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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

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 HEALTHCARE REGIONAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1188

City or town, state or country, and ZIP + 4
TRAVERSE CITY, MI 496851188

D Employer identification number
38-2642724

E Telephone number
(231) 935-5000

G Gross receipts $ 4,364,034

F Name and address of principal officer
DESIREE WORTHINGTON
210 BEAUMONT PL
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 1994 | **M** State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, INCLUDING MUNSON MEDICAL CENTER, MUNSON HOME CARE, NORTH FLIGHT, INC , AND KALKASKA MEMORIAL HEALTH CENTER, B) TO ASSIST IN A CHARITABLE MANNER, IN THE ACCOMPLISHMENT OF THE HEALTH CARE PURPOSES OF MUNSON HEALTHCARE AND ITS AFFILIATES, C) TO OBTAIN FUNDS TO SUPPORT PUBLIC CHARITIES IN THE AREA OF HEALTH MAINTENANCE, EDUCATION AND PREVENTION OF DISEASES, D) TO PROVIDE A BENEFIT TO MUNSON HEALTHCARE AND ITS AFFILIATES BY DISTRIBUTING INCOME OR TRANSFERRING ASSETS TO OR OTHERWISE SUPPORTING THEM, E) TO PARTICIPATE TO THE FULLEST EXTENT POSSIBLE WITHIN THE RESTRICTIONS OF THE CORPORATION'S FUNDS AND ASSETS IN ANY ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY, F) TO PA

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . .	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34 . .	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	911,071	3,030,365
9	Program service revenue (Part VIII, line 2g)	991,427	1,044,678
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-898,106	288,991
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,004,992	4,364,034

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	3,384,430	1,283,117
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶747,566		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	992,209	1,044,682
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,376,639	2,327,799
19	Revenue less expenses Subtract line 18 from line 12	-3,371,647	2,036,235

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,972,673	14,387,175
21	Total liabilities (Part X, line 26)	508,243	327,732
22	Net assets or fund balances Subtract line 21 from line 20	11,464,430	14,059,443

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-11

▶ MARK HEPLER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, INCLUDING MUNSON MEDICAL CENTER, MUNSON HOME CARE, NORTH FLIGHT, INC , AND KALKASKA MEMORIAL HEALTH CENTER, B) TO ASSIST IN A CHARITABLE MANNER, IN THE ACCOMPLISHMENT OF THE HEALTH CARE PURPOSES OF MUNSON HEALTHCARE AND ITS AFFILIATES, C) TO OBTAIN FUNDS TO SUPPORT PUBLIC CHARITIES IN THE AREA OF HEALTH MAINTENANCE, EDUCATION AND PREVENTION OF DISEASES, D) TO PROVIDE A BENEFIT TO MUNSON HEALTHCARE AND ITS AFFILIATES BY DISTRIBUTING INCOME OR TRANSFERRING ASSETS TO OR OTHERWISE SUPPORTING THEM, E) TO PARTICIPATE TO THE FULLEST EXTENT POSSIBLE WITHIN THE RESTRICTIONS OF THE CORPORATION'S FUNDS AND ASSETS IN ANY ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY, F) TO PA

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 $ 943,290 including grants of $ 943,290) (Revenue $ 477,669)

FUNDS FOR THE SUPPORT OF MUNSON MEDICAL, A RELATED ORGANIZATION IN THE MUNSON HEALTHCARE SYSTEM MAJOR INITIATIVES FUNDED INCLUDE THE CONSTRUCTION OF THE SMITH FAMILY BREAST HEALTH CENTER, PEDIATRIC PROGRAMS, UNMET HEALTHCARE NEEDS OF PATIENTS IN THE MUNSON SERVICE AREA, MEDICAL EQUIPMENT PURCHASES, FUNDS FOR THE HEALTHY FUTURES PROGRAM, SUPPORT FOR THE NORTHERN DIABETES INITIATIVE, PATIENT TRANSPORT ASSISTANCE, WOMEN'S CANCER FUND DISTRIBUTIONS TO PATIENTS, THE EEG PROJECT, FUNDS FOR THE NORTHERN MI ADAPTIVE SPORTS PROGRAM, CONTINUING MEDICAL EDUCATION, NURSING AND STAFF TRAINING, DIABETES EDUCATION, THE MSU COLLEGE OF HUMAN MEDICINE PROGRAM, THE SIM LAB EQUIPMENT PURCHASES, SUPPORT OF MUNSON MANOR AND OTHER HOSPITAL BASED PROGRAMS

4b (Code) (Expenses $ 221,936 including grants of $ 221,936) (Revenue $ 21,195)

FUNDS TO SUPPORT MUNSON HOME CARE'S HOSPICE & PALLIATIVE CARE PROGRAM WHICH PROVIDES COMPASSIONATE, END-OF-LIFE CARE TO PATIENTS AND FAMILIES IN NORTHWEST MICHIGAN (INCLUDING ANTRIM, BENZIE, GRAND TRAVERSE, KALKASKA, LEELANAU, MANISTEE, MASON, OTSEGO AND WEXFORD COUNTIES) THE HEART OF THE PROGRAM'S MISSION IS TO SERVE INDIVIDUALS AND THEIR FAMILIES DURING THEIR GREATEST TIME OF NEED SINCE 1978, MUNSON HOME CARE HAS CARED FOR OVER 10,000 PATIENTS LIVING WITH ADVANCED ILLNESS OR CONDITION, THEIR CAREGIVERS, AND THOSE WHO HAVE LOST A LOVED ONE-REGARDLESS OF AGE, RACE, RELIGION OR FINANCIAL CIRCUMSTANCES MUNSON HOSPICE'S PROFESSIONAL STAFF AND DEDICATED VOLUNTEERS OFFER COMFORT, PEACE, AND COMPASSION IN THE HOME OR AT THE HOSPICE HOUSE, WHICH IS LOCATED ON THE CAMPUS OF MUNSON MEDICAL CENTER ADDITIONALLY, MUNSON HOSPICE PROVIDES GRIEF SUPPORT SERVICES TO FAMILIES FOR UP TO ONE YEAR AFTER THE LOSS OF A LOVED ONE HOSPICE BEREAVEMENT COUNSELORS ARE FREQUENTLY REQUESTED BY AREA SCHOOLS TO HELP STUDENTS AND TEACHERS COPE WITH THE TRAUMATIC DEATH OF A CLASSMATE OR OTHER CRISIS OUR INNOVATIVE PALLIATIVE CARE PROGRAM GUIDES PATIENTS AND FAMILIES THROUGH DIFFICULT CONVERSATIONS AND CHOICES ABOUT TREATMENT AND PAIN MANAGEMENT

4c (Code) (Expenses $ 40,236 including grants of $ 40,236) (Revenue $)

FUNDS WERE DISTRIBUTED FOR NURSING SCHOLARSHIPS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 77,655 including grants of $ 77,655) (Revenue $)

4e **Total program service expenses** ▶ $ 1,283,117

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		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		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		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	17		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
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**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	26		
b	Enter the number of voting members that are independent	1b	22		
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

1b Total . . . . . ▶		1,662,333	420,223

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,030,365				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,030,365			
Program Service Revenue			Business Code				
	2a	SHARED SERVICE REVENUE	541,900	1,044,678	1,044,678		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,044,678			
	3	Investment income (including dividends, interest and other similar amounts)		117,795			117,795
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	171,196				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	171,196				
	d	Net gain or (loss)		171,196			171,196
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		4,364,034	1,044,678		288,991

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	1,208,713	1,208,713		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	74,404	74,404		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	5,090		5,090	
c Accounting	3,500		3,500	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	861,233		207,556	653,677
12 Advertising and promotion	766		122	644
13 Office expenses	78,317		23,533	54,784
14 Information technology	15,287		11,147	4,140
15 Royalties				
16 Occupancy				
17 Travel	14,495		7,164	7,331
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336		336	
23 Insurance	3,224		3,224	
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 DUES AND SUBSCRIPTIONS	32,427		32,427	
b MISCELLANEOUS	29,592		2,602	26,990
c REPAIRS	415		415	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,327,799	1,283,117	297,116	747,566
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		108,311	2	131,247
	3	Pledges and grants receivable, net		613,648	3	1,124,902
	4	Accounts receivable, net			4	790
	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			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,692			
	b	Less accumulated depreciation	10b 10,966	839	10c	1,726
	11	Investments—publicly traded securities		11,231,905	11	13,118,596
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,970	15	9,914
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,972,673	16	14,387,175
Liabilities	17	Accounts payable and accrued expenses		6,763	17	18,983
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		501,480	25	308,749
	26	**Total liabilities.** Add lines 17 through 25		508,243	26	327,732
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,103	27	11,102
	28	Temporarily restricted net assets		9,760,881	28	12,355,895
	29	Permanently restricted net assets		1,692,446	29	1,692,446
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,464,430	33	14,059,443
	34	Total liabilities and net assets/fund balances		11,972,673	34	14,387,175

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

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 HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	889,035	2,175,616	4,104,161	911,071	3,030,365	11,110,248
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	889,035	2,175,616	4,104,161	911,071	3,030,365	11,110,248
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)						2,024,663
6 **Public Support.** Subtract line 5 from line 4						9,085,585

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	889,035	280,426	4,104,161	911,071	3,030,365	11,110,248
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	174,948	280,426	408,864	230,852	117,795	1,212,885
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				600		600
11 **Total support** (Add lines 7 through 10)						12,323,733

12	Gross receipts from related activities, etc (See instructions)	12	4,477,752

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	73 720 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	72 280 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Explanation
SHARED SERVICE REVENUE IS A REIMBURSEMENT OF THE FOUNDATION'S EXPENSES BY MUNSON HEALTHCARE, MUNSON MEDICAL CENTER, AND SEVERAL OTHER ORGANIZATIONS THAT BENEFIT FROM THE FOUNDATION'S FUNDRAISING EFFORTS THE REIMBURSEMENT IS NOT CONSIDERED SUPPORT OF THE FOUNDATION, BUT MERELY A REIMBURSEMENT OF EXPENSES TO COVER THE COST OF THE FOUNDATION'S OPERATIONS THEREFORE, THE REIMBURSEMENT AMOUNTS ARE NOT INCLUDED IN THE SUPPORT SCHEDULE, IN ACCORDANCE WITH THE INSTRUCTION DEFINITIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	11,231,905	14,478,163			
b Contributions	2,470,828	1,592,179			
c Investment earnings or losses	873,307	-1,327,951			
d Grants or scholarships	-1,384,703	-1,029,785			
e Other expenditures for facilities and programs	-48,493	-2,455,542			
f Administrative expenses	-24,248	-25,160			
g End of year balance	13,118,596	11,231,905			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **12.900 %**
- c Term endowment ▶ **87.100 %**

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment		12,692	10,966	1,726
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,726

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITY FOR CHARITABLE GIFT ANNUIT	229,808
AFFILIATE ACCOUNTS PAYABLE	78,941
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	308,749

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	MUNSON HEALTHCARE REGIONAL FOUNDATION HOLDS PERMANENT ENDOWMENT FUNDS FOR MUNSON MEDICAL CENTER, BROTHER CORPORATION, FOR NURSING SCHOLARSHIPS, AND FOR OTHER ENTITIES IN THE MUNSON HEATLHCARE SYSTEM TEMPORARILY RESTRICTED FUNDS ARE HELD FOR A VARIETY OF HEALTHCARE NEEDS IN THE MUNSON HEALTHCARE SYSTEM THESE INCLUDE CAPITAL REPLACEMENT AND EXPANSION, SUSTAINING FUNDS FOR SPECIFIC PROGRAMS INCLUDING THE MUNSON HOSPICE HOUSE, THE MUNSON HOSPITALITY HOUSE, PEDIATRIC PROGRAMS, WOMEN'S HEALTH ISSUES, DIABETES INITIATIVES, COMMUNITY HEALTH NEEDS, RESEARCH, PATIENT TRANSPORT, PROFESSIONAL AND PATIENT EDUCATION, AND MANY OTHER IDENTIFIED INTERESTS OF MUNSON HEALTHCARE AND THE COMMUNITIES IT SERVES, AND FUNDS FOR PATIENTS WHO REQUIRE FINANCIAL ASSISTANCE TO OBTAIN HEALTH CARE OR FURTHER THEIR ABILITY TO RECEIVE HEALTH CARE
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	MUNSON HEALTHCARE REGIONAL FOUNDATION HAS NO FIN 48 LIABILITIES, AND THEREFORE, NO FOOTNOTE DISCLOSURE ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MUNSON HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

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
MUNSON MEDICAL CENTER1105 SIXTH ST TRAVERSE CITY,MI 49684	381362830	(3)	943,290				SUPPORT HOSPITAL
MUNSON HOME CARE1105 SIXTH ST TRAVERSE CITY,MI 49684	382191390	(3)	221,936				HOSPICE & PALLIATIVE
GRAND TRAVERSE COUNTY HEALTH DEPARTMENT2325 GARFIELD RD NORTH SUITE B TRAVERSE CITY,MI 49686	386004852	GOV	11,000				WOMEN & YOUTH HEALTH
TRAVERSE HEALTH CLINIC3155 LOGAN VALLEY ROAD TRAVERSE CITY,MI 49684	300224028	(3)	6,894				WOMEN'S HEALTH NEEDS
BENZIE LEELANAU COUNTIES HEALTH DEPARTMENT6051 FRANKFORT HWY BENZONIA,MI 49617	383563403	GOV	16,000				MAMMOGRAPHY

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

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
SCHOLARSHIPS		40,236			
CASH FOR PATIENT NEEDS		34,168			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE MUNSON HEALTHCARE REGIONAL FOUNDATION REQUESTS AND RECEIVES REPORTS FROM PROGRAM MANAGERS FOR PROJECTS SUPPORTED WITHIN THE MUNSON HEALTHCARE SYSTEM SCHOLARSHIPS ARE AVAILABLE FOR BOOKS, TUITION AND LAB FEES FOR THOSE GOING INTO NURSING OR PRIORITY HEALTH CARE FIELDS RECIPIENTS ARE REIMBURSED FOR ITEMS COVERED UNDER THE TERMS OF THE SCHOLARSHIP GRANTEES MUST TURN IN RECEIPTS AND GRADE REPORTS TO SUBSTANTIATE ELIGIBILITY, WHICH ARE THEN PROCESSED AND PAID OUT OF SCHOLARSHIP MONIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
K DOUGLAS DECK	(i) (ii)	587,830	125,100	10,398	185,041	14,056	922,425	
EDWIN NESS	(i) (ii)	421,592	58,771	13,639	111,215	19,014	624,231	12,847
DESIREE WORTHINGTON	(i) (ii)	157,274		124	18,381	19,382	195,161	
MARK A HEPLER	(i) (ii)	191,747	17,206	9,543	19,120	19,028	256,644	8,118

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	K DOUGLAS DECK 0 164,724 0 EDWIN NESS 0 93,544 0 DESIREE WORTHINGTON 0 9,450 0 MARK A HEPLER 0 12,180 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	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 OF MUNSON HEALTHCARE, A COMPETITIVE BENEFIT PACKAGE IS OFFERED WHICH INCLUDES PARTICIPATION IN A SUPPLEMENTAL RETIREMENT PLAN ANNUAL CONTRIBUTIONS, AT MUNSON'S DISCRETION, ARE MADE TO THE PLAN IN ORDER TO ACHIEVE THE TARGETED RETIREMENT BENEFIT LEVEL THESE RETIREMENTS ARE AVAILABLE TO THE PARTICIPANTS UPON THEIR RETIREMENT FROM MUNSON

Additional Data

Software ID:
Software Version:
EIN: 38-2642724
Name: MUNSON HEALTHCARE REGIONAL FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493133029481**

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 HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, INCLUDING MUNSON MEDICAL CENTER, MUNSON HOME CARE, NORTH FLIGHT, INC , AND KALKASKA MEMORIAL HEALTH CENTER, B) TO ASSIST IN A CHARITABLE MANNER, IN THE ACCOMPLISHMENT OF THE HEALTH CARE PURPOSES OF MUNSON HEALTHCARE AND ITS AFFILIATES, C) TO OBTAIN FUNDS TO SUPPORT PUBLIC CHARITIES IN THE AREA OF HEALTH MAINTENANCE, EDUCATION AND PREVENTION OF DISEASES, D) TO PROVIDE A BENEFIT TO MUNSON HEALTHCARE AND ITS AFFILIATES BY DISTRIBUTING INCOME OR TRANSFERRING ASSETS TO OR OTHERWISE SUPPORTING THEM, E) TO PARTICIPATE TO THE FULLEST EXTENT POSSIBLE WITHIN THE RESTRICTIONS OF THE CORPORATION'S FUNDS AND ASSETS IN ANY ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY , F) TO PARTICIPATE IN ESTABLISHING AND ACHIEVING MUNSON HEALTHCARE'S REGIONAL FUNDRAISING TARGETS AND GOALS IN ACCORDANCE WITH MUNSON HEALTHCARE'S FUNDRAISING PLANS AND STRATEGIES, AND G) TO SUPPORT AND PARTICIPATE IN THE ACHIEVEMENT OF THE MISSION OF MUNSON HEALTHCARE AND ITS AFFILIATES, CONSISTENT WITH THEIR COLLECTIVE MISSION THE MUNSON HEALTHCARE REGIONAL FOUNDATION IS PART OF THE MUNSON HEALTHCARE SYSTEM THROUGH ITS HOSPITALS AND OTHER AFFILIATES, THE SYSTEM DELIVERS A BROAD ARRAY OF HEALTH CARE SERVICES TO 24 COUNTIES IN MICHIGAN'S NORTHERN LOWER PENINSULA AND THE EASTERN PORTION OF THE UPPER PENINSULA CONSISTENT WITH ITS MISSION, THE MUNSON HEALTHCARE SYSTEM PROVIDED 31 MILLION IN CHARITY CARE AND OTHER COMMUNITY BENEFITS, INCLUDING BAD DEBT AND THE SYSTEM MEDICARE FUNDS SHORTFALL FOR RESIDENTS OF NORTHERN MICHIGAN IN THE 2009 TAX YEAR

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	MUNSON HOSPICE'S PROFESSIONAL STAFF AND DEDICATED VOLUNTEERS OFFER COMFORT, PEACE, AND COMPASSION IN THE HOME OR AT THE HOSPICE HOUSE, WHICH IS LOCATED ON THE CAMPUS OF MUNSON MEDICAL CENTER ADDITIONALLY, MUNSON HOSPICE PROVIDES GRIEF SUPPORT SERVICES TO FAMILIES FOR UP TO ONE YEAR AFTER THE LOSS OF A LOVED ONE HOSPICE BEREAVEMENT COUNSELORS ARE FREQUENTLY REQUESTED BY AREA SCHOOLS TO HELP STUDENTS AND TEACHERS COPE WITH THE TRAUMATIC DEATH OF A CLASSMATE OR OTHER CRISIS OUR INNOVATIVE PALLIATIVE CARE PROGRAM GUIDES PATIENTS AND FAMILIES THROUGH DIFFICULT CONVERSATIONS AND CHOICES ABOUT TREATMENT AND PAIN MANAGEMENT

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	MUNSON HEALTHCARE REGIONAL FOUNDATION GRANTS FUNDS TO PROVIDE FOR UNMET HEALTHCARE NEEDS IN THE MUNSON HEALTHCARE SERVICE AREA MUCH OF THIS IS DIRECT SUPPORT TO PATIENTS WHO REQUIRE ASSISTANCE ACCESSING HEALTHCARE AND PAYING FOR SUPPORTIVE HEALTHCARE NEEDS

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	K DOUGLAS DECK DESIREE WORTHINGTON FORMER MHC PRES MFD MUNSON HEALTHCARE EMPLOYER K DOUGLAS DECK MARK A HEPLER FORMER MHC CFO MUNSON HEALTHCARE EMPLOYER

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ON A NONSTOCK MEMBERSHIP BASIS THE SOLE MEMBER IS MUNSON HEALTHCARE, AN IRS SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	TRUSTEES ARE ELECTED FROM AMONG THOSE PERSONS NOMINATED BY THE MUNSON HEALTHCARE GOVERNANCE COMMITTEE ADDITIONALLY, THE PRESIDENT OF MUNSON HEALTHCARE OR DESIGNEE AND THE PRESIDENT OF MUNSON HEALTHCARE REGIONAL FOUNDATION SERVE AS TRUSTEES ON AN EX-OFFICIO BASIS, WITH VOTE

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE MUNSON HEALTHCARE REGIONAL FOUNDATION TRUSTEES ARE SUBJECT TO APPROVAL BY THE MUNSON HEALTHCARE BOARD OF DIRECTORS INCLUDING THE AMENDMENT OF THE ARTICLES OF INCORPORATION, AMENDMENT OF THE MISSION STATEMENT, ADOPTION OF A PLAN OF DISSOLUTION, MERGER, CONSOLIDATION OR REORGANIZATION, SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL TO THE PROPERTY AND ASSETS, ACCEPTANCE OF THE ANNUAL BUDGET AND ANNUAL FINANCIAL STATEMENTS, INCURRENCE OF EXPENDITURES EXCEEDING BUDGETED AGGREGATES BY MORE THAN FIVE PERCENT, 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 HEALTHCARE REGIONAL FOUNDATION BOARD IS COMMITTED TO THE ACCURACY AND THOROUGHNESS OF THE FORM 990 REPORTING MUNSON HEALTHCARE REGIONAL FOUNDATION BELONGS TO THE MUNSON HEALTHCARE SYSTEM MUNSON HEALTHCARE IS THE PARENT COMPANY IN THE MUNSON HEALTHCARE SYSTEM, WHICH UNDERGOES AN AUDIT BY AN EXTERNAL AUDIT FIRM 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 HEALTHCARE, SOLE MEMBER, 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 DIRECTOR AND KEY EMPLOYEE OF MUNSON HEALTHCARE REGIONAL FOUNDATION TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THE RESPONSES ARE REVIEWED AND SUMMARIZED BY MUNSON HEALTHCARE'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 SYSTEM IS CAREFULLY AND THOUGHTFULLY DIRECTED BY THE MUNSON HEALTHCARE 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 MUNSON HEALTHCARE'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 HEALTHCARE SYSTEM 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 OFFICERS IS CONSISTENT WITH THAT OF THE TOP EXECUTIVES FOR MUNSON HEALTHCARE REGIONAL FOUNDATION AND MUNSON HEALTHCARE

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON HEALTHCARE REGIONAL FOUNDATION ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE MUNSON HEALTHCARE REGIONAL FOUNDATION DOES NOT MAKE THE BYLAWS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ANNUALLY, MUNSON HEALTHCARE REGIONAL FOUNDATION 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 DESIREE WORTHINGTON, PRESIDENT, ALLOCATES 85% OF HER TIME TO MUNSON HEALTHCARE REGIONAL FOUNDATION AS ITS PRESIDENT AND 15% OF HER TIME TO PAUL OLIVER MEMORIAL HOSPITAL FOUNDATION AS ITS PRESIDENT

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	MUNSON HEALTHCARE REGIONAL FOUNDATION 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 HEALTHCARE REGIONAL FOUNDATION'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 AUDIT COMMITTEE'S REVIEW OF SELECT FORMS 990 ON AN ANNUAL BASIS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133029481

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 HEALTHCARE REGIONAL FOUNDATION

Employer identification number
38-2642724

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI496851188 38-2830005	REAL ESTAT	MI	N/A					No			No
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	N/A				
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	N/A				

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

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

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

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

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-2642724
Name: MUNSON HEALTHCARE REGIONAL FOUNDATION

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	PARENT	MI	(C)	11B	N/A
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	MUNSON HC HEALTHCARE
MUNSON HOME SERVICES 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2543463	HOME HEALT	MI	(C)	9	MUN HOME H HEALTHCARE
MUNSON MEDICAL CENTER 1105 SIXTH ST TRAVERSE CITY, MI49684 38-1362830	HOSPITAL	MI	(C)	3	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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	MUNSON HEALTHCARE	K	487,367
(2)	MUNSON HEALTHCARE	N	791,320
(3)	MUNSON HOME CARE	B	221,936
(4)	MUNSON MEDICAL CENTER	B	522,856
(5)	MUNSON MEDICAL CENTER	K	494,425
(6)	MUNSON MEDICAL CENTER	O	65,403
(7)	MUNSON MEDICAL CENTER	P	81,134

Additional Data

Software ID:

Software Version:

EIN: 38-2642724

Name: MUNSON HEALTHCARE REGIONAL FOUNDATION

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

4d. Other program services

(Code) (Expenses $ 77,655 including grants of $ 77,655) (Revenue $)

MUNSON HEALTHCARE REGIONAL FOUNDATION GRANTS FUNDS TO PROVIDE FOR UNMET HEALTHCARE NEEDS IN THE MUNSON HEALTHCARE SERVICE AREA MUCH OF THIS IS DIRECT SUPPORT TO PATIENTS WHO REQUIRE ASSISTANCE ACCESSING HEALTHCARE AND PAYING FOR SUPPORTIVE HEALTHCARE NEEDS

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 DIRECTOR	4 00	X						0	723,328	199,097
EDWIN NESS DIRECTOR	4 00	X						0	494,002	130,229
DESIREE WORTHINGTON PRESIDENT	34 00	X		X				0	157,398	37,763
LORRAINE BEERS DIRECTOR	2 00	X						0	69,109	14,986
ALICE SHIRLEY DIRECTOR	2 00	X						0	0	0
ANN WARD GREGORY DIRECTOR	2 00	X						0	0	0
BRUCE REAVELY DIRECTOR	2 00	X						0	0	0
BRUCE SOULE DIRECTOR	2 00	X						0	0	0
CATHERINE L MARTIN DIRECTOR	2 00	X						0	0	0
CHARLES BUMB TREASURER	2 00	X		X				0	0	0
CHARLES HAVILL DIRECTOR	2 00	X						0	0	0
CYNTHIA GLINES MD DIRECTOR	2 00	X						0	0	0
DENNIS PEARSALL DIRECTOR	2 00	X						0	0	0
EDWARD RUTKOWSKI MD DIRECTOR	2 00	X						0	0	0
GEORGE BEARUP DIRECTOR	2 00	X						0	0	0
IRENE NUGENT DIRECTOR	2 00	X						0	0	0
JON S ARMSTRONG DIRECTOR	2 00	X						0	0	0
KYLE CARR MD DIRECTOR	2 00	X						0	0	0
PAUL SCHMUCKAL CHAIRMAN	2 00	X						0	0	0
PHILLIP GOETHALS DIRECTOR	2 00	X						0	0	0
REV HOMER NYE SECRETARY	2 00	X		X				0	0	0
ROBERT SNELL DIRECTOR	2 00	X						0	0	0
RONALD YOCUM DIRECTOR	2 00	X						0	0	0
ROSS BIEDERMAN DIRECTOR	2 00	X						0	0	0
ROYCE RAGLAND DIRECTOR	2 00	X						0	0	0

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			
SARAH WATKINS TRIPPE DIRECTOR	2 00	X						0	0	0
MARK A HEPLER CFO	1 00			X				0	218,496	38,148