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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	C Name of organization CRITTENTON HOSPITAL MEDICAL CENTER	D Employer identification number 38-1359247
	Doing Business As	E Telephone number (248) 652-5000
	Number and street (or P O box if mail is not delivered to street address) 1101 W UNIVERSITY DRIVE	Room/suite
	G Gross receipts \$ 332,290,941	
	City or town, state or country, and ZIP + 4 ROCHESTER, MI 48307	
	F Name and address of principal officer FRANK SOTTILE MD 1101 W UNIVERSITY DRIVE ROCHESTER, MI 48307	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) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.CRITTENTON.COM		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1900
		M State of legal domicile MI

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities ENHANCING THE HEALTH STATUS OF THE INDIVIDUALS AND COMMUNITIES IT SERVES																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>14</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>1,952</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>393</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>8,128,763</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,952	6 Total number of volunteers (estimate if necessary)	6	393	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,128,763	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>314,819,430</td><td>331,665,503</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>160,568,429</td><td>158,885,108</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>154,251,001</td><td>172,780,395</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	314,819,430	331,665,503	21 Total liabilities (Part X, line 26)	160,568,429	158,885,108	22 Net assets or fund balances Subtract line 21 from line 20	154,251,001	172,780,395												
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Part II	Signature Block
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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		2013-05-31 Date	
	FRANK SOTTILE MD INTERIM CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	Firm's name ▶ PLANTE & MORAN PLLC	Firm's EIN ▶		
	Firm's address ▶ PO BOX 307 SOUTHFIELD, MI 480370307	Phone no ▶ (248) 352-2500		

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

CRITTENTON HOSPITAL MEDICAL CENTER IS DEDICATED TO ENHANCING THE HEALTH STATUS OF THE INDIVIDUALS AND COMMUNITIES WE SERVE IN PARTNERSHIP WITH OUR PHYSICIANS, EMPLOYEES, AND COMMUNITY MEMBERS

2

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

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?

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 \$ 203,881,086 including grants of \$) (Revenue \$ 212,339,350)

SEE SCHEDULE O PART III, LINE 4 DESCRIPTION

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 203,881,086

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b	No
c 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. 	11c Yes	
d 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. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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, Parts I and IV 	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, Parts II and IV 	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, Parts III and IV 	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☒ Yes ☐ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	256
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,952
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

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.
TAMMIE SMITH
1101 W UNIVERSITY DRIVE
ROCHESTER, MI 48307
(248) 652-5444

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BEVERLY ALLEN TREASURER	1.00	X						0	0	0
(2) LISA ASADOORIAN TRUSTEE	1.00	X						0	0	0
(3) BRYAN BARNETT TRUSTEE	1.00	X						0	0	0
(4) MICHAEL BROWE TRUSTEE	1.00	X						0	0	0
(5) PETER DESTEIGER TRUSTEE	1.00	X						0	0	0
(6) ROBERT GOMD TRUSTEE	1.00	X						39,422	0	0
(7) KENNETH JOHNSON TRUSTEE	1.00	X						0	0	0
(8) KATHRIN KUDNER TRUSTEE	1.00	X						0	0	0
(9) ROBERT LENIHANII CHAIRMAN	1.00	X						0	0	0
(10) FREDERICK MAIBAUERMD TRUSTEE	1.00	X						65,275	0	0
(11) BRADFORD MERRELLMD VICE CHAIRMAN	1.00	X						0	0	0
(12) F SCOTT MILLER TRUSTEE	1.00	X						0	0	0
(13) ROBERT SKANDALARIS TRUSTEE	1.00	X						0	0	0
(14) BRAD UPTON TRUSTEE	1.00	X						0	0	0
(15) JEFFREY JENNINGSMD CHIEF OF STAFF	1.00	X		X				50,000	0	0
(16) LYNN ORFGEN PRESIDENT & CEO	40.00			X				523,148	0	40,457

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) AUDRIANNE MOCERI SECRETARY	40 00			X				61,526	0	20,954
(18) CYNTHIA LONG CFO	40 00			X				160,325	0	12,533
(19) FRANK SOTTILE CMO	40 00			X				398,151	0	30,559
(20) GREGORY PARTAMIAN COO	40 00			X				251,977	0	25,768
(21) KATHLEEN VANWAGONER CNO	40 00			X				158,304	0	24,451
(22) MICHELLE HORNBERGER CSO	40 00			X				138,115	0	22,792
(23) SAMER KAZZIHA MD EXECUTIVE MEDICAL DIRECTOR	40 00					X		482,778	0	25,720
(24) KEVIN K FLOREK DO MEDICAL DIRECTOR OCCUPATIONAL MEDICINE	40 00					X		255,106	0	21,561
(25) AMARBIR S KHAIRA MD RELIEF HOUSE PHYSICIAN	40 00					X		253,685	0	0
(26) NACIANCENO V WOO MD HOUSE PHYSICIAN	40 00					X		199,599	0	29,114
(27) SHERYL MAY NURSE ANESTHETIST	40 00					X		186,821	0	10,850
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,224,232	0	264,759

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization74

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BARTON MALOW CO 26500 AMERICAN DR SOUTHFIELD, MI 48034	CONSTRUCTION MANAGEMENT	5,935,481
UNASOURCE SURGERY CENTERLLC 4550 INVESTMENT DR STE 100 TROY, MI 48098	SURGICAL SERVICES	5,310,983
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 60693	INFORMATION TECHNOLOGY SERVICES	3,187,231
CARETECH SOLUTIONS INC PO BOX 674271 DETROIT, MI 48267	INFORMATION TECHNOLOGY SERVICES	2,717,856
PATRIOT MEDICAL TECHNOLOGIES MSC-410672 PO BOX 415000 NASHVILLE, TN 37241	BIOMEDICAL SERVICES	2,172,319
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization47		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	500			
	d	Related organizations 1d	129,923			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶	130,423			
	Program Service Revenue	2a	NET PATIENT SERVICE RE	900099	219,165,555	211,036,792
b		PROFESSIONAL FEES U-M	900099	510,885	510,885	
c		INVESTMENT IN JOINT VE	900099	230,804	230,804	
d		KARMANOS ONCOLOGY REVE	900099	167,381	167,381	
e		CPR CLASSES	611600	100,155	100,155	
f		All other program service revenue		293,333	293,333	
g		Total. Add lines 2a-2f ▶		220,468,113		
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) ▶		2,631,377	
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties ▶				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ 500 of contributions reported on line 1c) See Part IV, line 18 a		29,071		
	b	Less direct expenses b		21,724		
	c	Net income or (loss) from fundraising events . . ▶		7,347		7,347
	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		221,756		
	b	Less cost of goods sold b		143,785		
c	Net income or (loss) from sales of inventory . . ▶		77,971		77,971	
Miscellaneous Revenue		Business Code				
11a	MEDICAL STAFF FUNCTION	900099	231,668		231,668	
b	TV RENTAL INCOME	900099	150,841		150,841	
c	MISCELLANEOUS	900099	104,954		104,954	
d	All other revenue		329,047		329,047	
e	Total. Add lines 11a-11d ▶		816,510			
12	Total revenue. See Instructions ▶		227,811,134	212,339,350	8,128,763	7,212,598

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,023,757		2,023,757	
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	79,621,463	74,653,511	4,967,952	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,154,263	3,779,548	374,715	
9	Other employee benefits	9,878,437	8,926,335	952,102	
10	Payroll taxes	6,421,259	5,842,061	579,198	
a	Fees for services (non-employees)				
	Management				
b	Legal	376,058		376,058	
c	Accounting	387,289		387,289	
d	Lobbying	66,361	11,361	55,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	61,663		61,663	
g	Other	38,945,723	34,564,175	4,381,548	
12	Advertising and promotion	2,132,803	35,492	2,097,311	
13	Office expenses	3,734,831	2,445,997	1,286,812	2,022
14	Information technology	7,593,108		7,593,108	
15	Royalties				
16	Occupancy	5,494,384	2,429,184	3,065,200	
17	Travel	173,091	97,886	75,205	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,273	15,298	58,706	2,269
20	Interest	2,460,348	2,460,348		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,709,133	10,368,279	4,336,363	4,491
23	Insurance	900,812	812,767	88,045	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	39,523,186	39,089,221	433,965	
b	BAD DEBT	12,230,791	12,230,791		
c	QAAP EXPENSE	4,936,122	4,936,122		
d	COLLECTION FEES	691,484	691,484		
e	MEDICAL EQUIPMENT REPAI	369,479	369,479		
f	All other expenses	462,108	121,747	338,384	1,977
25	Total functional expenses. Add lines 1 through 24f	237,424,226	203,881,086	33,532,381	10,759
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			13,628	1	12,685
	2	Savings and temporary cash investments			47,602,335	2	31,655,509
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			33,941,242	4	32,721,195
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			4,129,086	8	4,338,541
	9	Prepaid expenses and deferred charges			2,329,425	9	2,436,431
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	301,114,565			
	b	Less: accumulated depreciation	10b	153,270,180	149,448,049	10c	147,844,385
	11	Investments—publicly traded securities			45,429,259	11	77,599,045
	12	Investments—other securities. See Part IV, line 11			19,273	12	28,439
	13	Investments—program-related. See Part IV, line 11			15,804,139	13	13,541,673
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			16,102,994	15	21,487,600
	16	Total assets. Add lines 1 through 15 (must equal line 34)			314,819,430	16	331,665,503
Liabilities	17	Accounts payable and accrued expenses			27,560,389	17	25,921,188
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			105,285,000	20	101,980,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,000,000	23	2,223,583
	24	Unsecured notes and loans payable to unrelated third parties			590,185	24	147,845
	25	Other liabilities. Complete Part X of Schedule D			26,132,855	25	28,612,492
	26	Total liabilities. Add lines 17 through 25			160,568,429	26	158,885,108
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			153,286,567	27	171,936,554
	28	Temporarily restricted net assets			964,434	28	843,841
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			154,251,001	33	172,780,395
	34	Total liabilities and net assets/fund balances			314,819,430	34	331,665,503

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	227,811,134
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,424,226
3	Revenue less expenses Subtract line 2 from line 1	3	-9,613,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	154,251,001
5	Other changes in net assets or fund balances (explain in Schedule O)	5	28,142,486
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	172,780,395

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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?		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		

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

2010

Open to Public
Inspection

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

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities? If "Yes," describe in Part IV	Yes		66,361
j	Total lines 1c through 1i			66,361
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	CRITTENTON HOSPITAL MEDICAL CENTER INDIRECTLY CONDUCTS LOBBYING ACTIVITIES THROUGHOUT THE YEAR. THE HOSPITAL HAS ENGAGED THE SERVICES OF A PROFESSIONAL LOBBYIST, WHO PERIODICALLY MEETS WITH FEDERAL, STATE, AND LOCAL LEGISLATORS TO DISCUSS ITEMS OF IMPORTANCE TO THE HOSPITAL AND HEALTH CARE INDUSTRY, AND ISSUES AFFECTING THE HEALTH CARE NEEDS OF THE COMMUNITY. THE EXPENDITURES LISTED IN PART II-B ARE FEES AND EXPENSE REIMBURSEMENTS PAID TO THE LOBBYIST DURING THE YEAR. ON RARE OCCASIONS, THE HOSPITAL ENCOURAGES ITS EMPLOYEES TO CONTACT LEGISLATORS TO CONSIDER CHANGES IN THE LAW THAT WOULD IMPROVE THE REGULATORY CLIMATE AFFECTING THE HEALTH CARE INDUSTRY AND ULTIMATELY, HEALTH CARE NEEDS OF THE COMMUNITY. THE HOSPITAL SERVES THE "GRASSROOT" LOBBYING IS INFREQUENT, AND INVOLVES NO SIGNIFICANT EXPENDITURES BY EITHER THE HOSPITAL OR ITS EMPLOYEES. NONE OF THIS ACTIVITY (DIRECT OR INDIRECT) INVOLVES POLITICAL CAMPAIGN ACTIVITY.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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
2a	
2b	
2c	
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

1b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

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
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	964,434	1,026,646	1,062,921	
b	Contributions	167,277	152,319	168,931	
c	Investment earnings or losses	17,908	19,315	15,719	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	295,562	218,961	203,894	
f	Administrative expenses	10,216	14,885	17,031	
g	End of year balance	843,841	964,434	1,026,646	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶ 100 000 %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,565,744		2,565,744
b Buildings		181,747,365	83,861,808	97,885,557
c Leasehold improvements		1,640,319	805,959	834,360
d Equipment		102,255,497	66,686,793	35,568,704
e Other		12,905,640	1,915,620	10,990,020
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				147,844,385

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED FOR THE GIFT SHOP, THE AUXILLIARY AND THE HOSPITAL FOR GRANTS, SCHOLARSHIPS AND OTHER EXPENSES

Additional Data

Software ID:

Software Version:

EIN: 38-1359247

Name: CRITTENTON HOSPITAL MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
15000 ACCOUNTS RECEIVABLE AFFILIATES	112,011
14010 MISCELLANEOUS ACCOUNTS RECEIVABLE	2,200,697
14300 ACCOUNTS RECEIVABLE POWERWORKS	58,532
14165 INTEREST RECEIVABLE	152,853
14030 CASH RESTRICTED BY BOND COVENANTS	-1,783,186
14090 DEBT SECURITIES	4,309,396
8110-18140 DEBT ISSUANCE COST	853,998
18160 LONG TERM ACCOUNTS RECEIVABLE	4,306,641
18170 ACCOUNTS RECEIVABLE KARMANOS	1,581,172
19010 ACCOUNTS RECEIVABLE SAAC	5,838,242
14400 DUE FROM THIRD PARTY	3,857,244

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE	18,517,663
3a Sub-total	0	0			18,517,663
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			18,517,663

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes ☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 38-1359247
Name: CRITTENTON HOSPITAL MEDICAL CENTER

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

[illegible]

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>HANDBAG AND JEWELRY SALE</u>	<u>\$6 SALE</u>	<u>14</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	10,354	6,754	12,463	29,571	
2	Less Charitable contributions	. . .			500	500	
3	Gross income (line 1 minus line 2)	. . .	10,354	6,754	11,963	29,071	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	5,907	4,165	11,652	21,724
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					21,724
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					7,347

Part III Gaming.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	0	0	1,043,308	0	1,043,308	0 460 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	484	17,552,362	13,481,904	4,070,458	1 810 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0	0	0	0		
d Total Financial Assistance and Means-Tested Government Programs	1	484	18,595,670	13,481,904	5,113,766	2 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2,630	37,576	436,323	0	436,323	0 190 %
f Health professions education (from Worksheet 5)	249	1,021	6,167,964	2,485,640	3,682,324	1 640 %
g Subsidized health services (from Worksheet 6)	4	2,996	22,877,127	21,340,938	1,536,189	0 680 %
h Research (from Worksheet 7)	1	50	72,800	0	72,800	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	76	11,762	88,416	0	88,416	0 040 %
j Total Other Benefits	2,960	53,405	29,642,630	23,826,578	5,816,052	2 580 %
k Total. Add lines 7d and 7j	2,961	53,889	48,238,300	37,308,482	10,929,818	4 850 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0		
2 Economic development	0	0	0	0		
3 Community support	17	3,640	6,101	0	6,101	0 %
4 Environmental improvements	0	0	0	0		
5 Leadership development and training for community members	22	1,020	21,956	0	21,956	0 010 %
6 Coalition building	74	1,134	39,285	0	39,285	0 020 %
7 Community health improvement advocacy	1	110	350	0	350	0 %
8 Workforce development	0	0	0	0		
9 Other	0	0	0	0		
10 Total	114	5,904	67,692		67,692	0 030 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	12,230,791
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	3,903,056
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	69,541,050
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,467,966
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-11,926,916
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	No

Part IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 USC LLC	SURGICAL CENTER	28 700 %		71 300 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 1

Name and address		Type of Facility (Describe)
1	USC LLC 4800 INVESTMENT DRIVE STE 370 TROY, MI 48098	SURGICAL CENTER
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST TO CHARGE RATIO WAS USED FROM WORKSHEET 2 TO CALCULATE THE NUMBERS, RATIO OF PATIENT CARE COST TO CHARGES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES

Identifier	ReturnReference	Explanation
		PART II COMMUNITY HEALTH LEADERSHIP AND OTHER SENIOR LEADERS ACTIVELY PARTICIPATE ON A BROAD RANGE OF COMMUNITY COALITIONS SUCH AS THE OLDER PERSON'S COMMISSION, ROCHESTER COMMUNITY SCHOOLS, ROCHESTER/AUBURN HILLS COMMUNITY COALITION, OAKLAND COUNTY OBESITY COALITION, REGION 2 NORTH, OAKLAND COUNTY MEDICAL CONTROL AUTHORITY, MICHIGAN DEPT OF COMMUNITY HEALTH, CROSSROADS PREGNANCY CENTER AND OTHERS THIS PROVIDES ONGOING KNOWLEDGE OF VARYING COMMUNITY NEEDS AND ADJUSTS AS ECONOMIC, ENVIRONMENTAL, AND HEALTHCARE CHANGES OCCUR IN CRITTENTON'S KEY COMMUNITIES THE VARIOUS PROGRAMS THAT CHMC OFFERS TO THE COMMUNITY HELP TO ENHANCE THE HEALTH STATUS BY EDUCATION, EARLY DETECTION, SCREENING, AND ACCESSIBILITY TO RESOURCES WE RECEIVE MULTIPLY STORIES EVERY YEAR STATING THAT IF THEY HAD NOT HAD ATTENDED ONE OF OUR SCREENINGS THEN THEY MAY NOT HAVE PURSUED FURTHER MEDICAL CARE OR TREATMENT THE SCREENING OR EDUCATION IS WHAT INCREASED THEIR AWARENESS AND ENCOURAGED THEM TO SEEK CARE AND THAT SCREENING OR ACTIVITY IS WHAT HELPED TO ENHANCE THEIR HEALTH

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES THE BAD DEBT REPORTED ON LINE 3 WAS DETERMINED USING THE COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE ALLOCATION OF CRITTENTON'S RESOURCES TO IMPROVE THE HEALTH STATUS AND QUALITY OF LIFE OF COMMUNITY RESIDENTS ARE BASED ON COMMUNITY NEEDS THAT ARE IDENTIFIED BOTH THROUGH THE STRATEGIC PLANNING PROCESS AND THROUGH A YEARLY COMPREHENSIVE REVIEW OF COUNTY, STATE AND FEDERAL HEALTHCARE DATA BY CRITTENTON'S COMMUNITY HEALTH AND EDUCATION DEPARTMENT COMMUNITY NEEDS INFORMATION IS GATHERED FROM BOTH THE CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEMS AND THROUGH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FOR EXAMPLE, IN 2008 THE NEED FOR A SCHOOL NURSE PROGRAM WAS IDENTIFIED WITH THE ROCHESTER COMMUNITY SCHOOLS CRITTENTON'S COMMUNITY HEALTH AND EDUCATION DEPARTMENT DEVELOPED AND IMPLEMENTED THE PROGRAM WHICH NOW SERVES 14,000 STUDENTS AND MANAGES 450 MEDICAL MANAGEMENT PROGRAMS IN 2009 AND AGAIN IN 2010, PARTICIPATION WITH THE ROCHESTER/AUBURN HILLS COALITION RESULTED IN CRITTENTON'S SPONSORING RACHEL'S CHALLENGE, A PROGRAM WHICH PROVIDES SUICIDE PREVENTION AND INTERVENTION AND IMPROVED PEER TO PEER CONFLICT MANAGEMENT SKILLS FOR AREA YOUTH

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 CRITTENTON HOSPITAL MEDICAL CENTER DOES A NUMBER OF THINGS IN ORDER TO EDUCATE AND/OR ASSIST A PATIENT IN RECEIVING OUTSIDE ASSISTANCE, INCLUDING THE FOLLOWING 1 SIGNAGE IS POSTED AT REGISTRATION POINTS AROUND THE HOSPITAL REGARDING ASSISTANCE AVAILABLE TO PAY FOR SERVICES AS WELL AS OUR UNCOMPENSATED SERVICES PROGRAM, HANDOUTS ARE GIVEN TO THE PATIENTS AND THE PROGRAM IS OUTLINED ON THE BACK OF EVERY STATEMENT THAT IS SENT TO THE PATIENT 2 FINANCIAL COUNSELORS ARE ON SITE THAT ARE CONTACTED EVERY TIME A PATIENT WITHOUT INSURANCE COMES INTO THE EMERGENCY ROOM OR IS ADMITTED TO THE HOSPITAL IN THE PAST 12 MONTHS THE FINANCIAL COUNSELORS HAVE ASSISTED OVER 600 PATIENTS IN QUALIFYING FOR COUNTY, STATE, FEDERAL, OR HOSPITAL ASSISTANCE PROGRAMS 3 TAKE PART AND ASSIST PATIENTS IN QUALIFYING FOR THE COUNTY INDIGENT HOSPITALIZATION PROGRAM WHICH IS RUN DIRECTLY THROUGH THE HOSPITAL AND PLACES VIRTUALLY NO BURDEN OF ANY TYPE ON THE PATIENT IN ORDER TO BE QUALIFIED 4 ALL MANAGERS THAT DEAL WITH THE PUBLIC ARE DIRECTLY INFORMED OF OUR UNCOMPENSATED SERVICE PROGRAMS AND VERBALLY ASSIST PATIENTS WITH SUGGESTIONS AS WELL AS OUR CASHIERS HAVING ACCESS TO THE SAME INFORMATION AND TRAINING 5 OFFER ASSISTANCE TO NEWBORN MOTHERS WITHOUT INSURANCE IN THE FORM OF ASSISTANCE IN APPLYING FOR MEDICAID AND PROVIDING MINIMAL PAYMENT OPTIONS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 CRITTENTON IS A 290 BED ACUTE CARE HEALTH FACILITY SERVING COMMUNITIES IN OAKLAND, MACOMB, AND LAPEER COUNTIES THE ENTIRE SERVICE AREA ENCOMPASSES 35 ZIP CODES IN THREE REGIONS AND IS FURTHER SUBDIVIDED INTO THREE SECTORS OUR CORE SECTOR WHICH ENCOMPASSES THE THREE ROCHESTER ZIP CODES, AND THE PRIMARY AND SECONDARY SECTORS THE DEMOGRAPHIC SKEW FOR THE AREA IS SLIGHTLY OLDER THAN THE NORM WITH HIGHER HOUSEHOLD INCOMES

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MI

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax 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 or provision 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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 duplicate copies if additional space is 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				
(1) LYNN ORFGEN	(i) (ii)	404,544 0	74,085 0	44,519 0	19,600 0	20,857 0	563,605 0	0 0
(2) CYNTHIA LONG	(i) (ii)	153,227 0	0 0	7,098 0	2,410 0	10,123 0	172,858 0	0 0
(3) FRANK SOTTILE	(i) (ii)	351,560 0	43,186 0	3,405 0	5,449 0	25,110 0	428,710 0	0 0
(4) GREGORY PARTAMIAN	(i) (ii)	212,314 0	23,687 0	15,976 0	3,484 0	22,284 0	277,745 0	0 0
(5) KATHLEEN VANWAGONER	(i) (ii)	150,065 0	0 0	8,239 0	2,361 0	22,090 0	182,755 0	0 0
(6) MICHELLE HORNBERGER	(i) (ii)	132,871 0	0 0	5,244 0	2,143 0	20,649 0	160,907 0	0 0
(7) SAMER KAZZIHA MD	(i) (ii)	480,898 0	0 0	1,880 0	0 0	25,720 0	508,498 0	0 0
(8) KEVIN K FLOREK DO	(i) (ii)	243,793 0	0 0	11,313 0	2,897 0	18,664 0	276,667 0	0 0
(9) AMARBIR S KHAIRA MD	(i) (ii)	253,685 0	0 0	0 0	0 0	0 0	253,685 0	0 0
(10) NACIANCENO V WOO MD	(i) (ii)	197,490 0	0 0	2,109 0	10,480 0	18,634 0	228,713 0	0 0
(11) SHERYL MAY	(i) (ii)	181,548 0	0 0	5,273 0	2,803 0	8,047 0	197,671 0	0 0
(12)								
(13)								
(14)								
(15)								
(16)								

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
------------	------------------	-------------

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465E4Z3	07-30-2003	52,400,000	REFUNDED 2002B SERIES/ BUILDING EXPENSES		X		X		X
B	MICHIGAN STATE HOSPITAL FINANCE AUTHORITY	38-2889417	59465E5X7	12-23-2003	21,480,000	REIMBURSE PRIOR CAPITAL EXPENDITURES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	52,400,000		21,480,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	490,373		330,699					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	14,485,934		46,634					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005		2003		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

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

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider	COMERICA		COMERICA					
c	Term of hedge	5 200000000000		5 200000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) SAMER KAZZIHA										
PURCHASE MEDICAL BUILDING		X	200,000	100,000		No		No	Yes	
Total ▶ \$ 100,000										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		CHMC HAS A QUESTIONNAIRE FOR INDIVIDUALS AND THEIR IMMEDIATE FAMILY MEMBERS REGARDING CONFLICTS OF INTEREST AND THIS MUST BE SIGNED BY THE INDIVIDUALS THE QUESTIONNAIRE INCLUDES THE FOLLOWING 1 IDENTIFY YOUR SERVICE ON ANY BOARD OF DIRECTORS OR TRUSTEES OF ANY OF THE COMPANY'S WITH WHICH CHMC OR ANY OF ITS' AFFILIATES DOES BUSINESS 2 IDENTIFY WHETHER YOU ARE ASSOCIATED DIRECTLY OR INDIRECTLY OR HOLD A POSITION OR FINANCIAL INTEREST IN ANY OUTSIDE ORGANIZATION OR CONCERN WITH WHICH CRITTENTON DOES BUSINESS 3 IDENTIFY WHETHER YOU DIRECT, MANAGE,OR PROVIDE SERVICES OR CONSULTATION TO ANY OUTSIDE ORGANIZATION OR CONCERN THAT DOES BUSINESS WITH OR COMPETES WITH CRITTENTON 4 IDENTIFY ANY ACTIVITIES IN WHICH YOU ARE ENGAGED THAT MIGHT BE REGARDED AS CONSTITUTING A POTENTIAL CONFLICT OF INTEREST WITH CRITTENTON 5 DISCLOSE ANY DIRECT OR INDIRECT COMPENSATION THAT YOU RECEIVE, OR ANTICIPATE RECEIVING, FROM ANY PERSON, FIRM, CORPORATION, OR MARKET IN ANY WAY RELATED TO YOUR POSITION WITH CRITTENTON IF AT ANY TIME THERE IS A MATTER UNDER CONSIDERATION WHICH MAY CREATE A DIRECT OR INDIRECT CONFLICT OF INTEREST, IT IS THE INDIVIDUAL'S OBLIGATION TO DISCLOSE THE FACTS SURROUNDING THE POSSIBLE CONFLICT TO THE CORPORATE COMPLIANCE OFFICER OR DEPARTMENT OF HUMAN RESOURCES AND THAT THE INDIVIDUAL AGREES TO PROMPTLY REPORT ANY NEW SITUATIONS THAT REQUIRE DISCLOSURE UNDER THIS QUESTIONNAIRE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization**

CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number

38-1359247

Identifier	Return Reference	Explanation
RESTATEMENT OF FINANCIAL STATEMENTS FOR THE YEARS 2010 AND 2009	FORM 990 - EXPLANATION FOR AMENDED RETURN	SUBSEQUENT TO THE ISSUANCE OF THE HOSPITAL'S 2010 FINANCIAL STATEMENTS, THE HOSPITAL'S MANAGEMENT IDENTIFIED ERRORS RELATED TO THE ISSUED FINANCIAL STATEMENTS AS A RESULT, THE CONSOLIDATED BALANCE SHEETS OF THE HOSPITAL AS OF DECEMBER 31, 2010 AND 2009, AND THE RELATED CONSOLIDATED STATEMENTS OF OPERATION AND CHANGES IN NET ASSETS, AND CASH FLOWS FOR THE YEAR THEN ENDED, HAVE BEEN RESTATED FROM THE AMOUNTS PREVIOUSLY REPORTED TO ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE ADJUSTMENTS IDENTIFIED BY MANAGEMENT PRIMARILY RELATED TO SEVERAL ERRORS IN THE AREA OF THIRD PARTY PAY OR RECEIVABLES FROM BLUE CROSS AND FROM MEDICARE SETTLEMENT ESTIMATES CERTAIN FACTS THAT WERE EXISTING AT THE TIME OF THE CREATION OF THE INITIAL ESTIMATE WERE NOT APPROPRIATELY CONSIDERED OTHER ADJUSTMENTS WERE IDENTIFIED RELATED TO ERRORS IN JOINT VENTURE ACCOUNTING, ACCOUNTS PAYABLE, FRINGE BENEFITS AND THE CONSOLIDATION PROCESS PART III LINE 4A, PART VIII LINES 2A AND 2C, PART IX LINES 9 AND 24A, PART X LINES 1, 4, 9, 10, 13, 17 AND 27, PART XI LINE 5, AND SCHEDULE D PART VI WERE ALL AFFECTED

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III, LINE 4A	THE HOSPITAL WAS INVOLVED IN A LARGE NUMBER OF VARIOUS TYPES OF COMMUNITY CARE PROJECTS, EITHER AS A PARTICIPANT OR A SPONSORING ORGANIZATION. THESE INCLUDE, BUT ARE NOT LIMITED TO: HEALTHY PREGNANCY, WOMEN'S HEALTHY HEART, NUTRITION, WEIGHT LOSS, HEALTHY AGING, CHILD SAFETY, HEALTH RISK APPRAISALS, SMOKING CESSATION, MANAGING STRESS, CPR, SLEEP DISORDER AND MEN'S HEALTH CLASSES FOR THE COMMUNITY. ALSO, FREE BLOOD PRESSURE SCREENINGS ARE MADE AVAILABLE TO THE COMMUNITY. A BEREAVEMENT PROGRAM IS OFFERED THROUGH THE OBSTETRICS DEPARTMENT FOR GRIEVING PARENTS OF INFANTS. A TRAVEL MEDICINE PROGRAM IS OFFERED FOR BUSINESS AND VACATION TRAVELS THROUGH THE OCCUPATIONAL MEDICINE DEPARTMENT. ANNUALLY, VOLUNTEERS FROM THE HOSPITAL PARTICIPATE AT THE ROCHESTER ART AND APPLES FESTIVAL, COLLECT GIFTS FOR THE ROCHESTER NEIGHBORHOOD HOUSE FOR CHRISTMAS, COLLECT FOOD FOR THE MICHIGAN HARVEST GATHERING, AND PARTICIPATE IN THE NORTH OAKLAND AMERICAN HEART WALK. A PEDIATRIC URGENT CARE PROGRAM IS OFFERED FOR AFTER HOURS MEDICAL CARE FOR CHILDREN UNDER EIGHTEEN YEARS OF AGE. ADDITIONALLY, A GEROPSYCHIATRIC PROGRAM WAS STARTED TO ASSIST OLDER ADULTS WITH HEALTH CARE CHANGES. WOUND CARE SERVICES ARE ALSO OFFERED, INCLUDING HYPERBARIC TREATMENTS.

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE SECRETARY OF THE BOARD GOES OVER THE RESPONSES WITH THE COMPLIANCE OFFICER THE HOSPITAL POLICY STATES THAT ALL EMPLOYEES HAVE A CONTINUOUS OBLIGATION TO DISCLOSE CONFLICTS OF INTEREST, AN ACTUAL IMPROPRIETY, AND/OR AN APPEARANCE OF IMPROPRIETY EMPLOYEES AT THE MANAGER LEVEL AND ABOVE EACH SIGN A STATEMENT ON AN ANNUAL BASIS ACKNOWLEDGING THEIR UNDERSTANDING OF THE POLICY AND VERIFYING THEIR APPROPRIATE DISCLOSURE OF ANY CONFLICTS ALL REPORTED CONFLICTS SHALL BE REVIEWED BY THE CEO IN CONJUNCTION WITH THE COMPLIANCE OFFICER AND DEPARTMENT OF LEGAL AFFAIRS IF IT IS DETERMINED THAT A CONFLICT EXISTS THE EMPLOYEE SHALL DISCONTINUE ALL ACTIVITIES SURROUNDING THAT CONFLICT THE EMPLOYEE MAY ALSO SEEK A WAIVER OF THE CONFLICT FROM THE CEO CHMC ALSO HAS A QUESTIONNAIRE FOR INDIVIDUALS AND THEIR IMMEDIATE FAMILY MEMBERS REGARDING CONFLICTS OF INTEREST AND THIS MUST BE SIGNED BY THE INDIVIDUALS THE QUESTIONNAIRE INCLUDES THE FOLLOWING 1 IDENTIFY YOUR SERVICE ON ANY BOARD OF DIRECTORS OR TRUSTEES OF ANY OF THE COMPANY'S WITH WHICH CHMC OR ANY OF ITS' AFFILIATES DOES BUSINESS 2 IDENTIFY WHETHER YOU ARE ASSOCIATED DIRECTLY OR INDIRECTLY OR HOLD A POSITION OR FINANCIAL INTEREST IN ANY OUTSIDE ORGANIZATION OR CONCERN WITH WHICH CRITTENTON DOES BUSINESS 3 IDENTIFY WHETHER YOU DIRECT, MANAGE OR PROVIDE SERVICES OR CONSULTATION TO ANY OUTSIDE ORGANIZATION OR CONCERN THAT DOES BUSINESS WITH OR COMPETES WITH CRITTENTON 4 IDENTIFY ANY ACTIVITIES IN WHICH YOU ARE ENGAGED THAT MIGHT BE REGARDED AS CONSTITUTING A POTENTIAL CONFLICT OF INTEREST WITH CRITTENTON 5 DISCLOSE ANY DIRECT OR INDIRECT COMPENSATION THAT YOU RECEIVE, OR ANTICIPATE RECEIVING, FROM ANY PERSON, FIRM, CORPORATION, OR MARKET IN ANY WAY RELATED TO YOUR POSITION WITH CRITTENTON IF AT ANY TIME THERE IS A MATTER UNDER CONSIDERATION WHICH MAY CREATE A DIRECT OR INDIRECT CONFLICT OF INTEREST, IT IS THE INDIVIDUAL'S OBLIGATION TO DISCLOSE THE FACTS SURROUNDING THE POSSIBLE CONFLICT TO THE CORPORATE COMPLIANCE OFFICER OR DEPARTMENT OF HUMAN RESOURCES AND THAT THE INDIVIDUAL AGREES TO PROMPTLY REPORT ANY NEW SITUATIONS THAT REQUIRE DISCLOSURE UNDER THIS QUESTIONNAIRE THERE IS A SIGNED WRITTEN AGREEMENT/DOCUMENTATION FOR ANY BOARD MEMBER OR OFFICER IF A CONFLICT OF INTEREST ARISES CURRENTLY THERE HAVE NOT BEEN ANY RESTRICTIONS PLACED ON ANY BOARD MEMBER OR OFFICER AS AN ISSUE HAS NOT ARISEN TO WARRANT THIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OF THE INDIVIDUAL

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,872,353 PRIOR PERIOD ADJUSTMENTS 25,410,012 PENSION LIABILITY -3,465,705 ASSETS RELEASED FROM RESTRICTIONS -107,477 INVESTMENT IN WELLPOINTE -581,504 NET ASSETS RELEASED FROM RESTRICTIONS 14,807 TOTAL TO FORM 990, PART XI, LINE 5 28,142,486

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

2010

Open to Public Inspection

Name of the organization
CRITTENTON HOSPITAL MEDICAL CENTER

Employer identification number
38-1359247

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CRITTENTON HOSPITAL MEDICAL CENTER FOUNDATION 1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	SECTION 501(C)(3)	SCHEDULE A LINE 11A	N/A	Yes	

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CRITTENTON MEDICAL EQUIPMENT 161 S LIVERNOIS RD ROCHESTER HILLS, MI48307 38-3433794	MEDICAL EQUIPMENT SALES	MI	CRITTENTON DEVELOPMENT CORPORATION	UNRELATED				No			No	
(2) HBC INFUSIONS 1101 W UNIVERSITY ROCHESTER, MI48307 75-3123093	INFUSION SERVICES	MI	CRITTENTON DEVELOPMENT CORPORATION	UNRELATED				No			No	
(3) BALD MOUNTAIN SURGICAL CENTER 1375 S LAPEER RD STE 3109 LAKE ORION, MI48360 03-0444972	SURGICAL SERVICES	MI	CRITTENTON DEVELOPMENT CORPORATION	UNRELATED				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
(1) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI48326 38-2594115	REAL ESTATE	MI	N/A	C	906,146	17,750,220	100 000 %
(2) CRITTENTON MEDICAL PHARMACY 1101 W UNIVERSITY ROCHESTER, MI48307 20-3773341	PHARMACY SALES	MI	CRITTENTON DEVELOPMENT CORPORATION	C			

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 38-1359247

Name: CRITTENTON HOSPITAL MEDICAL CENTER

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) CRITTENTON DEVELOPMENT CORP	N	167,455	ACTUAL COST
(2) CRITTENTON DEVELOPMENT CORP	P	95,721	ACTUAL COST
(3) CHMC FOUNDATION	C	129,923	CASH
(4) CHMC FOUNDATION	B	80,000	CASH
(5) CHMC FOUNDATION	L	267,034	CASH
(6) CHMC FOUNDATION	K	521,111	CASH
(7) CHMC FOUNDATION	P	132,406	CASH