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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

MUNSON MEDICAL CENTER

Doing Business As

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

PO BOX 1188

Room/suite

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

TRAVERSE CITY, MI 496851188

D Employer identification number

38-1362830

E Telephone number

(231) 935-5000

G Gross receipts \$ 456,525,531

F Name and address of principal officer

EDWIN A NESS

1105 SIXTH ST

TRAVERSE CITY, MI 49684

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.MUNSONHEALTHCARE.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1947

M State of legal domicile MI

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities AS A VITAL PART OF MUNSON HEALTHCARE, MUNSON MEDICAL CENTER EXISTS TO DELIVER COMPREHENSIVE QUALITY CARE TO PATIENTS IN PARTNERSHIP WITH PHYSICIANS		
	2	Check this box <input checked="" type="checkbox"/> 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	20
	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	4,169
Revenue	6	Total number of volunteers (estimate if necessary)	6	450
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,227
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,904
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,523,134	2,339,335
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	398,371,561	431,377,303
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,124,012	14,957,443
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,492,234	4,391,805
			395,262,917	453,065,886
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,493	50,778
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	201,611,452	213,178,649
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 510,695		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	181,991,545	198,083,904
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	383,620,490	411,313,331
	19	Revenue less expenses Subtract line 18 from line 12	11,642,427	41,752,555
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	484,188,280	527,853,976
	21	Total liabilities (Part X, line 26)	280,955,090	296,258,478
	22	Net assets or fund balances Subtract line 21 from line 20	203,233,190	231,595,498

Part II

Signature Block

Sign Here

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

Signature of officer

MARK A HEPLER CHIEF FINANCIAL OFFICE

2011-05-11

Date

Preparer's signature

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

Date

Check if self-employed

☐

Preparer's identifying number (see instructions)

EIN

Phone no

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

☐ Yes ☐ No

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

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

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 \$ 371,742,755 including grants of \$ 50,778) (Revenue \$ 433,125,003)














EXPENSES INCURRED WHILE PROVIDING HOSPITAL SERVICES TO THE RESIDENTS OF TRAVERSE CITY, MICHIGAN AND THE SURROUNDING AREA WHILE FULFILLING THE HOSPITAL'S MISSION TO PROVIDE HEALTHCARE IN THE COMMUNITY

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 371,742,755
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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, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	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
14b	• 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	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a357		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a4,169		
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		
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: <input type="text"/> 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	20	
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	Yes	
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▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ MUNSON HEALTHCARE 3668 N US 31 S TRAVERSE CITY, MI 49684 (231) 935-7777

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

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

Form **990** (2009)

1b	Total	3,983,982	1,690,113	776,068
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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 **116**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
HOSPITALISTS OF NORTHWEST MICHIGAN PO BOX 107 TRAVERSE CITY, MI 496850107	MEDICAL SERVICE	3,749,354
D W MECHANICAL 1266 INDUSTRY DR TRAVERSE CITY, MI 49686	CONSTRUCTION	1,945,727
MAYO COLLABORATIVE SERVICES PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY SRV	1,718,763
SODEXO INC AND AFFILIATES 4880 PAYSPIRE CIRCLE CHICAGO, IL 60674	DIETARY	1,436,617
CARDIOTHORACIC SURGEONS GT PC 107 S CASS ST TRAVERSE CITY, MI 49684	MEDICAL SERVICE	1,129,661

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 **59**

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		2,339,335			
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	943,292				
	e	Government grants (contributions)	1e	1,264,996				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	131,047				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	MEDICARE AND MEDICAID PMTS	621,990	233,581,629	233,581,629			
	b	PATIENT SERVICE REVENUE	621,990	193,743,409	193,743,409			
	c	SERVICES TO OTHER ORGANIZATIO	621,990	2,114,877	2,114,877			
	d	HEALTH SERVICE REVENUE	621,990	1,545,883	1,545,883			
	e	RENT FROM RELATED ORGS	531,120	391,505	391,505			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			431,377,303			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		5,570,900	1,744,473		3,826,427	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal	91,484			91,484
			91,484					
			91,484					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther	12,776,268	7,275		
			12,776,268	7,275				
			3,397,000					
			9,379,268	7,275				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			9,386,543			9,386,543
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances			65,872				
b	Less cost of goods sold . . .	b	62,645					
c	Net income or (loss) from sales of inventory . . .			3,227		3,227		
Miscellaneous Revenue		Business Code						
11a	CAFETERIA SALES	722,210		3,374,432			3,374,432	
b	MISCELLANEOUS	621,990		571,452			571,452	
c	AUXILIARY GIFT SHOP	446,199		351,210			351,210	
d	All other revenue							
e	Total. Add lines 11a-11d			4,297,094				
12	Total revenue. See Instructions			453,065,886	433,121,776	3,227	17,601,548	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	50,778	50,778		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,216,104		2,184,892	31,212
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	245,958	112,880	133,078	
7	Other salaries and wages	156,611,030	139,770,850	16,840,180	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,545,244	14,766,730	1,778,514	
9	Other employee benefits	25,901,503	22,910,580	2,990,923	
10	Payroll taxes	11,658,810	10,274,200	1,382,796	1,814
11	Fees for services (non-employees)				
a	Management				
b	Legal	371,217		371,217	
c	Accounting	248,160		248,160	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	30,294,946	25,530,531	4,286,746	477,669
12	Advertising and promotion	456,174	94,785	361,389	
13	Office expenses	109,553,604	107,191,266	2,362,338	
14	Information technology	9,325,062	3,545,323	5,779,739	
15	Royalties				
16	Occupancy	7,074,135	6,364,130	710,005	
17	Travel	450,617	360,188	90,429	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,026,960	821,456	205,504	
20	Interest	2,508,269	2,266,974	241,295	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,498,398	22,141,652	2,356,746	
23	Insurance	3,436,781	2,974,819	461,962	
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	BAD DEBT	13,490,465	13,490,465		
b	REPAIRS AND MAINTENANCE	3,737,477	3,496,734	240,743	
c	MISCELLANEOUS	2,884,509	1,025,748	1,858,761	
d	REALIZED SWAP EXPENSE	1,458,347		1,458,347	
e	GRANT EXPENSES	544,343	544,343		
f	All other expenses	-13,275,560	-5,991,677	-7,283,883	
25	Total functional expenses. Add lines 1 through 24f	411,313,331	371,742,755	39,059,881	510,695
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			236,448	1	73,924
	2	Savings and temporary cash investments			34,428,561	2	67,875,851
	3	Pledges and grants receivable, net			155,787	3	44,991
	4	Accounts receivable, net			51,913,211	4	50,218,599
	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			10,510,572	8	10,855,157
	9	Prepaid expenses and deferred charges			6,847,544	9	8,111,013
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	451,673,283			
	b	Less accumulated depreciation	10b	215,181,682	236,722,641	10c	236,491,601
	11	Investments—publicly traded securities			126,777,781	11	141,154,640
	12	Investments—other securities See Part IV, line 11			9,564,265	12	7,390,786
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			7,031,470	15	5,637,414
	16	Total assets. Add lines 1 through 15 (must equal line 34)			484,188,280	16	527,853,976
Liabilities	17	Accounts payable and accrued expenses			38,848,147	17	40,083,572
	18	Grants payable				18	
	19	Deferred revenue			390,235	19	127,580
	20	Tax-exempt bond liabilities			136,225,691	20	132,699,291
	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			105,491,017	25	123,348,035
	26	Total liabilities. Add lines 17 through 25			280,955,090	26	296,258,478
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			201,995,246	27	229,338,073
	28	Temporarily restricted net assets			1,237,944	28	2,257,425
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			203,233,190	33	231,595,498
	34	Total liabilities and net assets/fund balances			484,188,280	34	527,853,976

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 	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 . .	Yes	

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 MUNSON MEDICAL CENTER	Employer identification number 38-1362830
---	--

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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 IIISupport 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

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 MUNSON MEDICAL CENTER	Employer identification number 38-1362830
---	--

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	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?	Yes		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				7,472
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

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

SCHEDULE D
(Form 990)

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

MUNSON MEDICAL CENTER

Employer identification number

38-1362830

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?	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	128,015,726	151,976,653			
b Contributions	2,073,910	815,757			
c Investment earnings or losses	14,807,677	-20,538,618			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,054,734	4,238,065			
f Administrative expenses	430,514				
g End of year balance	143,412,065	128,015,726			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 98.430 %

b

Permanent endowment ▶

c

Term endowment ▶ 1.570 %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

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		10,968,830		10,968,830
b Buildings		266,345,560	107,198,837	159,146,723
c Leasehold improvements		43,933	43,933	
d Equipment		166,437,250	106,598,652	59,838,598
e Other		7,877,710	1,340,260	6,537,450
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				236,491,601

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

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
MUNSON MEDICAL CENTER

Employer identification number
38-1362830

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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b		No
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 eligible 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)			7,535,570		7,535,570	1 860 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			44,609,045	34,923,555	9,685,490	2 400 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			774,914	429,970	344,944	0 090 %
d Total Charity Care and Means-Tested Government Programs			52,919,529	35,353,525	17,566,004	4 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,269,606	302,835	2,966,771	0 730 %
f Health professions education (from Worksheet 5)			3,565,207	1,056,037	2,509,170	0 620 %
g Subsidized health services (from Worksheet 6)			358,266	1,650	356,616	0 090 %
h Research (from Worksheet 7)			739,763		739,763	0 180 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			327,102	3,400	323,702	0 080 %
j Total Other Benefits			8,259,944	1,363,922	6,896,022	1 700 %
k Total. Add lines 7d and 7j			61,179,473	36,717,447	24,462,026	6 050 %

Part IICommunity 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		12,451		12,451	
3	Community support		775,230		775,230	0 190 %
4	Environmental improvements		41,348		41,348	0 010 %
5	Leadership development and training for community members					
6	Coalition building		750		750	
7	Community health improvement advocacy		709		709	
8	Workforce development		2,307		2,307	
9	Other					
10	Total		832,795		832,795	0 200 %

Part IIIBad 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?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	25,049,813	
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	31,075,610	
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)	5204,581,260	
6	Enter Medicare allowable costs of care relating to payments on line 5	6199,970,598	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	74,610,662	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
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.	9bYes	

Part IVManagement 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 NW MI SURGERY CENTER	AMBULATORY SURGERY CENTER	49 000 %		51 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

- 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

See additional data

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

See additional data

- 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

See additional data

- 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 additional data

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

See additional data

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

Additional Data

Software ID:
Software Version:
EIN: 38-1362830
Name: MUNSON MEDICAL CENTER

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

100% FINANCIAL ASSISTANCE IS PROVIDED FOR THOSE INDIVIDUALS OR FAMILIES WHOSE INCOME IS 200% OR LESS THAN THE FPIG AND TOTAL ASSETS ARE WITHIN THE PROTECTED LEVELS. THE APPROVAL IS VALID FOR 1 YEAR WITH A VERIFICATION OF FINANCIAL STATUS AT 6 MONTHS. CATASTROPHIC ASSISTANCE IS AVAILABLE FOR THOSE INDIVIDUALS OR FAMILIES WHO DO NOT MEET THE GUIDELINES FOR FULL CHARITY CARE, BUT WHOSE HOSPITAL EXPENSES WILL POSE AN EXTREME FINANCIAL HARDSHIP. THE APPLICANT MUST MEET THE FOLLOWING GUIDELINES: APPLICANT'S CUMULATIVE BALANCE MUST BE GREATER THAN 10,000. APPLICANT MUST COMPLETE FINANCIAL ASSISTANCE APPLICATION IF CATASTROPHIC ASSISTANCE IS GRANTED, THE APPLICANT WILL BE RESPONSIBLE TO PAY 20% OF THE APPLICANT'S ANNUAL HOUSEHOLD INCOME TO THE GRANTING INSTITUTION. CATASTROPHIC ASSISTANCE APPROVAL WILL BE VALID FOR 12 MONTHS FROM THE DATE OF APPROVAL.

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

COST VALUES FOR LINE 7 ARE BASED ON THE COST TO CHARGE RATIO COMPUTATION

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

THERE ARE NO PHYSICIAN CLINICS IN SUBSIDIZED HEALTH SERVICES

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

TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN ARE 411,313,350 AND THE PROPORTIONATE SHARE OF TOTAL EXPENSES OF THE AMBULATORY SURGERY CENTER ARE 6,665,347 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS 13,633,491 THE NET EXPENSE OF 404,345,206 WAS USED FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

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

TO DETERMINE THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS WHO WOULD PROBABLY QUALIFY UNDER MUNSON MEDICAL CENTER'S CHARITY CARE POLICY, MUNSON DIRECTED AN INTERNAL STUDY FROM A 6-MONTH SAMPLE OF CURRENT BAD DEBT ACCOUNTS. FIRST, THE STUDY IDENTIFIED THE SELF-PAY PORTION OF THE BAD DEBT EXPENSE. THEN, THE SELF-PAY ACCOUNTS WERE ANALYZED USING REVENUE CYCLE ANALYTIC SOFTWARE, TO IDENTIFY POTENTIAL CHARITY CARE CANDIDATES. USING THE SOFTWARE ESTIMATIONS, A PORTION OF THE SELF-PAY ACCOUNTS WERE DEEMED CHARITY CARE ELIGIBLE. THAT ESTIMATED PORTION WAS APPLIED TO THE SELF-PAY BAD DEBT DOLLAR AMOUNT TO DETERMINE THE AMOUNT OF BAD DEBT THAT WOULD BE CONSIDERED CHARITY IF THE PROPER APPLICATIONS AND DOCUMENTATION WERE AVAILABLE FROM THE PATIENTS. THE ACCOUNTS RECEIVABLE FOOTNOTE TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF MUNSON HEALTHCARE AND SUBSIDIARIES STATES: THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND GENERAL ECONOMIC CONDITION IN ITS SERVICE AREA, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY AND OTHER FACTORS. THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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

AT ANY TIME, IF A PATIENT STATES THEY ARE HAVING TROUBLE PAYING THEIR BILLS, THE CREDIT INTERVIEWERS OR FINANCIAL COUNSELORS SCREEN THE PATIENT FOR FINANCIAL ASSISTANCE. ONCE QUALIFIED FOR CHARITY CARE, THE PATIENT IS DEEMED QUALIFIED FOR ONE YEAR AND NO COLLECTION IS PURSUED DURING THAT TIME. THE COLLECTIONS POLICIES ARE THE SAME FOR ALL PATIENTS. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE ACCOUNT IS REFERRED BACK TO PATIENT FINANCIAL SERVICES FOR REVIEW.

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

1 PHYSICAL THERAPY 1 BREAST IMAGING CENTER 1 LABORATORY 1 OUTPATIENT HEALTH CENTER
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Form 990 Schedule H, Part VI - Supplemental Information, Line 2

THE MUNSON HEALTHCARE BOARD OF DIRECTORS MAINTAINS A STANDING COMMUNITY HEALTH COMMITTEE TO SERVE THE MUNSON SYSTEM BY REVIEWING INFORMATION ON COMMUNITY HEALTH NEEDS, PRIORITIZING PROGRAMS AND SERVICES TO BE FUNDED, REVIEWING PERFORMANCE INFORMATION REGARDING THE IMPACT AND COST EFFECTIVENESS OF PROGRAMS TARGETED TO IMPROVE THE HEALTH OF THE COMMUNITY IN GENERAL OR A TARGETED POPULATION INCLUDING THE UNDERSERVED AND UNDERINSURED, AND TAKING RESPONSIBILITY FOR COMMUNICATING INTERNALLY AND EXTERNALLY THE SIGNIFICANCE OF MUNSON HEALTHCARE'S COMMUNITY BENEFIT PROGRAMS AND EXPENDITURES THIS COMMITTEE IS SUPPORTED BY A COMMUNITY HEALTH DEPARTMENT OF MUNSON MEDICAL CENTER MUNSON MEDICAL CENTER (MMC) IS A SIGNIFICANT CONTRIBUTOR TO REGIONAL EFFORTS THAT ASSESS THE HEALTH STATUS OF THE TOTAL POPULATION WITHIN OUR EXTENSIVE GEOGRAPHICAL AREA COMMUNITY HEALTH ASSESSMENT IS AN IMPORTANT COMPONENT OF A COMMUNITY HEALTH IMPROVEMENT STRATEGY AS IT PROVIDES GUIDANCE AS TO WHERE EFFORTS SHOULD BE CONCENTRATED, AS WELL AS WHERE PROGRESS HAS BEEN MADE THE DATA DOCUMENTED THROUGH AN ASSESSMENT SERVES AS A USEFUL REFERENCE FOR PROGRAM AND RESOURCE DEVELOPMENT EFFORTS COMMUNITY-WIDE IN 2007, MUNSON MEDICAL CENTER (MMC) BEGAN AN ASSESSMENT USING SECONDARY DATA ANALYSIS AS A PRIMARY METHODOLOGY QUANTITATIVE AND QUALITATIVE RESEARCH, ALONG WITH QUALITATIVE ANALYSIS, WAS COMPLETED IN MAY 2008 AND UPDATED IN 2009 TO IDENTIFY ANY EMERGING COMMUNITY HEALTH TRENDS A WIDE VARIETY OF INDICATORS ARE INCLUDED IN THIS REPORT AND ARE ORGANIZED INTO THE FOLLOWING CATEGORIES DEMOGRAPHICS, GENERAL HEALTH STATUS, ACCESS TO CARE, MATERNAL AND CHILD HEALTH, BEHAVIORAL RISK FACTORS, CHRONIC DISEASE AND CONDITIONS, AND EMERGENT HEALTH TRENDS REPORTED BY KEY INFORMANTS THE RESULTS HAVE BEEN MADE AVAILABLE TO THE COMMUNITY THRU PRESENTATIONS AND WEBSITE, WWW.MUNSONHEALTHCARE.ORG ADDITIONALLY, MUNSON WORKS IN CONJUNCTION WITH EFFORTS BY THE FIVE-COUNTY COLLABORATIVES OF ANTRIM, BENZIE, GRAND TRAVERSE, LEELANAU, AND KALKASKA COUNTIES, THE TRAVERSE CITY CHAMBER OF COMMERCE, THE LOCAL UNITED WAY, AND OTHER REGIONAL ASSOCIATIONS TO MAINTAIN CURRENT UNDERSTANDING OF COMMUNITY NEED

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

IT IS THE GOAL OF MUNSON HEALTHCARE TO COMMUNICATE AND EDUCATE PATIENTS AND THE PUBLIC REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE. THIS IS ACHIEVED THROUGH ONE OR MORE OF THE FOLLOWING METHODS: INFORMATION BROCHURES AVAILABLE AT THE REGISTRATION DESKS; BROCHURES THAT DESCRIBE MUNSON HEALTHCARE'S FINANCIAL ASSISTANCE PROGRAM ARE AVAILABLE AT ALL REGISTRATION SITES; THE BROCHURE HAS CLEAR INFORMATION ON HOW TO CONTACT A FINANCIAL COUNSELOR; STATEMENT ON BILLS; STATEMENTS INCLUDE VERBIAGE THAT INSTRUCTS THE PATIENT TO CALL PATIENT FINANCIAL ASSISTANCE IF THEY NEED HELP WITH THEIR BILL; SIGNS IN THE ER REGISTRATION AREA ADVISES THE PATIENTS THAT THEIR CARE IS NOT WITHHELD IF THEY HAVE NO INSURANCE OR MEANS TO PAY; REFERRAL BY REGISTRATION STAFF. AT THE TIME OF REGISTRATION, SELF-PAY PATIENTS OR ANY PATIENT THAT MAY HAVE CONCERNS REGARDING THEIR UPCOMING ADMISSION IS REFERRED TO THE FINANCIAL COUNSELING STAFF. MUNSON MEDICAL CENTER FINANCIAL COUNSELORS ARE AVAILABLE TO TALK WITH PATIENTS ABOUT THEIR FINANCIAL CONCERNS. THE COUNSELORS VISIT ALL INPATIENTS THAT ARE DEEMED SELF-PAY, TO SEE IF THEY HAVE CONCERNS AND TO DETERMINE IF THEY WOULD LIKE HELP. IF THE PATIENT WOULD LIKE HELP, THE COUNSELORS GATHER INCOME INFORMATION AND SCREEN THE PATIENT FOR MEDICAID. GENERALLY, THESE TWO ACTIONS WILL DETERMINE WHAT PROGRAM THE PATIENT MIGHT QUALIFY FOR. ONCE THE COUNSELOR DETERMINES WHAT THE PATIENT MAY QUALIFY FOR, THE COUNSELOR EDUCATES THE PATIENT ON THE AVAILABLE PROGRAMS AND ASSISTS THEM WITH COMPLETING THE APPROPRIATE APPLICATIONS. THE COUNSELORS ALSO IDENTIFY ALL SELF-PAY OUTPATIENTS AND GO THROUGH THE SAME PROCESS, ONLY BY PHONE. THE GOAL IS TO TALK WITH PATIENTS PRIOR TO ADMISSION, BUT WHEN THAT IS NOT POSSIBLE, THE CALL IS MADE SOON AFTER DISCHARGE. AVAILABLE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO: MEDICAID (AND ALL OF ITS SUBSETS), SOCIAL SECURITY DISABILITY, TRAVERSE HEALTH CLINIC, MUNSON HEALTHCARE CHARITY CARE, MUNSON MEDICAL CENTER CATASTROPHIC CARE, AND MUNSON MEDICAL CENTER MEDS PROGRAM.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

MUNSON MEDICAL CENTER DESCRIPTION MUNSON MEDICAL CENTER (MMC) IS THE LARGEST HOSPITAL IN NORTHERN LOWER MICHIGAN, WITH 391 LICENSED ACUTE CARE BEDS. ONE OF SEVEN HOSPITALS IN THE MUNSON HEALTHCARE SYSTEM, MMC PROVIDES MORE THAN 300,000 ANNUAL PATIENT VISITS. MMC SERVES APPROXIMATELY 23,800 INPATIENTS, HAS 2,000 OBSTETRICAL BIRTHS, AND 48,000 EMERGENCY ROOM PATIENTS EVERY YEAR. MMC IS ALSO THE LARGEST EMPLOYER IN NORTHERN MICHIGAN. DUE TO ITS GEOGRAPHIC LOCATION AND COMPREHENSIVE ARRAY OF SERVICES OFFERED, MMC HAS BEEN NAMED A RURAL REFERRAL CENTER BY THE CENTERS FOR MEDICARE AND MEDICAID. MMC IS ALSO RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AS A SOLE COMMUNITY HOSPITAL. BECAUSE OF THIS STATUS IT IS EQUIPPED TO PROVIDE CRITICAL CARE FOR PATIENTS IN 24 COUNTIES. HOSPITAL SERVICES MUNSON MEDICAL CENTER PROVIDES SERVICES IN 33 DIFFERENT MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES, INCLUDING CARDIAC SURGERY, CARDIAC CATHETERIZATION, RADIATION ONCOLOGY, NEONATAL INTENSIVE CARE AND COMPREHENSIVE EMERGENCY SERVICES. MUNSON MEDICAL CENTER IS A LEVEL II TRAUMA CENTER AND IS THE ONLY RECOGNIZED TRAUMA CENTER IN MICHIGAN'S REGION 7 WHICH COVERS 17 COUNTIES. SPECIALIZED INPATIENT UNITS AVAILABLE AT MMC INCLUDE MEDICAL/SURGICAL INTENSIVE CARE, CARDIAC INTENSIVE CARE, NEONATAL INTENSIVE CARE, ONCOLOGY, MENTAL HEALTH, AND PHYSICAL MEDICINE AND REHABILITATION. A BROAD SPECTRUM OF DIAGNOSTIC AND THERAPEUTIC SERVICES SUPPORTS MMC'S PROGRAMS. THE SERVICES AVAILABLE TO INPATIENTS AND OUTPATIENTS CONSIST OF RADIOLOGY (INCLUDING MRI, CT SCAN, PET SCAN, ULTRASOUND, NUCLEAR MEDICINE AND RADIATION THERAPY), COMPUTERIZED LABORATORY, REHABILITATION SERVICES, INCLUDING PHYSICAL, OCCUPATIONAL AND SPEECH AND HEARING THERAPY, CARDIAC CATHETERIZATION, COMPREHENSIVE CANCER TREATMENT, OBSTETRIC CLINIC FOR INDIGENT PATIENTS, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, HOME HEALTH, DME AND DIALYSIS SERVICES, AND COMPLEX SURGERY SUCH AS VASCULAR AND NEUROSURGERY, AS WELL AS LESS COMPLEX SAME-DAY SURGERY. POPULATION SERVED BY MUNSON MEDICAL CENTER MMC SERVES PATIENTS FROM 24 COUNTIES IN NORTHERN LOWER MICHIGAN AND THE EASTERN PORTION OF THE UPPER PENINSULA (A POPULATION BASE OF APPROXIMATELY 580,000). IN THE 11 COUNTY REGION IMMEDIATELY SURROUNDING MMC, 18.4% OF THE POPULATION ARE 65 YEARS OR OLDER, UNEMPLOYMENT IS 12% OR HIGHER, ALMOST 23% OF ADULTS AGED 18-64 YEARS OF AGE LACK HEALTH INSURANCE, 58% OF BIRTHS ARE COVERED BY MEDICAID, ABOUT 70% OF MMC INPATIENT DISCHARGES ORIGINATE FROM THE 5 COUNTIES IN CLOSEST PROXIMITY TO MMC - ANTRIM, BENZIE, GRAND TRAVERSE, LEELANAU AND KALKASKA. QUALITY MUNSON MEDICAL CENTER HAS WON NUMEROUS AWARDS FOR OUTSTANDING CLINICAL QUALITY CARE. HEALTH GRADES 5 STAR RATING FOR CARDIAC, STROKE, ORTHOPEDIC & PULMONARY CARE. AMERICA'S 50 BEST HOSPITALS OUTSTANDING PATIENT EXPERIENCE HOSPITAL TOP 100 HOSPITAL 12 TIMES (ONLY 2 OTHER HOSPITALS NATIONWIDE HAVE BEEN SO RECOGNIZED) AMONG 23 NATIONALLY NAMED AS AN EVEREST AWARD FOR NATIONAL BENCHMARKS WINNER FOR THE SECOND YEAR IN A ROW (THIS AWARD RECOGNIZES A HOSPITAL'S RATE OF LONG-TERM IMPROVEMENT AND ESTABLISHES MUNSON MEDICAL CENTER AS A NATIONAL BENCHMARK AGAINST WHICH OTHER HOSPITALS WILL BE COMPARED). 2008 AMERICAN HOSPITAL ASSOCIATION MCKESSON QUEST FOR QUALITY PRIZE (RUNNER UP WAS UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS). AMERICAN NURSES CREDENTIALING CENTER MAGNET HOSPITAL (3% OF HOSPITALS NATIONWIDE QUALIFY).

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

MUNSON MEDICAL CENTER (MMC) PROVIDED 832,794 TO COMMUNITY-BUILDING ACTIVITIES DURING THE 2010 FISCAL YEAR THESE ACTIVITIES INCLUDED A CASH DONATION FOR COALITION BUILDING ACTIVITIES IN GRAND TRAVERSE COUNTY, ADMINISTRATIVE SUPPORT FOR THE UNITED WAY FUND DRIVE, LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS, AND CRITICAL HEALTH WORKFORCE DEVELOPMENT IN THE AREA OF LEADERSHIP DEVELOPMENT/TRAINING, MMC HAS BEEN A GUIDING FORCE IN MICHIGAN'S REGION 7 BIO-TERRORISM/DISASTER PREPAREDNESS, AS WELL AS PLAYING A LARGE ROLE IN THE COMMUNITY'S SUICIDE PREVENTION COALITION AS PART OF WORKFORCE DEVELOPMENT, MUNSON STAFF ATTENDS MANY REGIONAL CAREER DAYS PROVIDING STUDENTS WITH INFORMATION ON WHY THEY MIGHT WANT TO BE EMPLOYED IN THE OFTEN-CRITICAL AREA OF HEALTH CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

THE MUNSON MEDICAL CENTER BOARD OF TRUSTEES IS MADE UP OF COMMUNITY MEMBERS ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY SUBJECT TO CREDENTIALING REVIEW AND REQUIREMENTS OF THE MEDICAL STAFF AND THE BOARD OF TRUSTEES. MUNSON MEDICAL CENTER UTILIZES SURPLUS FUNDS TO MAINTAIN ACCESS TO PATIENT SERVICES AND IMPROVE CARE TO PATIENTS THROUGHOUT ITS SERVICE AREA. EXAMPLES OF HOW MUNSON MEDICAL CENTER PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PROGRAMS INCLUDE: HEALTHY FUTURES- A PARTNERSHIP OF AREA HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND MUNSON MEDICAL CENTER, CREATED TO IMPROVE THE HEALTH OF PREGNANT WOMEN AND CHILDREN UNDER AGE TWO. THE PROGRAM INCLUDES CENTRAL ACCESS/DATA MANAGEMENT, REGISTERED NURSE (RN) CARE COORDINATION, EDUCATIONAL MAILINGS, AND HEALTH CARE-RELATED FINANCIAL ASSISTANCE. THE HEALTHY FUTURES MODEL OF RN CARE COORDINATION CONSISTS OF AN OUTCOMES-BASED APPROACH TO INTERVENTION IN THE AREAS OF BREASTFEEDING LONGEVITY, ACCESS TO HEALTH CARE AND IMMUNIZATIONS. MEDS PROGRAM- A PROGRAM THAT PROVIDES TO PATIENTS WITHOUT RESOURCES BEING DISCHARGED FROM THE HOSPITAL NEEDED MEDICATIONS, AS WELL AS ENROLLING THOSE PATIENTS INTO PHARMACEUTICAL COMPANY SPONSORED ASSISTANCE PROGRAMS SO THEY MAY CONTINUE TO GET THE NEEDED PHARMACEUTICALS. POVERTY REDUCTION INITIATIVE (PRI)- A COLLABORATIVE GROUP OF ORGANIZATIONS AND INDIVIDUALS WORKING TO ADDRESS ISSUES OF POVERTY IN THE FIVE COUNTY SERVICE AREA OF MUNSON MEDICAL CENTER. PROJECTS SUPPORTED BY THE PRI WORK GROUPS INCLUDE EFFORTS TO EXPAND ACCESS TO MEDICAL AND DENTAL CARE, JOB TRAINING OPPORTUNITIES, JOB RETENTION, COMMUNITY RESOURCE MOBILIZATION, AND DATA COLLECTION. MUNSON'S INVOLVEMENT IN PRI INCLUDES MEMBERSHIP ON THE ADVISORY COUNCIL, STEERING COMMITTEE, NAVIGATING WORKGROUP, & AD HOC GROUPS. NORTHERN MICHIGAN DIABETES INITIATIVE (NMDI)- A GROUP OF STAKEHOLDERS AND STEERING COMMITTEE MEMBERS THAT REPRESENT THE 11 COUNTY SERVICE AREA, WITH A VISION TO IMPROVE THE CHRONIC CARE MANAGEMENT OF DIABETES. THE PROJECT ALSO SEEKS TO PREVENT THE DEVELOPMENT OF DIABETES AMONG PEOPLE WITH PRE-DIABETES AND THE GENERAL POPULATION THRU EDUCATION, AND THE DEVELOPMENT OF TREATMENT PROTOCOLS. THE GROUP ALSO SUPPORTS A SHIFT IN THE REGIONAL RESPONSE TO DIABETES FROM ITS CURRENT FOCUS ON TREATING ACUTE MEDICAL COMPLICATIONS TO A SYSTEM WHICH IS ALSO ABLE TO SUPPORT CHRONIC HEALTH CONDITIONS THROUGH EFFECTIVE SELF-MANAGEMENT AND PREVENTION OF COMPLICATIONS. COLLABORATION WITH THE TRAVERSE HEALTH CLINIC- THE TRAVERSE HEALTH CLINIC (THC) PROVIDES ACCESS TO AFFORDABLE HEALTH SERVICES THROUGH COMMUNITY COLLABORATION TO PEOPLE IN NEED IN BENZIE, LEELANAU, AND GRAND TRAVERSE COUNTIES. THC USES THE SAME CRITERIA AS THE MUNSON UNCOMPENSATED CARE PROGRAM FOR ENROLLEES INTO THEIR COALITION HEALTH ACCESS PROGRAM (CHAP). MUNSON DONATED 3,299,425 TO THE TRAVERSE HEALTH CLINIC IN 2009, THROUGH IN-KIND DONATIONS OF MEDICATIONS AND STAFFING, GRANTS, ETC. MEDICAL EDUCATION-THE MUNSON FAMILY PRACTICE RESIDENCY PROGRAM INTEGRATES OSTEOPATHIC AND ALLOPATHIC MEDICINE TOGETHER, WITH THE RESOURCES OF MUNSON MEDICAL CENTER. THIS DUALY ACCREDITED 5/5/5 PROGRAM ACCEPTS BOTH DO AND MD TRAINEES. THE PROGRAM IS AFFILIATED WITH THE MICHIGAN STATE UNIVERSITY. MMC ALSO PARTNERS WITH SEVERAL COLLEGES AND UNIVERSITIES TO PROVIDE INTERNSHIPS AND CLINICAL EXPERIENCES FOR REGISTERED NURSES, RESPIRATORY THERAPISTS, PHARMACISTS, AND OTHER HEALTH PROFESSIONALS.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

MUNSON MEDICAL CENTER'S SOLE CORPORATE MEMBER IS MUNSON HEALTHCARE, A 501(C)(3) CORPORATION THE MUNSON HEALTHCARE SYSTEM CONSISTS OF A MAJOR TERTIARY REFERRAL HOSPITAL, SEVERAL RURAL-BASED MEDICAL CENTERS, EXTENSIVE OUTPATIENT TREATMENT AND REHABILITATION FACILITIES, AND ANCILLARY EMERGENCY, TRANSPORTATION AND HOME-BASED MEDICAL SERVICES THAT COVER 24 COUNTIES IN MICHIGAN'S NORTHERN LOWER PENINSULA AND THE EASTERN PORTION OF THE UPPER PENINSULA THE MOST SIGNIFICANT OF THE MUNSON HEALTHCARE SUBSIDIARIES IS MUNSON MEDICAL CENTER (MMC) MMC IS ONE OF SEVEN NOT-FOR-PROFIT HOSPITALS WHICH ARE AFFILIATED WITH EACH OTHER AND SERVE AS THE ONLY HOSPITALS IN THEIR COMMUNITIES EACH OF THE AFFILIATED HOSPITALS HAS INDIVIDUAL COMMUNITY HEALTH INITIATIVES AND/OR PROMOTION ACTIVITIES, AS WELL AS SHARED INITIATIVES MMC WORKS IN COOPERATION WITH OTHER ENTITIES IN THE MUNSON HEALTHCARE SYSTEM TO PROVIDE A FULL RANGE OF HEALTH SERVICES TO THE COMMUNITIES IN ITS SERVICE AREA THE HOME HEALTH DIVISION OF MUNSON HEALTHCARE PROVIDES HOME NURSE AND AIDE SERVICES IN ADDITION TO DURABLE MEDICAL EQUIPMENT AND A PALLIATIVE CARE AND HOSPICE PROGRAM ON THE MUNSON CAMPUS OVER A HALF MILLION DOLLARS IN COMMUNITY BENEFIT, IN THE FORM OF CHARITY CARE AND UNREIMBURSED MEDICAID ARE PROVIDED THROUGH THIS DIVISION EACH YEAR NORTH FLIGHT, INC IS THE CHARITABLE TRANSPORTATION ENTITY IN THE SYSTEM WITH ITS FIXED WING AND HELICOPTER AIR SERVICES, IN COMBINATION WITH GROUND TRANSPORT, PATIENTS IN THE SYSTEM ARE ABLE TO ACCESS APPROPRIATE CARE NORTH FLIGHT, INC PROVIDED OVER 1 MILLION IN CHARITY CARE AND UNREIMBURSED MEDICAID IN THE PAST FISCAL YEAR MUNSON HEALTHCARE SUBSIDIZES FUNDING FOR THE SEVEN COUNTY TRANSPORTATION AUTHORITIES WHICH PROVIDES ACCESS TO HEALTHCARE SERVICES FOR DISADVANTAGED PERSONS SUCH AS THE ELDERLY, PERSONS WITH DISABILITIES AND PERSONS OF LOW INCOME, WHO HAVE DIFFICULTY PROVIDING THEIR OWN TRANSPORTATION MMC PERFORMS THE NEEDS ASSESSMENTS FOR THE MUNSON HEALTHCARE SYSTEM UTILIZING THIS NEEDS ASSESSMENT, MUNSON HEALTHCARE COORDINATES COMMUNITY BENEFIT PROGRAMS THROUGH PLANNING, DEVELOPING, IMPLEMENTING AND FUNDING PROGRAMS THAT ADDRESS COMMUNITY NEEDS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSON MEDICAL CENTER

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
38-1362830

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MEDICAL INSURANCE PAYMENT	16	6,390			
MEDICAL, DRUG, DENTAL	53	10,174			
CLIENT TRANSPORTATION	66	5,490			
NUTRITION SUPPORT	26	400			
FOOD ASSISTANCE	33	2,923			
RENT AND UTILITIES	135	25,401			

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

[illegible]

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

MUNSON MEDICAL CENTER

Employer identification number

38-1362830

Part I

Questions Regarding Compensation

- 1a

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e g , maid, chauffeur, chef)
- 1b

If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.
- 2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?
- 3

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

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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:

4a

Receive a severance payment or change-of-control payment?

4b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c

Participate in, or receive payment from, an equity-based compensation arrangement?

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

5a

The organization?

5b

Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.
- 6

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

6a

The organization?

6b

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.
- 7

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9

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

Yes

No

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				
K DOUGLAS DECK	(i) (ii)	587,830	125,100	10,398	185,041	14,056	922,425	
EDWIN A NESS	(i) (ii)	421,592	58,771	13,639	111,215	19,014	624,231	12,847
MARK A HEPLER	(i) (ii)	191,747	17,206	9,543	19,120	19,028	256,644	8,118
DAVID MCGREAHAM MD	(i) (ii)	257,681	25,978	23,963	25,075	17,427	350,124	12,506
PAUL M SHIRILLA	(i) (ii)	263,957	29,314	9,302	24,691	14,366	341,630	6,912
CHRISTOPHER PODGES	(i) (ii)	241,090	28,842	1,242	23,111	21,112	315,397	
MARK R ANTHONY	(i) (ii)	204,703	20,477	19,663	20,007	5,494	270,344	9,628
KATHLEEN MCMANUS	(i) (ii)	211,587	21,518	7,025	20,064	13,833	274,027	6,296
SUZANNE K PETERS	(i) (ii)	159,697	20,412	16,588	15,764	13,377	225,838	7,683
JAMES P FISCHER	(i) (ii)	169,248	18,271	7,198	16,363	20,214	231,294	5,175
THOMAS SCHERMERHORN MD	(i) (ii)	757,188		586	19,652	17,715	795,141	
AHMET SEVIMLI MD	(i) (ii)	333,870		586	9,476	17,891	361,823	
DAVID B MARTIN MD	(i) (ii)	281,993	12,870	8,782	9,395	14,039	327,079	
KAREN M SPEIRS DO	(i) (ii)	287,398	10,615	1,169	15,470	3,171	317,823	
STEVEN YOUNG MD	(i) (ii)	243,280		4,637	13,587	14,529	276,033	
EDWARD CARLSON	(i) (ii)	94,265		133,078 74,321	18,651	4,120	133,078 191,357	6,501

Part IIISupplemental 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
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	K DOUGLAS DECK 0 164,724 0 EDWIN A NESS 0 93,544 0 MARK A HEPLER 0 12,180 0 DAVID MCGREAHAM, MD 0 16,046 0 PAUL M SHIRILLA 0 15,780 0 CHRISTOPHER PODGES 0 14,346 0 MARK R ANTHONY 0 12,527 0 KATHLEEN MCMANUS 0 12,393 0 SUZANNE K PETERS 0 9,914 0 JAMES P FISCHER 0 10,196 0 EDWARD CARLSON 161,595 14,872 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	EXECUTIVE SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS. SUBJECT TO REVIEW AND APPROVAL BY THE BOARD, COMPENSATION AND EXECUTIVE LEADERSHIP COMMITTEE, IN ORDER TO RECRUIT AND MAINTAIN QUALIFIED EXECUTIVES, INCLUDING THE PRESIDENT AND VICE-PRESIDENTS, A COMPETITIVE BENEFIT PACKAGE IS OFFERED WHICH INCLUDES PARTICIPATION IN A SUPPLEMENTAL RETIREMENT PLAN. FOR THE PRESIDENT, THE PLAN PROVIDES A TARGETED BENEFIT AT AGE 62. ANNUAL CONTRIBUTIONS, AT MUNSON'S DISCRETION, ARE MADE TO THE PLAN IN ORDER TO ACHIEVE THE TARGETED RETIREMENT BENEFIT LEVEL. FOR VICE-PRESIDENTS, AFTER WORKING FOR MUNSON FOR 3 YEARS, A VICE-PRESIDENT IS ELIGIBLE TO PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN WHICH IS FUNDED ANNUALLY AT THE SOLE DISCRETION OF MUNSON IN AN AMOUNT NOT TO EXCEED 6% OF BASE COMPENSATION. THESE RETIREMENTS ARE AVAILABLE TO THE PARTICIPANTS UPON THEIR RETIREMENT FROM MUNSON. EXECUTIVE SEVERANCE PLAN. SUBJECT TO REVIEW AND APPROVAL BY THE BOARD, COMPENSATION AND EXECUTIVE LEADERSHIP COMMITTEE, IN ORDER TO RECRUIT AND MAINTAIN QUALIFIED EXECUTIVES, A COMPETITIVE BENEFIT PACKAGE IS OFFERED TO THE PRESIDENT AND VICE-PRESIDENTS WHICH INCLUDES A SEVERANCE PLAN. MUNSON HAS A SEVERANCE PLAN FOR THE PRESIDENT AND THE VICE-PRESIDENT/EXECUTIVE LEVEL POSITIONS WHICH PROVIDES FOR THE PRESIDENT UP TO TWO YEARS OF PAY IN THE EVENT EMPLOYMENT ENDS UNDER CERTAIN CONDITIONS AND ONE-YEAR OF PAY IN THE EVENT EMPLOYMENT ENDS UNDER CERTAIN CONDITIONS. THE PLAN PROVIDES FOR A 50% OFFSET FOR SUBSEQUENT EMPLOYMENT DURING THE SEVERANCE PERIOD. MEDICAL BENEFITS ARE PROVIDED DURING THE SEVERANCE PERIOD.

Software ID:
Software Version:
EIN: 38-1362830
Name: MUNSON MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
K DOUGLAS DECK	(i) (ii)	587,830	125,100	10,398	185,041	14,056	922,425	
EDWIN A NESS	(i) (ii)	421,592	58,771	13,639	111,215	19,014	624,231	12,847
MARK A HEPLER	(i) (ii)	191,747	17,206	9,543	19,120	19,028	256,644	8,118
DAVID MCGREAHAM MD	(i) (ii)	257,681	25,978	23,963	25,075	17,427	350,124	12,506
PAUL M SHIRILLA	(i) (ii)	263,957	29,314	9,302	24,691	14,366	341,630	6,912
CHRISTOPHER PODGES	(i) (ii)	241,090	28,842	1,242	23,111	21,112	315,397	
MARK R ANTHONY	(i) (ii)	204,703	20,477	19,663	20,007	5,494	270,344	9,628
KATHLEEN MCMANUS	(i) (ii)	211,587	21,518	7,025	20,064	13,833	274,027	6,296
SUZANNE K PETERS	(i) (ii)	159,697	20,412	16,588	15,764	13,377	225,838	7,683
JAMES P FISCHER	(i) (ii)	169,248	18,271	7,198	16,363	20,214	231,294	5,175
THOMAS SCHERMERHORN MD	(i) (ii)	757,188		586	19,652	17,715	795,141	
AHMET SEVIMLI MD	(i) (ii)	333,870		586	9,476	17,891	361,823	
DAVID B MARTIN MD	(i) (ii)	281,993	12,870	8,782	9,395	14,039	327,079	
KAREN M SPEIRS DO	(i) (ii)	287,398	10,615	1,169	15,470	3,171	317,823	
STEVEN YOUNG MD	(i) (ii)	243,280		4,637	13,587	14,529	276,033	
EDWARD CARLSON	(i) (ii)	94,265		133,078 74,321	18,651	4,120	133,078 191,357	6,501

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MUNSON MEDICAL CENTER

Employer identification number
38-1362830

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	COUNTY OF GRAND TRAVERSE HOSPITAL F	38-6004832	386523DK7	11-03-2005	25,000,000	ADVANCE REFUND 1998		X		X
B	COUNTY OF GRAND TRAVERSE HOSPITAL F	38-6004832	386523DL5	11-03-2005	30,000,000	ER CONSTRUCTION AND		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	25,000,000		30,474,818							
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	799,426		1,036,860							
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	29,437,958		29,437,958							
8	Year of substantial completion	2007		2007							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?	X			X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	JP MORGAN CHASE BANK		MERRILL LYNCH CAPITAL SERVICES INC							
c	Term of hedge	22 7		29 7							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X							
6	Did the bond issue qualify for an exception to rebate?		X	X							

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, 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
MUNSON MEDICAL CENTER

Employer identification number
38-1362830

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-1362830
Name: MUNSON MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
MAUREEN CARLSON	FAMILY OF FORME	42,674	RELATED FAMILY COMP		No
KATHRYN FISCHER	FAMILY OF KEY E	10,945	RELATED FAMILY COMP		No
GLORIA WOLF	FAMILY OF TRUST	59,261	RELATED FAMILY COMP		No
GRAND TRAVERSE CHILDRENS CLINIC	OWNER ISTRUSTEE	112,352	GROUP PRACTICE PHYSI		No
HOSPITALISTS OF NORTHWEST MI	OWNER ISTRUSTEE	4,788,638	GROUP PRACTICE PHYSI		No
MUNSON SUPPORT SERVICES	M ANTHONY DIREC	1,984,412	LAUNDRY SERVICES		No
MUNSON SUPPORT SERVICES	E NESS TRUSTEE	1,984,412	LAUNDRY SERVICES		No
MUNSON SERVICES INC	C PODGESTRUSTEE	2,171,856	CONTRACT EMPLOYEES		No
MUNSON SERVICES INC	P SHIRILLATRUST	2,171,856	CONTRACT EMPLOYEES		No

Additional Data

Software ID:

Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

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As Filed Data -

DLN: 93493133029351

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 MUNSON MEDICAL CENTER	Employer identification number 38-1362830
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Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	EDWIN A NESS DAVID MCGREAHAM PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS CHRISTOPHER PODGES PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS MARK R ANTHONY PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS SUZANNE K PETERS PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER EDWIN A NESS JAMES P FISCHER PRESIDENT KEY EMPLOYEE MUNSON MEDICAL CENTER EMPLOYER K DOUGLAS DECK MARK A HEPLER TRUSTEE CFO MUNSON HEALTHCARE EMPLOYER K DOUGLAS DECK PAUL M SHIRILLA TRUSTEE KEY EMPLOYEE MUNSON HEALTHCARE EMPLOYER

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MUNSON MEDICAL CENTER IS ORGANIZED ON A NONSTOCK MEMBERSHIP BASIS THE SOLE MEMBER IS MUNSON HEALTHCARE, AN IRS SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN THE EVENT OF A DISSOLUTION, MUNSON MEDICAL CENTER'S NET ASSETS WOULD BE DISTRIBUTED TO MUNSON HEALTHCARE

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

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE MUNSON MEDICAL CENTER BOARD IS COMMITTED TO THE ACCURACY AND THOROUGHNESS OF THE FORM 990 REPORTING MUNSON MEDICAL CENTER BELONGS TO THE MUNSON HEALTHCARE SYSTEM AT THE CORPORATE LEVEL, THE RESPONSIBLE INDIVIDUALS FROM THE FINANCE, ADMINISTRATION, BUSINESS, LEGAL, HUMAN RESOURCES, PUBLIC RELATIONS, AND FUND DEVELOPMENT DEPARTMENTS PREPARE AND REVIEW PORTIONS OF THE FORM 990 BOARD COMMITTEES THEN FURTHER REVIEW SPECIFIC DISCLOSURES THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION INFORMATION CONTAINED IN THE CORE FORM AS WELL AS THE SCHEDULE J INFORMATION THE CONFLICT, VALUATION AND COMPLIANCE COMMITTEE OVERSEES THE CONFLICT OF INTEREST DISCLOSURE PROCESS FOR BOARD MEMBERS AND KEY EMPLOYEES TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE AUDIT COMMITTEE REVIEWS MUNSON HEALTHCARE, MUNSON MEDICAL CENTER, MUNSON HEALTHCARE REGIONAL FOUNDATION, AND SELECTED OTHER SYSTEM ENTITY FORMS 990 ON AN ANNUAL BASIS

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

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

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON MEDICAL CENTER ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE MUNSON MEDICAL CENTER DOES NOT MAKE THE BYLAWS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ANNUALLY, MUNSON HEALTHCARE, PARENT CORPORATION, SUBMITS ITS ANNUAL CONSOLIDATED FINANCIAL STATEMENTS TO THE MSRB IN COMPLIANCE WITH BOND DISCLOSURE REQUIREMENTS ADDITIONALLY, MUNSON MEDICAL CENTER PREPARES AND DISTRIBUTES AN ANNUAL REPORT TO THE COMMUNITY, WHICH CONTAINS FINANCIAL AS WELL AS PROGRAM DATA

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	MUNSON MEDICAL CENTER USED THE ACCRUAL METHOD OF ACCOUNTING TO VALUE THE TRANSACTIONS WITH RELATED ENTITIES ALL INTERCOMPANY TRANSACTIONS WITH RELATED ENTITIES WERE REVIEWED, SUMMARIZED, AND RECONCILED TO DETERMINE THE DISCLOSURE AMOUNTS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	AUDITED FINANCIAL STATEMENTS MUNSON MEDICAL CENTER'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AS PART OF THE AUDIT OF MUNSON HEALTHCARE AND SUBSIDIARIES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND RECEIVED AN UNQUALIFIED OPINION FROM ERNST & YOUNG MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, MAINTAINS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS, THE SELECTION OF THE INDEPENDENT AUDITORS, AND THE PROCESS FOR PREPARING THE FORM 990 THAT PROCESS INCLUDES THE REVIEW OF MUNSON HEALTHCARE, MUNSON MEDICAL CENTER, MUNSON HEALTHCARE REGIONAL FOUNDATION, AND SELECTED OTHER SYSTEM ENTITY FORMS 990 ON AN ANNUAL BASIS SCHEDULE K - SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS PART I - DESCRIPTION OF PURPOSE THE 2005A ISSUE WAS USED TO ADVANCE REFUND 39% OF THE CALLABLE ORIGINAL PRINCIPAL AMOUNT OF THE COUNTY OF GRAND TRAVERSE HOSPITAL AUTHORITY HOSPITAL REVENUE AND REFUNDING BONDS (MUNSON HEALTHCARE OBLIGATED GROUP) SERIES 1998A, ISSUED 9/1/98 THE 2005B ISSUE FUNDED A PROJECT FOR THE CONSTRUCTION AND EQUIPPING OF A 4-STORY ADDITION TO THE HOSPITAL THAT INCLUDED A NEW EMERGENCY ROOM, A 60-BED ACUTE CARE NURSING UNIT, SPACE FOR FUTURE CLINICAL NEEDS AND AN EMERGENCY CENTER PART II, QUESTION 5 -BOND INSURANCE PREMIUMS OF 528,444 AND 713,393 WERE PAID ON THE SERIES 2005A AND SERIES 2005B ISSUES, RESPECTIVELY, TO ENHANCE THE BOND CREDIT PART III, QUESTION 3C - MUNSON MEDICAL CENTER MAINTAINS POLICIES AND PROCEDURES TO REVIEW AND MONITOR ALL CONTRACTS THE REVIEW PROCESS INCLUDES A REVIEW BY THE INTERNAL LEGAL DEPARTMENT OUTSIDE COUNSEL MAY BE CONSULTED, AS NECESSARY OUTSIDE COUNSEL IS RETAINED FOR ALL NEW EXEMPT BOND OFFERINGS, DURING WHICH A THOROUGH DUE DILIGENCE PROCESS REVIEWS APPLICABLE CONTACTS

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
MUNSON MEDICAL CENTER

Employer identification number
38-1362830

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
See Additional Data Table					

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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI496851188 38-2830005	REAL ESTAT	MI	NA	RELATED	159,185	1,668,694		No		Yes	
NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI49686 38-3453378	PURCHASING	MI	N/A					No			No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (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
MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI496851188 38-2872821	LAUNDRY	MI	NA	C CORP	4,130,963	4,558,034	100 000 %
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-3144382	PHARMACY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION PO BOX 1188 TRAVERSE CITY, MI496851188 38-3567278	REAL ESTAT	MI	NA	C CORP	165,827	41,592	77 820 %

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

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

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

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
MUNSON DIALYSIS CENTER 1105 SIXTH ST TRAVERSE CITY, MI49684 38-3097861	DIALYSIS	MI	(C)	3	MUNSON HC HEALTHCARE
MUNSON HEALTHCARE 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2640544	HEALTHCARE	MI	(C)	11B	N/A
MUNSON HEALTHCARE REGIONAL FOUNDATI 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2642724	RAISE FUND	MI	(C)	7	MUNSON HC HEALTHCARE
MUNSON HOME CARE 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2191390	HOME HEALT	MI	(C)	9	MUN HOME H HEALTHCARE
MUNSON HOME HEALTH 1105 SIXTH ST TRAVERSE CITY, MI49684 38-3335362	HOME HEALT	MI	(C)	11B	MUN HOME H HEALTHCARE
MUNSON HOME SERVICES 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2543463	HOME HEALT	MI	(C)	9	MUNSON HC HEALTHCARE
MUNSON MOBILE IMAGING INC 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2704069	HEALTHCARE	MI	(C)		MUNSON HC HEALTHCARE
NORTH FLIGHT INC 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2657917	MED TRANSP	MI	(C)	11B	MUNSON HC HEALTHCARE
PAUL OLIVER MEMORIAL HOSPITAL 1105 SIXTH ST TRAVERSE CITY, MI49684 38-1415623	HEALTHCARE	MI	(C)	3	MUNSON HC HEALTHCARE
PAUL OLIVER MEMORIAL HOSPITAL FOUND 1105 SIXTH ST TRAVERSE CITY, MI49684 23-7201619	RAISE FUND	MI	(C)	7	PAUL OLV H HEALTHCARE

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

<div>(a) Name of other organization</div>		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	MEDICAL OFFICE CONDOMINIUM ASSOCIAT	J	62,328
(2)	MEDICAL OFFICE CONDOMINIUM ASSOCIAT	P	171,654
(3)	MUNSON DIALYSIS CENTER	K	146,403
(4)	MUNSON DIALYSIS CENTER	N	1,671,101
(5)	MUNSON DIALYSIS CENTER	P	817,767
(6)	MUNSON HEALTHCARE REGIONAL FOUNDATI	C	647,856
(7)	MUNSON HEALTHCARE REGIONAL FOUNDATI	O	81,134
(8)	MUNSON HEALTHCARE REGIONAL FOUNDATI	B	125,000
(9)	MUNSON HEALTHCARE REGIONAL FOUNDATI	L	494,425
(10)	MUNSON HEALTHCARE REGIONAL FOUNDATI	P	65,403
(11)	MUNSON HOME CARE	I	94,119
(12)	MUNSON HOME CARE	P	12,696,240
(13)	MUNSON HOME CARE	K	227,074
(14)	MUNSON HOME HEALTH	I	73,776
(15)	MUNSON HOME HEALTH	P	1,927,378
(16)	MUNSON HOME SERVICES	K	162,714
(17)	MUNSON HOME SERVICES	P	3,995,522
(18)	MUNSON MEDICAL BUILDING PARTNERS	J	636,349
(19)	MUNSON MEDICAL BUILDING PARTNERS	P	216,407
(20)	MUNSON MOBILE IMAGING	P	1,440,692
(21)	MUNSON SERVICES INC	O	68,999
(22)	MUNSON SERVICES INC	K	83,364
(23)	MUNSON SERVICES INC	N	1,928,070
(24)	MUNSON SERVICES INC	P	112,132
(25)	MUNSON SUPPORT SERVICES	L	1,883,697
(26)	MUNSON SUPPORT SERVICES	Q	116,430
(27)	MUNSON SUPPORT SERVICES	P	2,052,604
(28)	NORTH FLIGHT INC	K	53,514
(29)	NORTH FLIGHT INC	P	6,258,639
(30)	NORTHERN MICHIGAN SUPPLY ALLIANCE	D	12,205,000
(31)	NORTHERN MICHIGAN SUPPLY ALLIANCE	I	126,000
(32)	NORTHERN MICHIGAN SUPPLY ALLIANCE	L	2,867,028
(33)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	324,533
(34)	NORTHERN MICHIGAN SUPPLY ALLIANCE	O	20,634,122
(35)	NORTHERN MICHIGAN SUPPLY ALLIANCE	P	2,315,624
(36)	NORTHERN MICHIGAN SUPPLY ALLIANCE	R	12,612,658
(37)	PAUL OLIVER MEMORIAL HOSPITAL	K	638,464
(38)	PAUL OLIVER MEMORIAL HOSPITAL	N	941,569
(39)	PAUL OLIVER MEMORIAL HOSPITAL	O	137,880
(40)	PAUL OLIVER MEMORIAL HOSPITAL	P	6,113,756

Additional Data

Software ID:

Software Version:

EIN: 38-1362830

Name: MUNSON MEDICAL CENTER

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			
K DOUGLAS DECK TRUSTEE		X						0	723,328	199,097
EDWIN A NESS PRESIDENT	36 00	X		X				494,002	0	130,229
WARD R GILLETT MD PRES MED STA	8 00	X						27,500	0	0
THOMAS G MCINTYRE TRUSTEE	4 00	X						0	24,500	0
ROBERT W SPRUNK CHAIR	8 00	X		X				21,500	0	0
EDWARD J RUTKOWSKI MD FORMER CHAIR	8 00	X		X				15,500	0	0
CARL G BENNER MD TRUSTEE	4 00	X						12,500	0	0
DANIEL T WOLF TRUSTEE	4 00	X						0	12,500	0
DAVID FRIAR MD TRUSTEE	4 00	X						12,500	0	0
GORDON H WINSTANLEY TRUSTEE	4 00	X						12,500	0	0
JOHN ERB VICE CHAIR	4 00	X		X				12,500	0	0
JOSEPH KOSTRZEWA TRUSTEE	4 00	X						12,500	0	0
MICHAEL D SIMPSON TRUSTEE	4 00	X						12,500	0	0
NANCY FISHER TRUSTEE	4 00	X						12,500	0	0
SHIRLANNA CORREIA TRUSTEE	4 00	X						12,500	0	0
GEORGE BEARUP TREASURER	6 00	X		X				12,500	0	0
REX ANTINOZZI MD SECRETARY	6 00	X		X				12,500	0	0
PATRICK E HEINTZ TRUSTEE	4 00	X						9,375	0	0
JOHN E PELIZZARI TRUSTEE	4 00	X						0	0	0
THOMAS H FOX TRUSTEE	4 00	X						0	0	0
MARK A HEPLER CFO	28 00			X				0	218,496	38,148
DAVID MCGREAHAM MD VP MEDICAL	40 00				X			307,622	0	42,502
PAUL M SHIRILLA ASST SEC/VP	6 00				X			0	302,573	39,057
CHRISTOPHER PODGES VP INFO SYST	40 00				X			271,174	0	44,223
MARK R ANTHONY SR VICE PRES	40 00				X			244,843	0	25,501

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			
KATHLEEN MCMANUS SENIOR VP	36 00				X			0	240,130	33,897
SUZANNE K PETERS VP HR	40 00				X			196,697	0	29,141
JAMES P FISCHER VP PATIENT C	40 00				X			194,717	0	36,577
THOMAS SCHERMERHORN MD NEUROSURGEON	40 00					X		757,774	0	37,367
AHMET SEVIMLI MD NEPHROLOGIST	40 00					X		334,456	0	27,367
DAVID B MARTIN MD INFECTIOUS D	40 00					X		303,645	0	23,434
KAREN M SPEIRS DO INFECTIOUS D	40 00					X		299,182	0	18,641
STEVEN YOUNG MD PSYCHIATRY	40 00					X		247,917	0	28,116
EDWARD CARLSON FORMER OFFIC	40 00						X	133,078	168,586	22,771

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
MEDICARE AND MEDICAID PMTS	621,990	233,581,629	233,581,629		
PATIENT SERVICE REVENUE	621,990	193,743,409	193,743,409		
SERVICES TO OTHER ORGANIZATIO	621,990	2,114,877	2,114,877		
HEALTH SERVICE REVENUE	621,990	1,545,883	1,545,883		
RENT FROM RELATED ORGS	531,120	391,505	391,505		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	13,490,465	13,490,465		
REPAIRS AND MAINTENANCE	3,737,477	3,496,734	240,743	
MISCELLANEOUS	2,884,509	1,025,748	1,858,761	
REALIZED SWAP EXPENSE	1,458,347		1,458,347	
GRANT EXPENSES	544,343	544,343		