALTH AND EDUCATION DEPARTMENT. COMMUNITY NEEDS INFORMATION IS GATHERED FROM BOTH THE CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND THROUGH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH. FOR EXAMPLE, IN 2008 THE NEED FOR A SCHOOL NURSE PROGRAM WAS IDENTIFIED WITH THE ROCHESTER COMMUNITY SCHOOLS. CRITTENTON'S NEED FOR A SCHOOL NURSE PROGRAM WAS IDENTIFIED WITH THE ROCHESTER COMMUNITY SCHOOLS. CRITTENTON'S STUDENTS AND MANAGES 450 MEDICAL MANAGEMENT PROGRAMS. IN 2009, PARTICIPATION WITH THE ROCHESTER/AUBURN HILLS COALITION RESULTED IN CRITTENTON'S SPONSORING RACHEL'S CHALLENGE, A PROGRAM WHICH PROVIDES SUICIDE PREVENTION AND INTERVENTION AND IMPROVED PEER TO PEER CONFLICT MANAGEMENT SKILLS FOR AREA YOUTH.

PART VI, LINE 3: CRITTENTON HOSPITAL MEDICAL CENTER DOES A NUMBER OF THINGS IN ORDER TO EDUCATE AND/OR ASSIST A PATIENT IN RECEIVING OUTSIDE ASSISTANCE, INCLUDING THE FOLLOWING:

1. SIGNAGE IS POSTED AT REGISTRATION POINTS AROUND THE HOSPITAL REGARDING ASSISTANCE AVAILABLE TO PAY FOR SERVICES AS WELL AS OUR INCOMPENSATED SERVICES PROGRAM, HANDOUTS ARE GIVEN TO THE PATIENTS AND THE PROGRAM IS OUTLINED ON THE BACK OF EVERY STATEMENT THAT IS SENT TO THE PATIENT.
2. FINANCIAL COUNSELORS ARE ON SITE THAT ARE CONTACTED EVERY TIME A PATIENT WITHOUT INSURANCE COMES INTO THE EMERGENCY ROOM OR IS ADMITTED TO THE HOSPITAL. IN THE PAST 12 MONTHS THE FINANCIAL COUNSELORS HAVE ASSISTED

Part VI Supplemental Information

OVER 580 PATIENTS IN QUALIFYING FOR COUNTY, STATE, FEDERAL, OR HOSPITAL ASSISTANCE PROGRAMS.

3. TAKE PART AND ASSIST PATIENTS IN QUALIFYING FOR THE COUNTY INDIGENT HOSPITALIZATION PROGRAM WHICH IS RUN DIRECTLY THROUGH THE HOSPITAL AND PLACES VIRTUALLY NO BURDEN OF ANY TYPE ON THE PATIENT IN ORDER TO BE QUALIFIED.

4. ALL MANAGERS THAT DEAL WITH THE PUBLIC ARE DIRECTLY INFORMED OF OUR UNCOMPENSATED SERVICE PROGRAMS AND VERBALLY ASSIST PATIENTS WITH SUGGESTIONS AS WELL AS OUR CASHIERS HAVING ACCESS TO THE SAME INFORMATION AND TRAINING.

5. OFFER ASSISTANCE TO NEWBORN MOTHERS WITHOUT INSURANCE IN THE FORM OF ASSISTANCE IN APPLYING FOR MEDICAID AND PROVIDING MINIMAL PAYMENT OPTIONS.

PART VI, LINE 4: CHMC IS A 290 BED ACUTE CARE HEALTH FACILITY SERVING COMMUNITIES IN OAKLAND, MACOMB, AND LAPEER COUNTIES. THE ENTIRE SERVICE AREA ENCOMPASSES 35 ZIP CODES IN THREE REGIONS AND IS FURTHER SUBDIVIDED INTO THREE SECTORS: OUR CORE SECTOR (COMPRISED OF THE 3 ROCHESTER ZIP CODES), THE PRIMARY AND SECONDARY SECTORS. THE DEMOGRAPHIC SKEW FOR THE ARE IS SLIGHTLY OLDER THAN THE NORM WITH HIGHER HOUSEHOLD INCOMES.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - COMMUNITY HEALTH LEADERSHIP AND OTHER SENIOR LEADERS ACTIVELY PARTICIPATE ON A BROAD RANGE OF COMMUNITY COALITIONS SUCH AS THE OLDER PERSON'S COMMISSION, ROCHESTER COMMUNITY SCHOOLS, ROCHESTER/AUBURN HILLS COMMUNITY COALITION, OAKLAND COUNTY OBESITY COALITION, REGION 2 NORTH, OAKLAND COUNTY MEDICAL CONTROL AUTHORITY, MICHIGAN DEPT OF COMMUNITY HEALTH, CROSSROADS PREGNANCY CENTER AND OTHERS. THIS PROVIDES ONGOING KNOWLEDGE OF VARYING COMMUNITY NEEDS AND ADJUSTS AS ECONOMIC, ENVIRONMENTAL, AND HEALTHCARE CHANGES OCCUR IN

Part VI Supplemental Information

CRITTENTON'S KEY COMMUNITIES.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MI

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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

PART I, LINE 5A - INCENTIVE COMPENSATION RECEIVED
BASED UPON THE ACHIEVEMENT OF STRATEGIC GOALS OF THE HOSPITAL

PART I, LINE 6A- INCENTIVE COMPENSATION RECEIVED BASED
UPON THE ACHIEVEMENT OF STRATEGIC GOALS OF THE HOSPITAL

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ See the Instructions for Form 990.

Name of the Organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer Identification number

38-1359247

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
MICHIGAN STATE HOSPITAL A FINANCE AUTHORITY	38-2889417	59465E4Z3	07/30/03	52,400,000.	REFUNDED 2002B SERIES/BLDG EXP		X		X
MICHIGAN STATE HOSPITAL B FINANCE AUTHORITY	38-2889417	59465E5X7	12/23/03	21,480,000.	REIMB PRIOR CAPL EXPENDITURES		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
	Yes	No	Yes	No	Yes	No	Yes	No	
9 Were the bonds issued as part of a current refunding issue?	X		X						
10 Were the bonds issued as part of an advance refunding issue?		X							
11 Has the final allocation of proceeds been made?	X		X						
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D		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?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c 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?		X		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▲		.00 %		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▲		.00 %		.00 %		%		%		%
6 Total of lines 4 and 5		.00 %		.00 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X						
2 Is the bond issue a variable rate issue?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider	COMERICA									
c Term of hedge	5.2000000									
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

▶ \$

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

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
SAMER KAZZIHA		X	200,000.	200,000.		X		X	X	
Total				▶ \$ 200,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS AND COMMUNITIES IT SERVES IN PARTNERSHIP WITH ITS
PHYSICIANS AND COMMUNITY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BY THE
FINANCE DEPARTMENT, AND THEN IS SENT TO AN OUTSIDE CERTIFIED PUBLIC
ACCOUNTANTS OFFICE WHERE THE RETURN IS REVIEWED. THE FINAL RETURN IS THEN
GIVEN TO THE BOARD OF DIRECTORS VIA EMAIL FOR REVIEW. AFTER THE REVIEW, THE
RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE SECRETARY OF THE BOARD GOES
OVER THE RESPONSES WITH THE COMPLIANCE OFFICER. THE HOSPITAL POLICY STATES
THAT ALL EMPLOYEES HAVE A CONTINUOUS OBLIGATION TO DISCLOSE CONFLICTS OF
INTEREST, AN ACTUAL IMPROPRIETY, AND/OR AN APPEARANCE OF IMPROPRIETY.
EMPLOYEES AT THE MANAGER LEVEL AND ABOVE EACH SIGN A STATEMENT ON AN ANNUAL
BASIS ACKNOWLEDGING THEIR UNDERSTANDING OF THE POLICY AND VERIFYING THEIR
APPROPRIATE DISCLOSURE OF ANY CONFLICTS. ALL REPORTED CONFLICTS SHALL BE
REVIEWED BY THE CEO IN CONJUNCTION WITH THE COMPLIANCE OFFICER AND
DEPARTMENT OF LEGAL AFFAIRS. IF IT IS DETERMINED THAT A CONFLICT EXISTS THE
EMPLOYEE SHALL DISCONTINUE ALL ACTIVITIES SURROUNDING THAT CONFLICT. THE
EMPLOYEE MAY ALSO SEEK A WAIVER OF THE CONFLICT FROM THE CEO.

FORM 990, PART VI, SECTION B, LINE

15A: HUMAN RESOURCES CONDUCTS A BI-ANNUAL WAGE SURVEY OF SELECT POSITIONS
TO DETERMINE MARKET COMPETITIVENESS. SURVEYS ARE CONDUCTED ON BEHALF OF

CRITTENTON HOSPITAL MEDICAL CENTER BY A THIRD PARTY. CHMC PROVIDES POSITION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

832211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

DESCRIPTIONS OF SURVEYED JOBS TO THE THIRD PARTY TO ASSURE COMPARABILITY OF POSITION SCOPE, SPAN OF CONTROL AND ACCOUNTABILITY WHEN OBTAINING SURVEY RESULTS FROM OTHER LOCAL AREA HEALTH CARE INSTITUTIONS. THE THIRD PARTY COMPILES SURVEY RESULTS AND SUBMITS THEM TO HUMAN RESOURCES FOR REVIEW, ANALYSIS AND RECOMMENDATIONS. HUMAN RESOURCES PREPARES SALARY RECOMMENDATIONS AND REVIEWS THE SAME WITH THE LEADERSHIP TEAM FOR IMPLEMENTATION SUBJECT TO FUNDING.

FORM 990, PART VI, SECTION B, LINE 15B: THE CEO OF THE HOSPITAL DOES THE REVIEWS FOR KEY EMPLOYEES OF THE HOSPITAL AND TAKES INTO CONSIDERATION THE STRATEGIC GOALS OF THE HOSPITAL AND PERSONAL GOALS OF THE KEY EMPLOYEES HAVE BEEN MET IN ORDER TO DETERMINE A RAISE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, ETC. AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2B:
CRITTENTON HOSPITAL MEDICAL CENTER'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS.

FORM 990, PART XI, LINE 2C:
CRITTENTON HOSPITAL MEDICAL CENTER HAS AN AUDIT COMMITTEE THAT ASSUMES THE RESPONSIBILITY OF AN AUDIT OVER THE CONSOLIDATED STATEMENTS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

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38-1359247

FORM 990, SCHEDULE K, PART I, LINE A(F):

THIS BOND WAS USED TO REFUND 2002B BONDS WHICH WERE ISSUED 07/11/2010.

IT WAS ALSO USED FOR THE PARKING STRUCTURE THAT WAS BUILT ON HOSPITAL
GROUNDS.

FORM 990, SCHEDULE K, PART II, LINE 5A:

THE ISSUANCE COSTS FROM PROCEEDS INCLUDED \$108,551 FOR CREDIT
ENHANCEMENT WITH THE REMAINING AMOUNT OF \$381,822 USED FOR BOND
ISSUANCE COSTS.

FORM 990, SCHEDULE K, PART II, LINE 5A:

THE ISSUANCE COSTS FROM PROCEEDS INCLUDED \$77,759 FOR CREDIT
ENHANCEMENT WITH THE REMAINING AMOUNT OF \$252,940 USED FOR BOND
ISSUANCE COSTS.

FORM 990, SCHEDULE K, PART IV, LINE 3C:

THE BONDS WERE HEDGED FOR LESS THAN THE LIFE OF THE BONDS AS PART OF A
STRATEGIC PLAN ASSUMING THAT THE RATE WOULD DECREASE IN THE FUTURE.

FORM 990, SCHEDULE R, PART V, LINE 2C:

THE DOLLAR AMOUNTS HERE REFLECT THE FAIR MARKET VALUE FOR RENT AND
OTHER EXPENSES.

FORM 990, PART III, LINE 4A:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

PROGRAM SERVICE ACCOMPLISHMENTS

THE HOSPITAL WAS INVOLVED IN A LARGE NUMBER OF VARIOUS TYPES OF
COMMUNITY CARE PROJECTS, EITHER AS A PARTICIPANT OR A SPONSORING
ORGANIZATION. THESE INCLUDE, BUT ARE NOT LIMITED TO: HEALTHY PREGNANCY,
WOMEN'S HEALTHY HEART, NUTRITION, WEIGHT LOSS, HEALTHY AGING, CHILD
SAFETY, HEALTH RISK APPRAISALS, SMOKING CESSATION, MANAGING STRESS,
CPR, SLEEP DISORDER AND MEN'S HEALTH CLASSES FOR THE COMMUNITY. ALSO
FREE BLOOD PRESSURE SCREENING ARE MADE AVAILABLE TO THE COMMUNITY. A
BEREAVEMENT PROGRAM IS OFFERED THROUGH THE OBSTETRICS DEPARTMENT FOR
GRIEVING PARENTS OF INFANTS. A TRAVEL MEDICINE PROGRAM IS OFFERED FOR
BUSINESS AND VACATION TRAVELERS THROUGH THE OCCUPATIONAL MEDICINE DEPT.
ANNUALLY, VOLUNTEERS FROM THE HOSPITAL PARTICIPATE AT THE ROCHESTER
ARTS AND APPLES FESTIVAL, COLLECT GIFTS FOR ROCHESTER'S NEIGHBORHOOD
HOUSE FOR CHRISTMAS, COLLECT FOOD FOR THE MICHIGAN HARVEST GATHERING,
AND PARTICIPATE IN THE NORTH OAKLAND AMERICAN HEART WALK. A PEDIATRIC
URGENT CARE PROGRAM IS OFFERED FOR AFTER HOURS MEDICAL CARE FOR
CHILDREN UNDER 18 YEARS OF AGE. ADDITIONALLY, A GEROPSYCHIATRIC PROGRAM
WAS STARTED TO ASSIST OLDER ADULTS WITH HEALTH CARE CHANGES. WOUND CARE
SERVICES ARE OFFERED, INCLUDING HYPERBARIC TREATMENTS.

CRITTENTON HOSPITAL MAINTAINS INTERNET WEBSITE THAT OFFERS THE PUBLIC
INFORMATION ON A VARIETY OF TOPICS. THE SITE IS LOCATED AT
[HTTP://WWW.CRITTENTON.COM](http://www.crittenton.com)

FORM 990, PART VI, SECTION A, LINE 9:

1. BEVERLY ALLEN-1333 GRATIOT, STE 400, DETROIT, MI 48207

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

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Open to Public
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Employer identification number
38-1359247

2. LISA ASADOORIAN-700 BARCLAY CIRCLE, ROCHESTER HILLS, MI 48207

3. BRYAN BARNETT-1000 ROCHESTER HILLS DRIVE, ROCHESTER HILLS, MI 48309

4. MICHAEL BROWE-3086 WALTON BLVD, ROCHESTER HILLS, MI 48309

5. ROBERT GO, MD-2176 HIDDEN FOREST DRIVE, TROY, MI 48098

6. KENNETH JOHNSON-1272 ROCK VALLEY DR., ROCHESTER, MI 48307

7. DAVID KLIONSKY, MD-1101 W. UNIVERSITY DR., ROCHESTER, MI 48307

8. KATHRIN KUDNER-400 RENAISSANCE CENTER, DETROIT, MI 48243

9. ROBERT LENIHAN, II-5445 CORPORATE DR, STE 400, TROY, MI 48098

10. BRADFORD MERRELLI, MD-595 BARCLAY CIRCLE, STE D, ROCHESTER HILLS,
MI 48307

12. F. SCOTT MILLER-12900 HALL RD, STE 500, STERLING HEIGHTS, MI 48313

13. RUSSELL SHELTON-855 SOUTH ROCHESTER RD, ROCHESTER HILLS, MI 48307

14. BRAD UPTON-607 WOODWARD ST, ROCHESTER, MI 48307

FORM 990 - EXPLANATION FOR AMENDED RETURN:

THE 2009 990 RETURN IS BEING AMENDED DUE TO A RESTATEMENT OF THE
HOSPITAL'S 2010 FINANCIAL STATEMENTS. SUBSEQUENT TO THE ISSUANCE OF THE
HOSPITAL'S 2010 FINANCIAL STATEMENTS, THE HOSPITAL'S MANAGEMENT
IDENTIFIED ERRORS RELATED TO THE ISSUED FINANCIAL STATEMENTS. AS A
RESULT, THE CONSOLIDATED BALANCE SHEETS OF THE HOSPITAL AS OF DECEMBER
31, 2010 AND 2009, AND THE RELATED CONSOLIDATED STATEMENTS OF
OPERATIONS AND CHANGED IN NET ASSETS, AND CASH FLOWS FOR THE YEARS THEN
ENDED, HAVE BEEN RESTATED FROM THE AMOUNTS PREVIOUSLY REPORTED TO
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF
AMERICA.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

THE ADJUSTMENTS IDENTIFIED BY MANAGEMENT PRIMARILY RELATED TO SEVERAL
ERRORS IN THE AREA OF THIRD PARTY PAYOR RECEIVABLES FROM BLUE CROSS AND
FROM MEDICARE SETTLEMENT ESTIMATES. CERTAIN FACTS THAT WERE EXISTING AT
THE TIME OF THE CREATION OF THE INITIAL ESTIMATE WERE NOT APPROPRATELY
CONSIDERED. OTHER ADJUSTMENTS WERE IDENTIFIED RELATED ERRORS IN JOINT
VENTURE ACCOUNTING.

FORM 990, PART III LINE 4A TOTAL REVENUES; PART VIII LINE 2A; PART X
LINES 4, 10A, 10B, 13 AND 27; AND SCHEDULE D PART VIII WERE ALL
AFFECTED BY THE ABOVE CHANGES.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
CRITTENTON MEDL EQPT - 38-3433794	MEDL EQPT SALES	MI	N/A	N/A	0.	0.		X	N/A	X
HBC INFUSIONS - 75-3123093	INFUSION SRV	MI	N/A	N/A	0.	0.		X	N/A	X
BALD MTN SURGICAL CTR - 03-0444972	SURGICAL SRV	MI	N/A	N/A	0.	0.		X	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CRITTENTON DEVELOPMENT CORP - 38-2594115							
1101 W. UNIVERSITY ROCHESTER, MI 48307	REAL ESTATE	MI	N/A		0.	0.	.00%
CRITTENTON MEDICAL PHARMACY - 20-3773341							
1101 W. UNIVERSITY ROCHESTER, MI 48307	PHARM SALES	MI	N/A		0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) CRITTENTON DEVELOPMENT CORPORATION		N	198,520.
(2) CRITTENTON DEVELOPMENT CORPORATION		P	193,797.
(3)			
(4)			
(5)			
(6)			

