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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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
Munster Medical Research Foundation Inc

Doing Business As
Community Hospital

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

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

D Employer identification number
35-1107009

E Telephone number
(219) 836-1600

G Gross receipts $ 410,782,381

F Name and address of principal officer
DONALD P FESKO
901 MACARTHUR BLVD
MUNSTER,IN 46321

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www comhs org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1964

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMMUNITY HOSPITAL IS COMMITTED TO PROVIDE THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE (CONTINUED ON PART III, LINE 1)

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	3,472
6	Total number of volunteers (estimate if necessary)	**6**	180
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,407,324
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-203,965

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	317,326	287,024
	9 Program service revenue (Part VIII, line 2g)	356,256,486	401,321,058
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,592,058	1,077,855
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,725,126	7,620,866
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,890,996	410,306,803
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	169,361,058	190,094,637
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	166,339,958	191,760,852
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	335,701,016	381,855,489
	19 Revenue less expenses Subtract line 18 from line 12	29,189,980	28,451,314

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	255,838,222	250,460,388
	21 Total liabilities (Part X, line 26)	97,883,167	127,473,242
	22 Net assets or fund balances Subtract line 21 from line 20	157,955,055	122,987,146

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: 2011-05-13

LUIS F MOLINA CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204	EIN ▶	Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $	50,972,585	including grants of $	) (Revenue $	66,578,371)
	Nursing Patient Days 109,959					
4b	(Code	) (Expenses $	53,678,197	including grants of $	) (Revenue $	142,533,228)
	Surgery Operations 17,244					
4c	(Code	) (Expenses $	31,356,636	including grants of $	) (Revenue $	115,722,379)
	Outpatient Visits 258,914					
4d	Other program services (Describe in Schedule O) **See also Additional Data for Description**					
	(Expenses $	220,214,595	including grants of $	80,000) (Revenue $	82,391,055)	
4e	**Total program service expenses** ▶ $	356,222,013				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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*	12		No
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*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17	Yes	
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*	18		No
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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	231		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,472		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
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	No

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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

LUIS F MOLINA
901 MACARTHUR BLVD
Munster, IN 463212959
(219) 852-6432

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

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

1a Complete this table for all persons required to be listed 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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,285,107	1,788,070	371,440

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 ▶ 105

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed 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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Rehabcare Group Inc PO Box 502096 ST LOUIS, MO 63150	Rehab Care Services	3,756,694
patients first emergency medicine po box 246 LOWELL, IN 46356	professional fees	612,463
TRC PO Box 403008 ATLANTA, GA 30384	Acute Dialysis	857,408
mayo collaborative services PO Box 9146 MINNEAPOLIS, MN 55480	laboratory services	1,068,200
St Margaret Mercy Healthcare 5454 Hohman Avenue HAMMOND, IN 46320	Laundry Services	1,395,487
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 ▶ 46		

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	97,278			
	e	Government grants (contributions)	1e	61,227			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	128,519			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		287,024			
Program Service Revenue			Business Code				
	2a	CARDIOLOGY		78,764,827	78,764,827		
	b	CHRGBLE SUPPLIES		4,342,883	4,342,883		
	c	CVU		2,904,939	2,904,939		
	d	EEG		4,393,675	4,393,675		
	e	EMERGENCY ROOM		51,671,710	51,671,710		
	f	All other program service revenue		259,243,024	259,243,024		
	g	**Total.** Add lines 2a–2f		401,321,058			
	3	Investment income (including dividends, interest and other similar amounts)		1,343,598			1,343,598
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	269,009				
	b	Less rental expenses	196,585				
	c	Rental income or (loss)	72,424				
	d	Net rental income or (loss)		72,424			72,424
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		13,250			
	b	Less cost or other basis and sales expenses		278,993			
	c	Gain or (loss)		-265,743			
	d	Net gain or (loss)		-265,743			-265,743
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA SALES	722,210	1,394,902			1,394,902
	b	LABORATORY	621,500	871,561		871,561	
	c	PHARMACY SALES	446,110	4,585,700	3,447,379	1,138,321	
	d	All other revenue		696,279	49,272	397,442	249,565
	e	**Total.** Add lines 11a–11d		7,548,442			
	12	**Total revenue.** See Instructions		410,306,803	404,817,709	2,407,324	2,794,746

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,043,783	1,918,889	124,894	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	36,984	36,984		
7 Other salaries and wages	146,312,640	137,379,964	8,932,676	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,139,172	12,336,233	802,939	
9 Other employee benefits	17,914,294	16,819,546	1,094,748	
10 Payroll taxes	10,647,764	9,997,076	650,688	
11 Fees for services (non-employees)				
a Management	1,779,534	1,672,288	107,246	
b Legal	371,377		371,377	
c Accounting	24,500		24,500	
d Lobbying	5,054		5,054	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	18,321,411	14,692,897	3,628,514	
12 Advertising and promotion	735,209	600,184	135,025	
13 Office expenses	85,538,520	84,015,496	1,523,024	
14 Information technology	955,121	517,050	438,071	
15 Royalties	0			
16 Occupancy	4,555,038	4,358,318	196,720	
17 Travel	201,964	163,431	38,533	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	138,860	126,491	12,369	
20 Interest	729,439	692,784	36,655	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,240,211	19,082,611	1,157,600	
23 Insurance	3,344,610	3,193,797	150,813	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL FEES	2,247,935	2,202,914	45,021	
b CORP SUPP SRVCS ALLOCATION	25,909,646	24,326,300	1,583,346	
c OTHER EXPENSES	2,060,678	1,156,434	904,244	
d REPAIRS & MAINTENANCE	3,766,652	1,340,566	2,426,086	
e LEASE & RENTALS	6,392,584	5,974,026	418,558	
f All other expenses	14,442,509	13,617,734	824,775	
25 **Total functional expenses.** Add lines 1 through 24f	381,855,489	356,222,013	25,633,476	0
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			1	
	2	Savings and temporary cash investments		21,935,104	2	17,772,759
	3	Pledges and grants receivable, net		1,845	3	1,845
	4	Accounts receivable, net		49,799,463	4	48,364,985
	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		6,334,278	8	7,352,088
	9	Prepaid expenses and deferred charges		4,206,525	9	4,343,590
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 411,750,622			
	b	Less accumulated depreciation	10b 240,575,763	170,184,807	10c	171,174,859
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,494,366	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		881,834	15	1,450,262
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		255,838,222	16	250,460,388
Liabilities	17	Accounts payable and accrued expenses		37,794,370	17	37,953,977
	18	Grants payable			18	
	19	Deferred revenue		129,821	19	110,823
	20	Tax-exempt bond liabilities			20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		59,958,976	25	89,408,442
	26	**Total liabilities.** Add lines 17 through 25		97,883,167	26	127,473,242
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		157,535,566	27	122,505,788
	28	Temporarily restricted net assets		317,143	28	379,012
	29	Permanently restricted net assets		102,346	29	102,346
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		157,955,055	33	122,987,146
	34	Total liabilities and net assets/fund balances		255,838,222	34	250,460,388

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

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

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

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 for 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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), 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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

Part I-A 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 funtion 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 State 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-

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		5,054
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			5,054
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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 1i. Also, complete this part for any additional information

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

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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

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	102,346	102,346			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	102,346	102,346			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,940,035		1,940,035
b Buildings		283,104,466	155,784,737	127,319,729
c Leasehold improvements		1,146,895	569,627	577,268
d Equipment		114,404,908	78,037,113	36,367,795
e Other		11,154,318	6,184,286	4,970,032
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				171,174,859

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. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
CAPITAL LEASES	1,090,501
PENSION LIABILITY	82,631,476
EST 3RD PARTY SETTLEMENTS	2,560,007
ASSET RETIREMENT OBLIGATION	323,858
DUE TO AFFILIATES	2,802,600
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	89,408,442

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 Financial Statements

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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 should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I **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.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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 Non-cash 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 lines 1, column d, and line 7 ▶				

			Yes	No
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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
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			
	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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		3,355	10,284,168	3,205,404	7,078,764	1 920 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		24,524	32,384,516	13,535,984	18,848,532	5 120 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		27,879	42,668,684	16,741,388	25,927,296	7 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		128,936	846,187	5,410	840,777	0 230 %
f Health professions education (from Worksheet 5)		37	118,487		118,487	0 030 %
g Subsidized health services (from Worksheet 6)		347	6,728,376	5,164,359	1,564,017	0 430 %
h Research (from Worksheet 7)			1,080,393	114,771	965,622	0 260 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			159,709	3,000	156,709	0 040 %
j **Total** Other Benefits		129,320	8,933,152	5,287,540	3,645,612	0 990 %
k **Total.** Add lines 7d and 7j		157,199	51,601,836	22,028,928	29,572,908	8 030 %

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			67,584	48,640	18,944	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			8,028		8,028	
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			75,612	48,640	26,972	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,180,751		
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	31,808		
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	148,185,663		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	178,185,570		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-29,999,907		
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	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

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	COMMUNITY CARDIO CTR	CATH LAB SERVICES	40 000 %	10 000 %	50 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

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

See additional data

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

Part VI, Line 2 Community Hospital uses a third-party consulting firm to assess the health care needs of the community Community Hospital serves one of the largest populations in NW Indiana and is the oldest population in the area with an expected loss of population in the next five years Community has dominant market position in all product lines and continues to see growth in areas such as Orthopedics, Oncology and General Surgery

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

Part VI, Line 3 Patients who are admitted without insurance are referred to the hospital's financial counselors The financial counselors perform an interview with the patient to explain to them the process necessary to receive charity care This process includes applying for Medicaid or other government aid The applicant then must fill out a Financial Information Worksheet and submit various information to determine if they qualify for charity care in accordance with the financial assistance policy The charity care policy is posted at each inpatient admitting desk

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

The community served includes Northwest Indiana and adjacent communities in Illinois Our market share for the core area is 72 2% The population is older than most markets but have a higher median household income Community's population consists of an uninsured population of 9 9% and Medicaid of 11 3%

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

A large portion of the amount reported in Part II is for the participation in the Bioterrorism program run by the Indiana State Dept of Health Expenses are incurred and offsetting grants are received by the state to better prepare the hospital and the community it serves for a Bioterrorism occurrence This is done by updating equipment, supplies and operating systems used to serve patients in the event of a Bioterrorism attack This is done by participating in disaster drills both internally and externally and by communicating with local government on the hospital's capabilities and response mechanisms at District planning meetings

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)

See Community Benefits Statement in Schedule O

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Community Hospital is part of an affiliated system Each hospital in the system provides medical services to their communities and adjoining communities Each entities purpose is to provide health care to those who need it, including the uninsured or underinsured

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Donald S Powers	(i)	0	0	0	0	0	0	0
	(ii)	619,129	210,000	25,274	29,191	11,828	895,422	0
Donald P Fesko	(i)	0	0	0	0	0	0	0
	(ii)	347,266	105,056	47,082	11,532	22,493	533,429	0
Luis Molina	(i)	270,275	52,000	30,635	30,299	9,285	392,494	0
	(ii)	0	0	0	0	0	0	0
Mark Levin MD	(i)	1,055,060	0	20,064	12,850	25,942	1,113,916	0
	(ii)	0	0	0	0	0	0	0
Ronda McKay	(i)	143,154	22,721	542	0	1,816	168,233	0
	(ii)	0	0	0	0	0	0	0
David Nellans	(i)	158,706	35,872	21,297	25,972	15,319	257,166	0
	(ii)	0	0	0	0	0	0	0
Richard Berkowitz MD	(i)	462,168	0	24,713	29,191	24,994	541,066	0
	(ii)	0	0	0	0	0	0	0
Yevgeniy Khavkin MD	(i)	690,779	25,000	466	0	6,945	723,190	0
	(ii)	0	0	0	0	0	0	0
Asim Mohiuddin DO	(i)	389,088	0	23,895	13,264	20,078	446,325	0
	(ii)	0	0	0	0	0	0	0
Krishnarao Pinnamaneni MD	(i)	375,619	0	48,183	29,191	14,947	467,940	0
	(ii)	0	0	0	0	0	0	0
Priti Chowdhury MD	(i)	393,436	0	28,872	29,191	7,112	458,611	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PT 1 LINE 1A	THE ORGANIZATION PAYS HEALTH/SOCIAL CLUB DUES ON BEHALF OF THE INDIVIDUAL WHICH IS THEN TAXED AS A FRINGE BENEFIT TO THE INDIVIDUAL

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 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
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

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

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 of grant or 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
COMMUNITY CARDIOLOGY CENTER	SN MAKAM PRTNR MORE THAN	8,073,765	INDEPENDENT CONTRACTOR		No
COMM CARD CTNR CON'T	5% OWNED, R LITCHFIELD				
COMM CARD CTNR CON'T	PRTNR MORE THAN 5% OWNED				
CARDIOLOGY ASSOCIATES NW IN	SN MAKAM, OFFICER OF	119,350	INDEPENDENT CONTRACTOR		No
STEVEN P CHOVANEC SON OF STEVEN G	CHOVANEC, BOARD MEMBER	36,984	EMPLOYEE OF MMRF		No

Additional Data

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

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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
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	PT VI-A, LINE 2	FRANKIE FESKO, FAMILY MEMBER OF DONALD POWERS AND DONALD FESKO PAULA NELLANS, FAMILY MEMBER OF DAVID NELLANS

Identifier	Return Reference	Explanation
DESCRIPTION OF THE CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	PT VI-A, LINE 7A	COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC AND HAS CONTROL TO ELECT MEMBERS OF THEIR GOVERNING BODY

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	PT VI-A, LINE 7B	COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC AND HAS RIGHTS TO APPROVE DECISIONS MADE BY MMRF

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	PT VI-A, LINE 11A	THE 990 IS SUBMITTED TO THE SENIOR VP AND CFO FOR REVIEW ONCE THIS REVIEW IS COMPLETE THE RETURNS ARE THEN PRESENTED TO SENIOR LEADERSHIP TO REVIEW THE 990 IS ALSO REVIEWED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BEFORE IT IS POSTED TO A SECURE WEBSITE TO ALLOW THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	PT VI-B, LINE 12C	AN OFFICER, DIRECTOR OR KEY EMPLOYEE THAT HAS A POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE THIS, AND THE BOARD OF DIRECTORS, ONE OF THEIR COMMITTEES, OR A DESIGNATED PERSON (SUCH AS THE CHIEF COMPLIANCE OFFICER) WILL REVIEW THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE IF IT EXISTS IF IT DOES EXIST, THE INVOLVED DIRECTOR, OFFICER OR KEY EMPLOYEE IS ASKED TO LEAVE THE MEETING WITH NO VOTE ON THE TOPIC THE MEETING MINUTES WILL REFLECT THAT THE INVOLVED PERSON MADE THE DISCLOSURE, LEFT THE MEETING AND HAD NO VOTE AS PART OF THE ORGANIZATION'S ANNUAL MONITORING & ENFORCEMENT PROCEDURE RELATING TO ITS CONFLICT OF INTEREST POLICY, ALL CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED AND THOSE OFFICERS, DIRECTORS OR KEY EMPLOYEES WHO DO NOT RETURN OR FULLY COMPLETE THE QUESTIONNAIRE ARE CONTACTED TO RECONCILE THE OMISSION

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	PT VI-B, LINE 15	THE SALARY AND BENEFIT COMMITTEE OF THE CFNI BOARD REQUESTS A REVIEW OF THE COMPENSATION AND BENEFITS TO ASSESS THE REASONABLENESS COMPARED TO MARKET DATA ASSEMBLED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM THEIR PROCESS FOR COLLECTING AND ASSEMBLING MARKET DATA ARE CONSISTENT WITH THE REBUTTABLE PRESUMPTION CHECKLIST AND FAIR MARKET VALUE USED BY THE IRS IN CONDUCTING EXECUTIVE COMPENSATION REVIEWS AS WELL AS CONTEMPORARY COMPENSATION PRACTICES ALL MARKET DATA RE ASSEMBLED FORM REPUTABLE, COMMERCIALLY-AVAILABLE SURVEYS

Identifier	Return Reference	Explanation
EVALUATION OF PARTICIPATION IN JOINT VENTURES	PT VI-B, LINE 16B	THE ORGANIZATION HAS TAKEN STEPS TO SAFEGUARD ITS EXEMPT STATUS WITH RESPECT TO THE JOINT VENTURE BY INCLUDING IN THE OPERATING AGREEMENT THAT THE JOINT VENTURE SHALL OPERATE IN A MANNER CONSISTENT WITH THE TAX EXEMPT STATUS OF THE HOSPITAL AS OF 9/30/09, THE JOINT VENTURE WAS TERMINATED

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	PT VI-C, LINE 19	MUNSTER MEDICAL RESEARCH FOUNDATION, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH BOND COVENANTS, MMRF THROUGH CFNI MAKES IT FINANCIAL STATEMENTS AND DISCLOSURES AVAILABLE TO THE PUBLIC THROUGH THE NRMSIR'S DATABASE

Identifier	Return Reference	Explanation
SUPPLEMENTAL DISCL RE COMPENSATION AND HOURS WORKED	PT VII, SECTION A	MARC LEVIN M D IS COMPENSATED IN THE CAPACITY OF A NEUROSURGEON AND NOT AS A BOARD MEMBER THE AVERAGE HOURS PER WEEK INCLUDE ALL HOURS WORKED FOR THE FILING ORGANIZATION AND ALL RELATED ENTITIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	THE DESIGNATED POPULATION THAT THE COMMUNITY HOSPITAL IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS OUR PRIMARY FOCUS CONTINUES THIS YEAR ON TWO DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - CANCER AND HEART DISEASE THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AS WELL AS HEALTHY PEOPLE 2010 TARGETS AND THEREFORE DEMANDED OUR PRIMARY FOCUS THE COMMUNITY HOSPITAL HAS INVESTED GREATLY IN RECENT YEARS IN THESE TREATMENT PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS I 2009-2010 ANNUAL PROGRESS REPORT A THE COMMUNITY HOSPITAL FITNESS POINTE THE GOAL OF FITNESS POINTE IS TO PROVIDE OPPORTUNITIES FOR PERSONS OF NORTHWEST INDIANA TO IMPROVE AND MAINTAIN THEIR HEALTHY LIFE-STYLE HABITS, LOWERING THEIR RISKS FOR HEART DISEASE, STROKES, AND DIABETES THE FACILITY WAS DEVELOPED TO ADDRESS FINDINGS OF OUR 1995 HEALTH ASSESSMENT THAT IDENTIFIED OPPORTUNITIES TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY THE COMMUNITY HOSPITAL OPENED FITNESS POINTE ON NOVEMBER 1, 1998 THE 73,191 SQ FT FACILITY HOUSES THE HOSPITAL'S OUTPATIENT PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, OUTPATIENT DIETARY COUNSELING, CARDIAC REHABILITATION PHASE III AND REHAB PLUS, AND THE FITNESS POINTE DEPARTMENTS FITNESS POINTE PROGRAMS ADDRESS HEALTH EDUCATION/WELLNESS, AND FITNESS-RELATED CONTENT AREAS THE COMMUNITY EDUCATION OFFERINGS AND THE CONTRIBUTIONS OF THE HOSPITAL EMPLOYEES AND MEDICAL STAFF ARE VITAL PIECES IN ADDRESSING THE HEALTH DISPARITIES IN LAKE COUNTY, SUPPORTING A VARIETY OF DISEASE PREVENTION GOALS MANY OF THE COMMUNITY EDUCATION CLASSES ORIGINALLY DEVELOPED AT FITNESS POINTE ARE NOW ALSO OFFERED AT THE COMMUNITY HOSPITAL OUTPATIENT CENTRE IN ST JOHN, FURTHER EXPANDING THE SCOPE OF SERVICES HEALTH EDUCATION/WELLNESS SERVICES THE COMMUNITY HEALTH ASSESSMENT INDICATED LAKE COUNTY RESIDENTS HAVE INCREASED RISK FOR HEART DISEASE AND CANCER COMPARED TO STATE AND NATIONAL STATISTICS A VARIETY OF HEALTH EDUCATION AND WELLNESS PROGRAMS ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE TO IMPROVE KNOWLEDGE AND AWARENESS OF LIFE-STYLE RELATED RISKS FOR THESE DISEASES FITNESS POINTE PROVIDES A SUPPORTIVE ENVIRONMENT FOR AREA RESIDENTS TO MAINTAIN HEALTHY HABITS RESEARCH INDICATES CERTAIN INDIVIDUALS ARE AT GREATER RISK FOR LIFE-STYLE RELATED DISEASES SUCH AS HEART DISEASE AND DIABETES BASED ON PHYSICAL MEASURES FITNESS POINTE SCREENINGS FOR THESE RISKS DURING MANDATORY FITNESS PROFILES ARE PERFORMED ON ALL NEW PROGRAM PARTICIPANTS IN A STUDY IN CONJUNCTION WITH VALPARAISO UNIVERSITY AND THE HEART CENTER AT COMMUNITY, FITNESS POINTE IDENTIFIED 1,321 INDIVIDUALS AT A SIGNIFICANTLY INCREASED RISK FOR DIABETES AND HEART DISEASE OF THESE INDIVIDUALS, 700 OF THEM AT THE HIGHEST RISK LEVELS FOR HEART DISEASE AND DIABETES WERE INVITED TO UNDERGO ADDITIONAL SCREENING FOR BLOOD CHOLESTEROL, BODY MASS INDEX AND BLOOD PRESSURE SOME OTHERS AT MODERATE TO HIGH RISK WERE TARGETED, THROUGH ADDITIONAL SCREENING AND LIFE-STYLE MODIFICATION, FOR INTERVENTION TO REDUCE THEIR RISK OF DISEASE WITH 25% OF WHITE CHILDREN AND 33% OF AFRICAN AMERICAN AND HISPANIC CHILDREN BEING OVERWEIGHT ACCORDING TO 2001 STATISTICS, FITNESS POINTE HAS DEVELOPED PROGRAMS TO HELP ADDRESS THIS ISSUE TEENS GET FIT IS AN EXERCISE AND NUTRITION INFORMATION PROGRAM THAT TARGETS 12-15 YEAR OLDS, PROVIDING A SETTING TO HELP MODIFY POOR HEALTH HABITS "FIT TRIP" IS A PROGRAM THAT BRINGS 1ST-3RD GRADE STUDENTS TO FITNESS POINTE FOR A 90 MINUTE INTRODUCTION AND EXPERIENCE WITH DIFFERENT TYPES OF EXERCISE COMBINED WITH BASIC NUTRITION TIPS "TAKE 5 FOR LIFE" IS A PROGRAM DEVELOPED FOR 5TH GRADERS TO TEACH GOOD HEALTH, NUTRITION AND FITNESS HABITS WITHIN THE SCHOOL SETTING, AS WELL AS TO ENCOURAGE ACTIVITY BASED ON THE HEALTH NEEDS AND INTERESTS OF THOSE PROGRAM ATTENDEES, PROGRAMS WERE DEVELOPED IN THE AREAS OF WOMEN'S HEALTH, NUTRITION AND HEALTHY COOKING, RELAXATION, WEIGHT MANAGEMENT, SENIOR HEALTH, BACK AND OTHER ORTHOPEDIC HEALTH ISSUES, DIABETES MANAGEMENT, CANCER AWARENESS AND PREVENTION, HEART DISEASE RISK FACTOR AWARENESS AND SCREENING, MENTAL HEALTH, AND SMOKING CESSATION A SPECIALIZED FITNESS AND NUTRITION PROGRAM CALLED TEENS GET FIT GEARED TOWARD NUTRITIONALLY CHALLENGED OR OVERWEIGHT 12-15-YEAR-OLDS HAS BEEN DEVELOPED, AS HAS A WELLNESS RESOURCE CENTER THAT INCLUDES INTERNET ACCESS, BOOKS, MAGAZINES AND OTHER INFORMATIVE RESOURCES THROUGH THE COLLABORATIVE EFFORTS OF THE COMMUNITY HOSPITAL'S WELLNESS SERVICES, PUBLIC RELATIONS, DIETARY SERVICES THERAPY, REHABILITATION, EDUCATION DEPARTMENT, NURSING SERVICES AND OTHERS, A QUARTERLY COMMUNITY EDUCATION CALENDAR CALLED "TAKE CARE!" IS CREATED THE CALENDAR IS DISTRIBUTED TO MORE THAN 75,000 HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA, AND TO COMMUNITY CENTERS, PHYSICIAN OFFICERS, LIBRARIES AND OTHER PUBLIC LOCATIONS IT FEATURES EDUCATIONAL AND SUPPORT PROGRAMS DESIGNED TO IMPROVE THE PHYSICAL, MENTAL, SAFETY, NUTRITIONAL AND SOCIAL WELL-BEING OF THE COMMUNITY WELLNESS EDUCATION PROGRAM AREAS 1 HEART DISEASE-RELATED PROGRAMMING INCLUDES ONGOING DAILY BLOOD PRESSURE SCREENING BY THE EXERCISE STAFF, BLOOD PRESSURE SCREENING OFFERED DURING PERIODIC EVENTS, A COMPREHENSIVE SERIES ABOUT CHOLESTEROL THAT INCLUDES A SCREENING AND EDUCATION ON CHOLESTEROL MANAGEMENT, SMOKING CESSATION CLASS, A STROKE AWARENESS LECTURE, A PRESENTATION ON NEW ADVANCED GENETIC TESTING FOR HEART DISEASE, PERIPHERAL ARTERIAL DISEASE SCREENINGS, AND A CLASS THAT HELPS INDIVIDUALS MAINTAIN THEIR HEALTH WHILE ON HEART MEDICATIONS HEART DISEASE-RELATED SUPPORT GROUPS INCLUDE A HEART FAILURE SUPPORT GROUP, A GROUP FOR WOMEN WITH HEART DISEASE, AND MENDED HEARTS - A NATIONAL ORGANIZATION THAT WHEREBY SEASONED HEART DISEASE PATIENTS VISIT NEWLY DIAGNOSED PATIENTS IN THE HOSPITAL AFTER SURGERY OR A PROCEDURE OTHER COMMUNITY PROGRAMS RELATED TO THE HEART INCLUDED HOW TO RAISE A HEART-SMART CHILD, PROPER NUTRITION FOR LOWERING CHOLESTEROL, INFANT-CHILD CPR, DIABETES AS IT RELATES TO THE HEART, AND A SERIES OF PROGRAMS AND WOMEN AND HEART DISEASE 2 CANCER AWARENESS AND PREVENTION PROGRAMS INCLUDE A DAY OF CANCER AWARENESS WITH SKIN CANCER SCREENINGS, AND A VAST PUBLIC AWARENESS CAMPAIGN ABOUT THE LATEST ADVANCES IN PROSTATE CANCER DETECTION AND TREATMENT, INCLUDING THE VALUE OF EARLY DETECTION AND FREE SCREENING SESSIONS THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION LAUNCHED THE CANCER RESOURCE CENTRE, WHICH HOSTS A VARIETY OF FREE PROGRAMS, CLASSES AND SUPPORT GROUPS ABOUT LIVING WITH CANCER A SPECIAL SEGMENT OF CLASSES WAS BORN WITH THE OPENING OF THE CANCER RESOURCE CENTRE - A SUPPORT PROGRAM OF THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION HERE, THOSE FACING CANCER ATTEND FREE CLASSES SUCH AS YOGA, BREATHING THROUGH PAIN, LEARNING ABOUT COMPLEMENTARY THERAPIES, AND A VARIETY OF SUPPORT GROUPS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT)	PART III, LINE 4A	3 DIABETES EDUCATION EFFORTS HAVE EXPANDED TO INCLUDE DIABETES MANAGEMENT CLASSES IN CONJUNCTION WITH EXERCISE THIS IS IN ADDITION TO A BASIC DIABETES EDUCATION CLASS AND A DIABETES MANAGEMENT CLASS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION 4 SENIOR TOPICS OFFERED AT FITNESS POINTE INCLUDE FALL PREVENTION, UNDERSTANDING MANAGED CARE, UNDERSTANDING ADVANCED DIRECTIVES, UNDERSTANDING HOSPICE AND MEDICARE BENEFITS, HELP WITH DIZZINESS, MAKING SENSE OF MEDICAL TECHNOLOGY, MEDICATION SAFETY, URINARY INCONTINENCE PRESENTATION, A GRANDPARENT CLASS, AND A PROGRAM ON OSTEOPOROSIS 5 ORTHOPEDIC PROGRAMS INCLUDE ARTHRITIS, TENDONITIS AND BURSITIS RECOGNITION AND MANAGEMENT, PREVENTION OF NECK AND LOW BACK PAIN, ATHLETIC FOOT AND ANKLE PROBLEMS, THE CARE AND TREATMENT OF KNEE, HIP, FOOT AND SHOULDER PROBLEMS, CERVICAL AND LUMBAR DISK PROBLEMS, A FALL PREVENTION AND BALANCE SCREENING PROGRAM, AND SPORTS INJURY PREVENTION 6 NUTRITION PROGRAMS INCLUDE INDIVIDUAL NUTRITIONAL COUNSELING WITH A REGISTERED DIETITIAN, GROUP WEIGHT MANAGEMENT PROGRAMS, LUNCH & LEARN COOKING DEMONSTRATIONS, A CLASS ABOUT EMOTIONAL EATING, AND A CLASS ABOUT FAD DIETS AND PROPER NUTRITION 7 MENTAL HEALTH RELATED PROGRAMS INCLUDE RELAXATION, STRESS MANAGEMENT, BREATHING EXERCISES, PROGRAMS ON COMPLEMENTARY THERAPIES, RECOGNIZING AND UNDERSTANDING DEPRESSION, AND LIFE MAPPING 8 WOMEN'S WELLNESS PROGRAMS INCLUDE PRE-AND POST-NATAL EXERCISE, A SERIES ABOUT NUTRITION, SCREENING AND TREATMENT RELATED TO OSTEOPOROSIS, A COMPLETE HEALTH RETREAT FOR WOMEN, FIBROMYALGIA, GENETIC LINKS AND TESTING FOR CANCER, HORMONE REPLACEMENT THERAPY, STRENGTH TRAINING FOR WOMEN, AND HEADACHES IN WOMEN 9 FAMILY HEALTH PROGRAMS INCLUDE A PRENATAL CLASS, SIBLING CLASS, TAKING CARE OF BABY, KEEPING BABY SAFE AND HEALTHY, INFANT GROWTH AND DEVELOPMENT, FAMILY AND FRIENDS CPR, BREAST FEEDING CLASSES AND LACTATION CONSULTATIONS, LAMAZE, TEEN CHILDBIRTH EDUCATION, GRANDPARENT EDUCATION, FILMS ABOUT CESAREAN SECTIONS, POISON PREVENTION AND TREATMENT, ASK THE PEDIATRICIAN AND HOW TO RAISE A HEART-SMART CHILD, AND A PARENT SUPPORT GROUP PARTICIPATION IN HEALTH EDUCATION/WELLNESS PROGRAMS RANGES FROM AN AVERAGE OF 300-350 ATTENDEES A MONTH APPROXIMATELY 20-30% OF THESE ATTENDEES ARE MEMBERS OF THE FITNESS POINTE FACILITY WHILE 70-80% ARE NON-MEMBERS FROM THE GENERAL COMMUNITY FITNESS PROGRAM AREAS THE AMERICAN HEART ASSOCIATION RECOGNIZES THE LACK OF REGULAR PHYSICAL EXERCISE AS A MAJOR RISK FACTOR FOR HEART DISEASE REGULAR EXERCISE IS ASSOCIATED WITH BETTER HEART HEALTH, MENTAL WELL-BEING, WEIGHT MANAGEMENT, CANCER PREVENTION, DIABETES CONTROL, LOW BACK PAIN PREVENTION/RELIEF AND OTHER LIFESTYLE-RELATED DISEASES FITNESS POINTE'S GENERAL FITNESS MEMBERSHIP PROGRAM OFFERS A VARIETY OF EXERCISE PROGRAM OPTIONS DESIGNED TO MEET THE INDIVIDUAL NEEDS INDIVIDUALS FROM THE COMMUNITY WHO TAKE ADVANTAGE OF THE GENERAL FACILITY MEMBERSHIP PROGRAM INCLUDE TRANSFERS FROM CARDIAC REHABILITATION AND PHYSICAL THERAPY, AND THOSE REFERRED BY THEIR PERSONAL PHYSICIAN IN ADDITION, MANY ARE CORPORATE CUSTOMERS INTERESTED IN ENCOURAGING HEALTHIER EMPLOYEES, OR INDIVIDUALS LOOKING FOR AN OPPORTUNITY TO IMPROVE THEIR HEALTH ON THEIR OWN OR WITH A FRIEND OR FAMILY MEMBER PRIOR TO USE OF THE FACILITY, INDIVIDUALS ARE SCREENED BY AN EXERCISE SPECIALIST TO DETERMINE MEDICAL OR PHYSICAL LIMITATIONS AND PRECAUTIONS MEASUREMENTS COLLECTED ON PARTICIPANTS INCLUDE ENDURANCE, BODY COMPOSITION, RESTING BLOOD PRESSURE, FLEXIBILITY AND A HISTORY OF MEDICAL INFORMATION AND LIFESTYLE HABITS AN INDIVIDUALIZED PROGRAM OF CARDIOVASCULAR CONDITIONING, MUSCULAR TRAINING AND FLEXIBILITY EXERCISES IS DEVELOPED BASED ON THE INDIVIDUAL INTERESTS AND NEEDS GROUP EXERCISE CLASSES ARE CONDUCTED ON A WEEKLY BASIS AT FITNESS POINTE CLASSES INCLUDE TRADITIONAL LOW IMPACT, REGULAR AND STEP AEROBICS, WATER AEROBICS, YOGA, REIKI, PILATES, ROWING, CYCLING, RELAXATION/STRETCHING, ETC ALL CLASSES ARE AVAILABLE TO MEMBERS CLASSES ALSO ARE OFFERED ON HOW TO EXERCISE AT HOME, INCLUDING FITNESS AT HOME, PILATES AT HOME, AWESOME ABS, AND YOGA AT HOME MANY CLASSES ARE ALSO OPEN TO NON-MEMBERS FROM THE COMMUNITY THESE INCLUDE A) AWESOME ABS B) FITNESS AT HOME C) FITNESS INSTRUCTOR TRAINING D) TEENS GET FIT E) WOMEN'S FITNESS EXPRESS F) INTRODUCTION TO BASIC SELF DEFENSE AND SELF DEFENSE II G) PILATES AT HOME H) YOGA & DAILY LIFE IN A COOPERATIVE PROGRAM WITH THE TOWN OF MUNSTER PARKS AND RECREATION DEPARTMENT, A NUMBER OF GROUP EXERCISE CLASSES WERE OFFERED JOINTLY THE MUNSTER POLICE DEPARTMENT OFFERS BASIC AND ADVANCED SELF DEFENSE CLASSES FOR FREE SEVERAL TIMES A YEAR COMMUNITY HEALTH/FITNESS EVENTS FITNESS POINTE CELEBRATED NATIONAL GREAT AMERICAN SMOKE-OUT WITH FREE PROGRAMMING & INCENTIVES FOR PEOPLE TO STOP SMOKING FITNESS POINTE CONTINUES ITS PARTNERSHIPS WITH AREA UNIVERSITIES, OFFERING STAFF AND FACILITIES TO EDUCATE FOR COLLEGE CREDIT NUTRITION AND FITNESS STUDENTS OF PURDUE UNIVERSITY CALUMET AND INDIANA UNIVERSITY, AS WELL AS CLINICAL ROTATIONS FOR POST GRADUATE PHYSICAL THERAPISTS, BACCALAUREATE AND GRADUATE NURSES AND EXERCISE SCIENCE/PHYSIOLOGY STUDENTS FROM OTHER STATE UNIVERSITIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT)		CARDIAC REHABILITATION OUR OWN ASSESSMENT FOUND THAT DESPITE SIGNIFICANT BENEFITS OF CARDIAC REHABILITATION, ONLY ABOUT 45 PERCENT OF OUR INPATIENT HEART SURGERY POPULATION IS REFERRED TO CARDIAC REHABILITATION, PHASE 2 IN RESPONSE TO THE FACT THAT THOSE WHO CONTINUE CARDIAC REHAB THROUGH PHASE 3 ARE LIKELY TO MAINTAIN THEIR LIFESTYLE, FITNESS POINTE NOW OFFERS REHAB PLUS IN PLACE OF PHASE IV CARDIAC REHAB SINCE FITNESS POINTE HAS OPENED, MORE THAN 575 CARDIAC REHABILITATION GRADUATES AND AN AVERAGE OF 10 PHYSICAL THERAPY GRADUATES PER MONTH HAVE TRANSITIONED TO GENERAL MEMBERS A DISCOUNT RATE IS OFFERED TO ENCOURAGE AND SUPPORT THEIR CONTINUED REHAB IN A GENERAL FITNESS SETTING FITNESS POINTE PROGRAM STATISTICS FITNESS POINTE PROGRAMS AND SERVICES ARE OFFERED TO THE PUBLIC THE AVERAGE AGE OF PROGRAM ATTENDEES IS 49 YEARS OF AGE, WHILE 52% OF PARTICIPANTS WERE 50+ YEARS OF AGE SINCE FITNESS POINTE IS INTERESTED IN MEETING NEEDS NOT ALREADY BEING MET IN THE COMMUNITY, IT IS IMPORTANT TO NOTE THAT MORE THAN 70% OF PARTICIPANTS REPORT THEY HAVE NEVER PREVIOUSLY BEEN A MEMBER OF A FITNESS FACILITY FITNESS POINTE SERVICES RECORD MORE THAN 30,000 VISITS PER MONTH APPROXIMATELY 1,500 INDIVIDUALS HAVE TRANSFERRED TO THE FACILITY MEMBERSHIP PROGRAM FROM CARDIAC REHAB AND PHYSICAL THERAPY TO CONTINUE THEIR REHABILITATIVE MAINTENANCE SHORT TERM GOALS OFFER SERVICES THAT MEET THE INTERESTS AND HEALTH NEEDS OF THE COMMUNITY PROVIDE ONGOING STAFF DEVELOPMENT AND TRAINING TO PROVIDE THE HIGHEST QUALITY CUSTOMER SERVICE PROVIDE THE BEST SERVICES AT THE LOWEST POSSIBLE PRICE CONTINUE DATABASE DOCUMENTATION TO DETERMINE SHORT AND LONG TERM EFFECTS OF PROGRAMS CONTINUE INTEGRATION OF FITNESS POINTE SERVICES WITH OTHER HOSPITAL SERVICES TO BECOME A SIGNIFICANT PART OF THE COMMUNITY HOSPITAL CONTINUUM OF CARE IDENTIFY APPROPRIATE PARTNERSHIPS TO STRENGTHEN THE QUALITY AND SCOPE OF SERVICES OFFERED IDENTIFY RESEARCH OPPORTUNITIES IN THE AREAS OF HEALTH PROMOTION AND DISEASE PREVENTION B PREVENTION/WELLNESS AT COMMUNITY COMMUNITY'S PREVENTION/WELLNESS PROGRAM FOCUSES ON PROMOTING AWARENESS OF CARDIOVASCULAR DISEASE, REDUCING THE INCIDENCE OF HEART DISEASE AND IMPROVING THE QUALITY OF LIFE THROUGH AN INTEGRATED CARDIOVASCULAR HEALTH SERVICES DELIVERY SYSTEM CARDIAC AND VASCULAR SCREENINGS DURING THE 2009-2010 FISCAL YEAR, COMMUNITY CONTINUED TO OFFER VARIOUS LEVELS OF CARDIAC AND VASCULAR SCREENINGS AT A SUBSTANTIAL DISCOUNT ALL LEVELS OF SCREENING PUT AN EMPHASIS ON DIRECTING THE SCREENING PARTICIPANTS TO A VARIETY OF WELLNESS PROGRAMS OFFERED THROUGH THE HOSPITAL AND FITNESS POINTE FITNESS POINTE CONTINUES TO SUPPORT THE WELLNESS PROGRAMS CREATED TO BETTER SERVE THE HEALTH NEEDS OF OUR COMMUNITY AND SUPPORT THE IMPORTANCE OF RISK FACTOR MODIFICATION THROUGH LIFE-STYLE AND BEHAVIOR CHANGES THE CORONARY HEALTH APPRAISAL IS OFFERED THROUGHOUT THE COMMUNITY HEALTHCARE SYSTEM THIS SCREENING NOT ONLY MEASURES CHOLESTEROL LEVELS, GLUCOSE, AND BLOOD PRESSURE, BUT ALSO EVALUATES INDIVIDUALS WHO MEET THE CRITERIA FOR METABOLIC SYNDROME A TOTAL OF 128 PEOPLE WERE SCREENED BETWEEN COMMUNITY HOSPITAL AND COMMUNITY HOSPITAL OUTPATIENT CENTER-ST JOHN TWENTY-ONE PERCENT OF PARTICIPANTS WERE FOUND TO MEET THE CRITERIA FOR METABOLIC SYNDROME DURING THE 2009-2010 FISCAL YEAR, COMMUNITY HOSPITAL CONTINUED TO OFFER THE FAST CT HEART SCAN THIS PROCEDURE HELPS TO DETECT HEART DISEASE IN ITS EARLIEST STAGES DURING THE YEAR, 76 INDIVIDUALS PARTICIPATED IN THE SCREENING COMMUNITY HEALTHCARE SYSTEM ADDED THE CT HEART SCAN AT ST MARY MEDICAL CENTER ONCE A MONTH, THE CARDIAC REHABILITATION STAFF CONDUCTS A SCREENING FOR PERIPHERAL VASCULAR DISEASE, OR PAD INDIVIDUALS AT RISK FOR PAD ARE SMOKERS, DIABETICS AND CARDIAC PATIENTS THE SCREENING TARGETS INDIVIDUALS WHO WOULD NEED FURTHER TESTING AND POSSIBLY INTERVENTION TO TREAT THE DISEASE FOLLOWING THE PUBLIC SCREENING, PARTICIPANTS ARE EDUCATED ON THE DISEASE AND HOW TO PREVENT OR MANAGE IT THE SCREENING COSTS $8 FOR CARDIAC REHAB PATIENTS AND FITNESS POINTE MEMBERS, AND $10 FOR NON-MEMBERS AND THE GENERAL PUBLIC FOLLOW-UP EDUCATION LECTURES ARE CONDUCTED PERIODICALLY AT NO CHARGE THIS PAST FISCAL YEAR, 134 INDIVIDUALS WERE SCREENED IN ADDITION, EACH SEPTEMBER, COMMUNITY HOSPITAL PARTICIPATES IN THE NATIONAL LEGS FOR LIFE PERIPHERAL ARTERIAL DISEASE SCREENING CAMPAIGN THIS FREE PAD SCREENING OFFERED TO THE PUBLIC IS ONE MORE WAY WE REACH OUT TO THE COMMUNITY AND PROVIDE A NEEDED SERVICE TO OUR POPULATION THE SCREENING DRAWS ABOUT 160 PARTICIPANTS FROM AROUND THE AREA CARDIAC REHAB OFFERS A MONTHLY BLOOD PRESSURE SCREEN AT FITNESS POINTE IN ADDITION, THE CARDIAC REHAB STAFF ROUTINELY TAKES BLOOD PRESSURES DURING MUNSTER SENIORS PARK AND RECREATION ACTIVITIES TWO DIABETES SCREENINGS WERE CONDUCTED DURING THE YEAR FIFTY-FIVE INDIVIDUALS HAD THEIR BLOOD SUGAR TESTED A FEW INDIVIDUALS MET THE CRITERIA FOR DIABETES, WHILE SEVERAL MORE WERE FOUND TO BE PRE-DIABETIC WE CONTINUE TO TRACK INDIVIDUALS IN OUR DATABASE WHO GO THROUGH OUR SCREENING PROGRAMS TO DETERMINE TO WHAT DEGREE THIS EARLY INTERVENTION WILL HELP LOWER THE RISK FOR DEVELOPING HEART DISEASE IN ADDITION TO THE DATABASE, OUR RISK FACTOR ANALYSIS SOFTWARE PROGRAM ALLOWS US TO HAVE THE MOST UP-TO-DATE DATA AVAILABLE THIS SOFTWARE ENABLES US TO PREPARE REPORTS THAT EDUCATE INDIVIDUALS ABOUT HOW THEIR HEALTH STATUS PLACES THEM AT RISK FOR DEVELOPING HEART DISEASE, AND PROVIDES RECOMMENDATIONS AND SUPPORT IN MAKING HEALTHY LIFE-STYLES CHOICES THAT CAN LOWER THEIR RISK THEREFORE, WE CAN ASSIST THEM IN PARTICIPATING IN ONE OF OUR WELLNESS EDUCATION PROGRAMS BEST SUITED TO THEIR INDIVIDUAL NEEDS OUR DATABASE INCLUDES PATIENTS FROM OUR VARIOUS CARDIOVASCULAR OUTPATIENT CLINICS SUCH AS THE HEART FAILURE TREATMENT CLINIC, LIPID CLINIC AND CARDIAC REHABILITATION THIS ALLOWS US TO TRACK OUR CARDIOVASCULAR PATIENTS AND BETTER MANAGE THEIR OUTCOMES AND TREATMENT OPTIONS THROUGH THIS DATABASE, WE HAVE BEEN ABLE TO PERFORM INTERNAL RESEARCH ACTIVITIES THAT MEASURE THE OUTCOMES OF PATIENTS WITH HEART DISEASE AND HEART FAILURE SO WE CAN BETTER MANAGE THESE CONDITIONS AND PREVENT RECURRENT EVENTS TO CONTINUE TO BETTER SERVE OUR PATIENT POPULATION, OUR CARDIOVASCULAR RESEARCH DEPARTMENT FOCUSES ON REDUCING CARDIOVASCULAR MORBIDITY AND MORTALITY IN OUR COMMUNITIES BY PARTICIPATING IN CLINICAL RESEARCH INITIATIVES DESIGNED TO PROMOTE EARLY DETECTION, DIAGNOSIS AND TREATMENT OF CARDIOVASCULAR AND PERIPHERAL VASCULAR DISEASE FINALLY, PREVENTION/WELLNESS SERVICES DONATES GIFT CERTIFICATES FOR BOTH THE HEART SCAN AND CORONARY HEALTH APPRAISAL THE CERTIFICATES ARE MADE AVAILABLE TO CHARITABLE ORGANIZATIONS AND CERTAIN COMMUNITY HOSPITAL SPONSORED EVENTS OVER $600 WORTH OF SCREENINGS WERE DONATED THIS PAST FISCAL YEAR

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONT)		C CANCER PROGRAM COMMUNITY HOSPITAL CANCER PROGRAM IS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER IN THEIR "COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM" CATEGORY APPROVAL OF OUR CANCER PROGRAM QUALIFIES COMMUNITY HOSPITAL TO PARTNER WITH THE COMMISSION ON CANCER IN THE AMERICAN CANCER SOCIETY'S NATIONAL CANCER INFORMATION AND REFERRAL PROJECT, SHARING INFORMATION ON RESOURCES AND CANCER EXPERIENCE FOR THE AMERICAN CANCER SOCIETY'S NATIONAL CALL CENTER AND WEB SITE, KEY SOURCES OF CANCER INFORMATION AND GUIDANCE FOR THE PUBLIC THIS INDICATES THAT COMMUNITY HOSPITAL MEETS THE STANDARDS OF THE COMMISSION ON CANCER IN ORGANIZATION AND MANAGEMENT OF OUR PROGRAM ENSURING MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES IN ADDITION, COMMUNITY HOSPITAL MEETS THEIR PERFORMANCE MEASURES FOR HIGH-QUALITY CANCER CARE AN APPROVED PROGRAM ENSURES OUR PATIENTS RECEIVE QUALITY CARE CLOSE TO HOME AND ACCESS TO A MULTI-SPECIALTY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS THE PROGRAM ALSO PROVIDES THE COMMUNITY WITH ACCESS TO CANCER-RELATED INFORMATION, EDUCATION AND SUPPORT, AND OFFERS LIFELONG PATIENT FOLLOW-UP, ONGOING MONITORING AND IMPROVEMENT OF CARE AND INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS A REGISTRY COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS CANCER PROGRAM LEADERSHIP USES CANCER REGISTRATION DATA INCLUDING LIFELONG FOLLOW UP TO EVALUATE CLINICAL OUTCOMES COMPARED TO THOSE IN OTHER PROGRAMS THEY ALSO USE THE DATA TO TRACK PATTERNS OF ACCESS, CARE AND REFERRAL, ALLOCATE AND PRIORITIZE RESOURCES, AND TARGET SERVICES AND PROGRAMS TO ADDRESS THE HEALTH CARE NEEDS OF OUR SERVICE AREA AMERICAN COLLEGE OF SURGEONS ACCREDITED CANCER PROGRAM PROVIDING A WIDE RANGE OF SERVICES TO OUR PATIENTS WITH CANCER IS THE MULTIDISCIPLINARY CANCER COMMITTEE THIS COMMITTEE COMPOSED OF PATHOLOGISTS, SURGEONS, ONCOLOGISTS, RADIATION ONCOLOGISTS, CLINICAL AND NURSING STAFF, AND CANCER REGISTRY PERSONNEL, HOSTS WEEKLY TUMOR CONFERENCES TO REVIEW CLINICAL FINDINGS, PAST HISTORY AND RADIOLOGIC AND PATHOLOGIC TREATMENT OPTIONS CANCER EDUCATION CANCER EDUCATION PROGRAMS HELD OVER THE PAST YEAR INCLUDE THOSE DIRECTED AT COLON CANCER PREVENTION, BREAST SELF-EXAMINATION, THE IMPORTANCE OF PAP SMEARS, SMOKING CESSATION, AND THE IMPORTANCE OF EARLY DETECTION OF PROSTATE CANCER IN ADDITION, SEVERAL NEW COMMUNITY EDUCATION PROGRAMS WERE INTRODUCED TO RAISE PUBLIC AWARENESS OF ISSUES AFFECTING THE PREVENTION AND EARLY DETECTION OF CANCER SOME OF THESE NEW PROGRAMS ALSO HELPED MEMBERS OF THE COMMUNITY BETTER MANAGE SIDE EFFECTS FROM CANCER TREATMENTS, WHILE OTHER EFFORTS WERE DIRECTED AT HELPING PATIENTS MAKE COMPLEX TREATMENT DECISIONS THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION OPENED THE CANCER RESOURCE CENTRE IN MUNSTER - A NON-MEDICAL RESOURCE HAVEN FOR THOSE SEEKING INFORMATION ABOUT CANCER THE CENTRE HOLDS FREE COMMUNITY PROGRAMS AND SUPPORT/NETWORKING GROUPS, AND HAS AN EXTENSIVE LIBRARY WITH TWO COMPUTER TERMINALS FOR INTERNET ACCESS THE CENTRE OPENED IN JUNE OF 2003, AND ALL SERVICES AND PROGRAMS ARE FREE CLINICAL TRIALS/RESEARCH IN LOOKING TO EXPAND ON RESEARCH INITIATIVES AND TO BROADEN PATIENT ACCESS TO CLINICAL TRIALS, THE HOSPITAL HAS FORMED THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION, A SEPARATE NOT-FOR-PROFIT CORPORATION TO RAISE OUTSIDE SUPPORT THE PURPOSE OF THIS FOUNDATION IS TO REDUCE CANCER MORBIDITY AND MORTALITY IN THE COMMUNITY BY SUPPORTING AND ADVANCING CANCER DETECTION, DIAGNOSIS, TREATMENT AND EDUCATION/PREVENTION AND BY PROMOTING THE ACQUISITION OF KNOWLEDGE THROUGH CLINICAL RESEARCH CLINICAL TRIALS OFFERED INCLUDED THOSE FOR ALL STAGES OF BREAST AND COLON CANCER, LYMPHOMA, LEUKEMIA, MULTIPLE MYELOMA AND PANCREATIC CANCER IN THE EFFORT TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS, THE HOSPITAL MAINTAINS ASSOCIATION IN A GOVERNMENT PROGRAM TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), THE PROGRAM IS KNOWN AS THE CANCER TRIALS SUPPORT UNIT IT IS SUPPORTING THE DEVELOPMENT OF A NATIONAL NETWORK OF PATIENTS AND PHYSICIANS TO PARTICIPATE IN NCI-SPONSORED PHASE III CANCER TREATMENT TRIALS NCI HAS TAKEN STEPS THROUGH THIS PROGRAM TO BRING TOGETHER RESEARCH COOPERATIVES FROM AROUND THE U S AND CANADA THE EFFORT RECOGNIZES THAT MORE PATIENTS AND PHYSICIANS COULD BECOME INVOLVED IN CANCER RESEARCH TRIALS WITH ADDED SUPPORT TYPICALLY NCI RESEARCH COOPERATIVES OPEN TRIALS ONLY TO INDIVIDUAL MEMBERS, WHICH ARE OFTEN ACADEMIC INSTITUTIONS THAT CAN ACQUIRE LARGE NUMBERS OF PATIENTS AND HAVE THE FINANCIAL BACKING TO FACILITATE THE WORK THROUGH THE CLINICAL TRIALS SUPPORT UNIT, COMMUNITY HOSPITAL GAINS ACCESS TO CLINICAL RESEARCH TRIALS FROM EIGHT DIFFERENT RESEARCH COOPERATIVES THE PILOT PROGRAM ALSO IS PROVIDING FINANCIAL ASSISTANCE AND IS WORKING TO REDUCE REGULATORY AND ADMINISTRATIVE BURDENS, AND TO STREAMLINE AND STANDARDIZE DATA COLLECTION AND REPORTING BREAST CANCER AN ON-GOING COMMUNITY-BASED EDUCATION INITIATIVE CONTINUES TO IDENTIFY WOMEN WHO ARE AT HIGH RISK FOR DEVELOPING BREAST CANCER A COMPUTERIZED MODEL DEVELOPED BY THE NATIONAL CANCER INSTITUTE WAS USED AS A BASIS FOR IDENTIFYING WOMEN AND EDUCATING THE PUBLIC ON FACTORS THAT MOST DIRECTLY INCREASE THE RISK OF DEVELOPING BREAST CANCER IN OCTOBER 1999, COMMUNITY HOSPITAL BEGAN CONDUCTING A FREE BREAST CANCER RISK ASSESSMENT ON ALL MAMMOGRAPHY PATIENTS OVER THE AGE OF 35 TO IDENTIFY PATIENTS WHO MAY BE AT HIGH RISK FOR BREAST CANCER A BREAST CANCER RISK ASSESSMENT REPORT WAS DEVELOPED BY THE HOSPITAL TO COMMUNICATE TEST RESULTS TO PATIENTS, EDUCATING THEM ABOUT THE RISK FACTORS FOR BREAST CANCER AND VARIOUS TREATMENT OPTIONS THEY MAY DISCUSS WITH THEIR PHYSICIAN THE HOSPITAL ALSO OFFERS FREE CONSULTATION SERVICES OF OUR NURSE PRACTITIONER/BREAST HEALTH NAVIGATOR AT THE WOMEN'S DIAGNOSTIC CENTER IN CONJUNCTION WITH THESE TEST RESULTS MORE THAN 14,000 WOMEN COMPLETED THE BREAST CANCER RISK ASSESSMENT THROUGH THE FISCAL YEAR ENDING JUNE 30, 2010 ABOUT 1 3% OF THE WOMEN WHO COMPLETED THE BREAST RISK ASSESSMENT AT COMMUNITY HOSPITAL WERE IDENTIFIED TO HAVE A LIFETIME RISK ASSESSMENT OF GREATER THAN 20% THE INTENT OF THESE EFFORTS IS TO BETTER INFORM WOMEN OF THE RISK FACTORS THAT INCREASE THEIR CHANCES OF DEVELOPING BREAST CANCER AND TO PROVIDE EDUCATION ABOUT ADDITIONAL TREATMENT OPTIONS IF THEY ARE AT ELEVATED RISK THE AMERICAN CANCER SOCIETY RECOMMENDS ANNUAL BREAST MRI IN ADDITION TO YEARLY MAMMOGRAPHY FOR WOMEN WHO HAVE A LIFETIME RISK ASSESSMENT FOR BREAST CANCER OF 20% OR GREATER, AND THIS RECOMMENDATION IS COMMUNICATED IN EACH HIGH RISK PATIENT'S REPORT IN ADDITION TO A BREAST MRI, PATIENTS WITH AN ELEVATED LIFETIME RISK FOR BREAST CANCER MAY ALSO BENEFIT FROM CONSULTATION WITH A MEDICAL GENETICIST PROSTATE CANCER A FREE PROSTATE CANCER SCREENING FOR THE PUBLIC WAS HELD IN SEPTEMBER OF 2009 WITH 113 PARTICIPANTS TAKING ADVANTAGE OF THE DIGITAL RECTAL EXAM AND PSA THE SCREENING WAS MADE POSSIBLE THROUGH A JOINT EFFORT ON BEHALF OF THE HOSPITAL AND THE PHYSICIANS WHO DONATED THEIR TIME OF THOSE TAKING PART IN THE SCREENING 11% HAD ABNORMAL DIGITAL RECTAL EXAMS, 7% HAD ABNORMAL PSA RESULTS AND 2% HAD BOTH AN ABNORMAL EXAM AND ABNORMAL PSA RESULTS THESE RESULTS ARE FORWARDED FOR EVALUATION AND TREATMENT SKIN CANCER A FREE SKIN CANCER SCREENING WAS HELD IN NOVEMBER 2009 PHYSICIANS SCREENED SUSPICIOUS SPOTS ON 51 PARTICIPANTS OF THOSE, ONE PARTICIPANT HAD SUSPECTED BASAL CELL CANCINOMA, ONE PRESUMED SQUAMOUS CELL CARCINOMA, AND ONE PRESUMED MELANOMA (2% EACH)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Munster Medical Research Foundation Inc

Employer identification number
35-1107009

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COMMUNITY FD OF NW INDIANA INC 10010 DONALD POWERS DRIVE MUNSTER, IN 46321 31-1128781	SUPPORTNG ORG	IN	501(c)(3)	11(c)	NA
ST CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO, IN 46312 35-1738708	HOSPITAL	IN	501(c)(3)	3	CFNI
ST MARY MEDICAL CENTER 1500 S LAKE PARK AVE HOBART, IN 46342 35-2007327	HOSPITAL	IN	501(c)(3)	3	CFNI
COMMUNITY CANCER RESEARCH FDINC 901 MACARTHUR BLVD MUNSTER, IN 46321 35-2146374	CANCER FUNDRA	IN	501(c)(3)	7	NA
COMMUNITY VILLAGE INC 10000 COLUMBIA AVE MUNSTER, IN 46321 35-1956395	RETRMT HOME	IN	501(c)(3)	9	CFNI
CVPA HOLDING COMPANY 905 RIDGE ROAD MUNSTER, IN 46321 35-1938136	SUPPORT ORG	IN	501(C)(2)	N/A	CFNI
RIDGEWOOD ARTS FD 905 RIDGE ROAD MUNSTER, IN 46321 35-1939427	PLAYS & ARTS	IN	501(c)(3)	9	CFNI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
COMMUNITY SURGERY CENTER 901 MACARTHUR MUNSTER, IN46321 35-2049088	SURGERY CENTER	IN	NA	N/A	0	0		No			No
ST CATHERINE HOSP CYBERKNIFE 4321 FIR STREET EAST CHICAGO, IN46312 20-2756806	CYBERKNIFE CT	IN	NA	N/A	0	0		No			No
COMMUNITY CARDIOLOGY CTR 901 MACARTHUR BLVD MUNSTER, IN46321 20-2147241	CARDIOLOGY CT	IN	MMRF	RELATED	1,856,983	0		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COMMUNITY RESOURCES INC 907 RIDGE ROAD MUNSTER, IN46321 35-1727711	MGMT SERVICES ORG	IN	NA	C CORP			

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
COMMUNITY FD OF NW INDIANA INC 10010 DONALD POWERS DRIVE MUNSTER, IN46321 31-1128781	SUPPORTNG ORG	IN	501(c)(3)	11(c)	NA
ST CATHERINE HOSPITAL 4321 FIR STREET EAST CHICAGO, IN46312 35-1738708	HOSPITAL	IN	501(c)(3)	3	CFNI
ST MARY MEDICAL CENTER 1500 S LAKE PARK AVE HOBART, IN46342 35-2007327	HOSPITAL	IN	501(c)(3)	3	CFNI
COMMUNITY CANCER RESEARCH FDINC 901 MACARTHUR BLVD MUNSTER, IN46321 35-2146374	CANCER FUNDRA	IN	501(c)(3)	7	NA
COMMUNITY VILLAGE INC 10000 COLUMBIA AVE MUNSTER, IN46321 35-1956395	RETRMT HOME	IN	501(c)(3)	9	CFNI
CVPA HOLDING COMPANY 905 RIDGE ROAD MUNSTER, IN46321 35-1938136	SUPPORT ORG	IN	501(C)(2)	N/A	CFNI
RIDGEWOOD ARTS FD 905 RIDGE ROAD MUNSTER, IN46321 35-1939427	PLAYS & ARTS	IN	501(c)(3)	9	CFNI

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ST CATHERINE HOSPITAL	n	355,648
(2)	ST MARY MEDICAL CENTER	n	962,622
(3)	RIDGEWOOD ARTS FOUNDATION	b	80,000
(4)	ST CAHTERINE HOSPITAL	o	57,552
(5)	ST MARY MEDICAL CENTER	o	355,669
(6)	ST CATHERINE HOSPITAL	p	702,553
(7)	ST MARY MEDICAL CENTER	p	766,378
(8)	COMMUNITY CARDIOLOGY CENTER LLC	q	4,223,601
(9)	COMMUNITY SURGERY CENTER LLC	q	3,649,248
(10)	COMMUNITY CANCER RESEARCH FOUNDATION INC	q	97,278
(11)	COMMUNITY CANCER RESEARCH FOUNDATION INC	q	351,953
(12)	COMMUNITY CANCER RESEARCH FOUNDATION INC	p	269,647

Additional Data

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

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

4d. Other program services

(Code)	(Expenses $	467,030	including grants of $	(Revenue $	)
Audiology					
(Code)	(Expenses $	5,127,319	including grants of $	(Revenue $	)
Central Sterilization					
(Code)	(Expenses $	2,727,834	including grants of $	(Revenue $	)
Central Supply					
(Code)	(Expenses $	2,997,049	including grants of $	(Revenue $	)
CVU					
(Code)	(Expenses $	8,614,870	including grants of $	(Revenue $	)
Dietary					

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

4d. Other program services

(Code)	(Expenses $	371,025	including grants of $	(Revenue $	)
EEG					
(Code)	(Expenses $	11,184,046	including grants of $	(Revenue $	)
Emergency Room					
(Code)	(Expenses $	614,087	including grants of $	(Revenue $	)
Medically Based Fitness Center					
(Code)	(Expenses $	7,533,534	including grants of $	(Revenue $	)
Health Information Management					
(Code)	(Expenses $	4,172,160	including grants of $	(Revenue $	)
Home Health					

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

4d. Other program services

(Code ICU/CCU	) (Expenses $	5,422,061	including grants of $	) (Revenue $	)
(Code IMCU	) (Expenses $	13,391,277	including grants of $	) (Revenue $	)
(Code Laboratory	) (Expenses $	19,886,288	including grants of $	) (Revenue $	)
(Code Medical Staff	) (Expenses $	1,575,564	including grants of $	) (Revenue $	)
(Code Neonatology	) (Expenses $	4,270,198	including grants of $	) (Revenue $	)

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

4d. Other program services

(Code)	(Expenses $	2,753,802	including grants of $	) (Revenue $	)
Noninvasive Cardiology					
(Code)	(Expenses $	2,358,870	including grants of $	) (Revenue $	)
Nuclear Medicine					
(Code)	(Expenses $	832	including grants of $	) (Revenue $	)
Occupational Health					
(Code)	(Expenses $	2,364,816	including grants of $	) (Revenue $	)
Occupational Therapy					
(Code)	(Expenses $	5,897,629	including grants of $	) (Revenue $	)
Oncology					

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

4d. Other program services

(Code	) (Expenses $	6,694,676	including grants of $	) (Revenue $	)
Patient Financial and Registration Services					
(Code	) (Expenses $	9,486,373	including grants of $	) (Revenue $	)
Physical Therapy					
(Code	) (Expenses $	18,828,219	including grants of $	) (Revenue $	)
Physician Offices					
(Code	) (Expenses $	13,782,099	including grants of $	) (Revenue $	)
Radiology					
(Code	) (Expenses $	4,993,458	including grants of $	) (Revenue $	)
Respiratory Therapy					

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

4d. Other program services

(Code	) (Expenses $	963,942	including grants of $	) (Revenue $	)
Social Services					
(Code	) (Expenses $	880,940	including grants of $	) (Revenue $	)
Speech Therapy					
(Code	) (Expenses $	571,334	including grants of $	) (Revenue $	)
Cancer					
(Code	) (Expenses $	29,073,155	including grants of $	) (Revenue $	)
Pharmacy					
(Code	) (Expenses $	794,270	including grants of $	) (Revenue $	)
Public Relations					

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

4d. Other program services

(Code Security	) (Expenses $	2,087,626	including grants of $	) (Revenue $	)
(Code Cardiology	) (Expenses $	30,248,212	including grants of $	) (Revenue $	)
(Code Grants & Allocations	) (Expenses $	80,000	including grants of $	) (Revenue $	)

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

(A) Name and Title	(B) Average hours per week	(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			
David W Wickland President	16 0	X		X				0	61,737	0
Joseph T Morrow Vice President, Director	1 0	X		X				0	7,100	0
Richard S McClaughry Secretary	3 0	X		X				0	46,037	0
David A Bochnowski Treasurer	1 0	X		X				0	9,000	0
Thomas A Brubaker MD Director	2 0	X						12,562	0	0
Steven G Chovanec Director	2 0	X						0	0	0
Eric Compton DDS Director	2 0	X						0	0	0
Albert J Costello MD Director	2 0	X						0	4,255	0
Frankie L Fesko Director	12 0	X						0	96,435	0
William A Hasse III Director	2 0	X						0	0	0
Robert L Lichtfield DO Director	1 0	X						0	9,000	0
Donna Panich Director	1 0	X						0	0	0
Donald S Powers Director	40 0	X						0	854,403	41,019
Paula Nellans Director	1 0	X						0	0	0
Hon James J Richards Director	22 0	X						0	61,737	0
SN Makam MD Director	2 0	X						0	105,525	0
William K Schenck Director	3 0	X						0	24,237	0
M Nabil Shabeeb MD Director	1 0	X						0	9,200	0
Jay L Zandstra Director	2 0	X						0	0	0
Nitin S Sardesai MD Director	1 0	X						0	0	0
Donald P Fesko Hospital Administrator	40 0	X		X				0	499,404	34,025
Mark Levin MD Director	40 0	X						1,075,124	0	38,792
Luis Molina Chief Financial Officer	40 0			X				352,910	0	39,584
Ronda McKay Chief Nursing Officer	40 0				X			166,417	0	1,816
David Nellans VP Engineering	40 0				X			215,875	0	41,291

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

(A) Name and Title	(B) Average hours per week	(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			
Richard Berkowitz MD Anesthesiologist	40.0					X		486,881	0	54,185
Yevgeniy Khavkin MD Physician	40.0					X		716,245	0	6,945
Asim Mohiuddin DO Anesthesiologist	40.0					X		412,983	0	33,342
Krishnarao Pinnamaneni MD Anesthesiologist	40.0					X		423,802	0	44,138
Priti Chowdhury MD Physician	40.0					X		422,308	0	36,303

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
CARDIOLOGY		78,764,827	78,764,827		
CHRGBLE SUPPLIES		4,342,883	4,342,883		
CVU		2,904,939	2,904,939		
EEG		4,393,675	4,393,675		
EMERGENCY ROOM		51,671,710	51,671,710		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL FEES	2,247,935	2,202,914	45,021	
CORP SUPP SRVCS ALLOCATION	25,909,646	24,326,300	1,583,346	
OTHER EXPENSES	2,060,678	1,156,434	904,244	
REPAIRS & MAINTENANCE	3,766,652	1,340,566	2,426,086	
LEASE & RENTALS	6,392,584	5,974,026	418,558	

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The methodology used was from the cost accounting system which uses a relative value unit approach to costing It is for inpatients only and excludes Medicaid and Charity

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Completed the IRS worksheets and used Cost Accounting for the methodology We did not include any physician practice information when calculating subsidized services

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

6 59% of our total expense is related to charity care and community benefit Bad debt of $14,362,510 is excluded from the calculation and JV expense of $364,064 is included

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Community Hospital evaluates the collectibility of its accounts receivable based on the length of time the receivable is outstanding and the anticipated future uncollectible amounts based on historical experience Accounts receivable are charged to the allowance for doubtful accounts when they are deemed uncollectible Community Hospital does not require collateral The cost accounting system was used to calculate the estimated cost of bad debt attributable to patient accounts that is reported on line 2 Discounts and payments on patient accounts are recorded as an adjustment to revenue, not bad debt expense As a tax-exempt hospital we must provide necessary services regardless of the patient's ability to pay for the service provided We estimated a percentage of bad debts based upon the portion of uninsured individuals that would be eligible for the hospital's financial assistance policy This amount entered on part III, line 3 should be counted as a community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The total revenue received from Medicare was calculated by using information from the Cost Accounting system As a tax-exempt hospital we must provide necessary services regardless of the patient's ability to pay for the service provided or the reimbursement received from Medicare As a not-for-profit, patient care is provided to all, regardless of ability to pay for that care or any reimbursement received for that care Making quality patient care available to all in our community, qualifies the $29,999,907 of Medicare shortfall as a community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection policies are the same for all patients Patients are screened for eligibility for financial assistance before collection procedures begin If at any point in the collection process, documentation is received that indicates the patient is potentially eligible for financial assistance but has not applied for it, the account is referred back for a financial assistance review

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Physician Practice - 11, Outpatient Ancillary - 2, Cardiac Rehab Services - 1, Cardiac Cath Lab - 1, Outpatient Surgery Center - 1