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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 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUNSON HEALTHCARE	D Employer identification number 38-2640544
	Doing Business As	E Telephone number (231) 935-7777
	Number and street (or P O box if mail is not delivered to street address) PO BOX 1188	Room/suite
	G Gross receipts \$ 5,139,337	
	City or town, state or country, and ZIP + 4 TRAVERSE CITY, MI 496851188	
	F Name and address of principal officer EDWIN A NESS 1105 SIXTH ST TRAVERSE CITY, MI 49684	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MUNSONHEALTHCARE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1985	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 MUNSON HEALTHCARE AND ITS PARTNERS WORK TOGETHER TO PROVIDE SUPERIOR QUALITY CARE AND PROMOTE COMMUNITY HEALTH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	65,074
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	1,578
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	18,136	0
	9 Program service revenue (Part VIII, line 2g)	4,705,311	4,624,478
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,387	513,832
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,709	1,027
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,922,543	5,139,337
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,006,647	6,090,691
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶690,026		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,810,664	2,341,645
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,817,311	8,432,336
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	-5,894,768	-3,292,999
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	17,235,354	21,806,913
	21 Total liabilities (Part X, line 26)	3,156,624	4,791,967
	22 Net assets or fund balances Subtract line 21 from line 20	14,078,730	17,014,946

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	2012-05-11 Date		
	▶ MARK A HEPLER CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no ▶		

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

MUNSON HEALTHCARE AND ITS PARTNERS WORK TOGETHER TO PROVIDE SUPERIOR QUALITY CARE AND PROMOTE COMMUNITY HEALTH

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 \$ 4,141,583 including grants of \$) (Revenue \$ 4,920,643)

PARENT HOLDING COMPANY FOR CORPORATIONS PROVIDING HEALTH CARE AND RELATED SERVICES

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 \$ 4,141,583

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
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.? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
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).		

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	42
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	58
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		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?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
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?	Yes	
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	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?	Yes	
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?		No

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CORPORATE FINANCE 3668 N US 31 S TRAVERSE CITY, MI 49684 (231) 935-7777

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

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,434,076	901,746	490,961

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶4

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

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
KAUFMAN HALL 5202 OLD ORCHARD RD STE N700 SKOKIE, IL 60077	CONSULTING	565,075
FOSTER SWIFT COLLINS AND SMITH 313 SOUTH WASHINGTON SQUARE LANSING, MI 48933	LEGAL	288,416
FTI CONSULTING PO BOX 631916 BALTIMORE, MD 21263	CONSULTING	195,031
BECKHAM COMPANY PO BOX 1439 BLUFFTON, SC 29910	CONSULTING	120,586
ADVERTISING IMPRESSIONS 1364 ALEXANDER DR TRAVERSE CITY, MI 49696	ADVERTISING	118,618

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶5

Form 990 (2010)

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
	Program Service Revenue	2a	Business Code					
		CONTRACT REVENUES	561000	4,560,431	4,560,431			
b		CONTRACT REVENUES	561000	64,047		64,047		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		4,624,478				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			203,392	-15,302	
	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)	310,440					
	d	Net gain or (loss)			310,440	310,440		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b	Less direct expenses	a					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . .						
	b	Less direct expenses	a	b				
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . .						
	b	Less cost of goods sold	a					
	c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue			Business Code				
11a	PASS THROUGH UBI FOR JV			900003	1,027	1,027		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d				1,027			
12	Total revenue. See Instructions				5,139,337	4,855,569	65,074	218,694

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	2,510,681	1,501,098	844,521	165,062
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,506		9,506	
7	Other salaries and wages	2,112,909	819,686	1,293,223	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	734,234	644,469	89,765	
9	Other employee benefits	439,267	380,748	58,519	
10	Payroll taxes	284,094	242,365	41,729	
a	Fees for services (non-employees) Management				
b	Legal	158,213		158,213	
c	Accounting	61,315		61,315	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,451,473	29,885	896,624	524,964
12	Advertising and promotion	2,535	2,067	468	
13	Office expenses	37,772	34,263	3,509	
14	Information technology	117,044	113,221	3,823	
15	Royalties				
16	Occupancy	30,000	30,000		
17	Travel	88,946	68,657	20,289	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,269	9,293	1,976	
23	Insurance	28,147	24,013	4,134	
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	DUES AND SUBSCRIPTIONS	282,036	200,596	81,440	
b	MISCELLANEOUS	44,681	22,654	22,027	
c	CONTRIBUTIONS	25,200	17,598	7,602	
d	INCOME TAXES	1,625		1,625	
e	BANK FEES	1,389	970	419	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,432,336	4,141,583	3,600,727	690,026
26	Joint costs. Check here <input type="checkbox"/> 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					1	
	2	Savings and temporary cash investments				198,533	2	449,869
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				64,853	4	37,027
	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					8	
	9	Prepaid expenses and deferred charges				541,777	9	818,204
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	308,034				
	b	Less: accumulated depreciation	10b	293,772	25,531	10c	14,262	
	11	Investments—publicly traded securities				7,963,804	11	9,246,188
	12	Investments—other securities. See Part IV, line 11				8,379,609	12	11,037,207
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				61,247	15	204,156
16	Total assets. Add lines 1 through 15 (must equal line 34)				17,235,354	16	21,806,913	
Liabilities	17	Accounts payable and accrued expenses				2,270,296	17	1,728,552
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				886,328	25	3,063,415
	26	Total liabilities. Add lines 17 through 25				3,156,624	26	4,791,967
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				14,078,730	27	17,014,946
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				14,078,730	33	17,014,946
34	Total liabilities and net assets/fund balances				17,235,354	34	21,806,913	

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	5,139,337
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,432,336
3	Revenue less expenses Subtract line 2 from line 1	3	-3,292,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,078,730
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,229,215
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	17,014,946

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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
MUNSON HEALTHCARE

Employer identification number
38-2640544

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)		No
11g(ii)		No
11g(iii)		No

(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	
(A) MUNSON MEDICAL CENTER	381362830	3	Yes		Yes		Yes		1,834,297
Total									1,834,297

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 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
MUNSON HEALTHCARE

Employer identification number
38-2640544

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?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)											
	<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area										
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure										
	<input type="checkbox"/> 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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?											
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?											
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	7,963,804	7,152,653	8,311,745		
b Contributions					
c Investment earnings or losses	1,326,802	835,431	-1,119,240		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	44,418	24,280	39,852		
g End of year balance	9,246,188	7,963,804	7,152,653		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		308,034	293,772	14,262
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,262

Schedule D (Form 990) 2010

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE BOARD-DESIGNATED FUNDS ARE MAINTAINED FOR THE FUTURE USE OF THE MUNSON HEALTHCARE SYSTEM EARNINGS FROM THE INVESTMENTS ARE USED CURRENTLY, FOR THE OPERATIONS OF MUNSON HEALTHCARE AS PARENT ORGANIZATION IN THE SYSTEM

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W **Schedule F (Form 990) 2010**

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[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

Part V

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE F, PAGE 5, PART V	EXPENDITURES ARE REPORTED BASED ON THE ACCRUAL METHOD OF ACCOUNTING

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
MUNSON HEALTHCARE

Employer identification number
38-2640544

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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) EDWIN A NESS	(i) (ii)	515,678	120,976	1,102	119,320	20,126	777,202	
(2) K DOUGLAS DECK	(i) (ii)	201,944	150,000	1,220,028	72,906	5,739	1,650,617	554,411
(3) MARK A HEPLER	(i) (ii)	208,875	38,795	1,429	26,375	19,378	294,852	
(4) PAUL SHIRILLA	(i) (ii)	259,556	60,698	2,275	31,769	14,788	369,086	
(5) MARY BETH MORRISON	(i) (ii)	168,989	30,396	62,148	20,639	16,907	299,079	60,735
(6) JAMES D AUSTIN	(i) (ii)	177,207	47,730	30,770	22,638	17,461	295,806	11,444
(7) MARK S DEPONIO	(i) (ii)	180,361	33,210	1,185	22,108	20,702	257,566	
(8) DESIREE A WORTHINGTON	(i) (ii)	158,243	32,895	157	17,918	19,800	229,013	
(9) SHARI L WILSON	(i) (ii)	143,762	17,463	329	15,950	6,437	183,941	
(10) EDWARD CARLSON	(i) (ii)			9,506 214,490			9,506 214,490	14,872
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	EDWIN A. NESS 0 107,176 0 K. DOUGLAS DECK 362,560 181,198 0 MARK A. HEPLER 0 13,842 0 PAUL SHIRILLA 0 16,196 0 MARY BETH MORRISON 0 10,500 0 JAMES D. AUSTIN 0 12,006 0 MARK S. DEPONIO 0 11,286 0 DESIREE A. WORTHINGTON 0 9,870 0 SHARI L. WILSON 0 8,718 0 EDWARD CARLSON 209,123 0 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	EXECUTIVE SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS. SUBJECT TO REVIEW AND APPROVAL BY THE BOARD COMPENSATION AND EXECUTIVE LEADERSHIP COMMITTEE, IN ORDER TO RECRUIT AND MAINTAIN QUALIFIED EXECUTIVES, INCLUDING THE PRESIDENT AND VICE-PRESIDENTS, A COMPETITIVE BENEFIT PACKAGE IS OFFERED WHICH INCLUDES PARTICIPATION IN A SUPPLEMENTAL RETIREMENT PLAN. FOR THE PRESIDENT, THE PLAN PROVIDES A TARGETED BENEFIT AT AGE 62. ANNUAL CONTRIBUTIONS, AT MUNSON'S DISCRETION, ARE MADE TO THE PLAN IN ORDER TO ACHIEVE THE TARGETED RETIREMENT BENEFIT LEVEL. FOR VICE-PRESIDENTS, AFTER WORKING FOR MUNSON FOR 3 YEARS, A VICE-PRESIDENT IS ELIGIBLE TO PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN, WHICH IS FUNDED ANNUALLY AT THE SOLE DISCRETION OF MUNSON IN AN AMOUNT NOT TO EXCEED 6% OF BASE COMPENSATION. THE PARTICIPANT BECOMES ELIGIBLE FOR THIS BENEFIT UPON THEIR RETIREMENT FROM MUNSON. EXECUTIVE SEVERANCE PLAN. SUBJECT TO REVIEW AND APPROVAL BY THE BOARD COMPENSATION AND EXECUTIVE LEADERSHIP COMMITTEE, IN ORDER TO RECRUIT AND MAINTAIN QUALIFIED EXECUTIVES, A COMPETITIVE BENEFIT PACKAGE IS OFFERED TO THE VICE-PRESIDENTS, WHICH INCLUDES A SEVERANCE PLAN. MUNSON HAS A SEVERANCE PLAN FOR VICE-PRESIDENT/EXECUTIVE LEVEL POSITIONS, WHICH PROVIDES FOR UP TO ONE-YEAR OF PAY IN THE EVENT EMPLOYMENT ENDS UNDER CERTAIN CONDITIONS. THE PLAN PROVIDES FOR A 50% OFFSET FOR SUBSEQUENT EMPLOYMENT DURING THE SEVERANCE PERIOD. MEDICAL BENEFITS ARE PROVIDED DURING THE SEVERANCE PERIOD.

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 MUNSON HEALTHCARE	Employer identification number 38-2640544
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Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	BARBARA BENSON PAUL SCHMUCKAL DIRECTOR DIRECTOR SISTER/BROTHER MARK A HEPLER PAUL SHIRILLA CFO VP LEGAL MUNSON HEALTHCARE EMPLOYER

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MUNSON HEALTHCARE IS A MEMBERSHIP ORGANIZATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THERE ARE TWO CLASSES OF MEMBERS OF MUNSON HEALTHCARE (1) ELECTED MEMBERS, AND (2) EX-OFFICIO MEMBERS THERE IS NO SEPARATE VOTING BY CLASS ON MATTERS BROUGHT TO VOTE BY THE MEMBERS EACH ELECTED MEMBER AND EACH EX-OFFICIO MEMBER SHALL HAVE ONE (1) VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS THE ELECTED MEMBERS OF THE CORPORATION SHALL CONSIST OF NOT MORE THAN TWO HUNDRED (200) PERSONS, AT LEAST TWO-THIRDS OF WHOM SHALL BE RESIDENTS OF GRAND TRAVERSE, LEELANAU, BENZIE, KALKASKA AND ANTRIM COUNTIES OF THE STATE OF MICHIGAN AT THE TIME OF THEIR ELECTION TO MEMBERSHIP NO PERSON SHALL BE ELIGIBLE AS AN ELECTED MEMBER AFTER ATTAINING THE AGE OF EIGHTY-FIVE EACH ELECTED MEMBER SHALL BE NOMINATED BY THE BOARD OF DIRECTORS PURSUANT TO RECOMMENDATION BY THE GOVERNANCE COMMITTEE AND ELECTED BY THE MEMBERS TO SERVE A FIVE (5) YEAR TERM AN ELECTED MEMBER'S TERM SHALL AUTOMATICALLY CEASE IN THE EVENT THE INDIVIDUAL BECOMES AN EX-OFFICIO MEMBER THE ELECTED MEMBERS SHALL BE DIVIDED INTO STAGGERED TERMS SO THAT NEARLY EQUAL NUMBERS SHALL BE ELECTED EACH YEAR THE EX-OFFICIO MEMBERS OF THE CORPORATION SHALL CONSIST OF EACH DIRECTOR OR TRUSTEE SERVING ON THE BOARDS OF DIRECTORS OR BOARD OF TRUSTEES OF CERTAIN SUBSIDIARY AND AFFILIATE ORGANIZATIONS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS VOTE TO ELECT THE ELECTED MEMBERS AND THE ELECTED DIRECTORS OF THE CORPORATION. ADDITIONALLY, ANY AMENDMENT, REPEAL OR ADOPTION OF NEW BYLAWS, TO THE EXTENT IT AFFECTS THE RIGHTS AND POWERS OF THE MEMBERS OF THE CORPORATION, SHALL BE EFFECTIVE ONLY UPON RATIFICATION BY THE MEMBERS. CERTAIN ACTIONS UNDER THE MICHIGAN NONPROFIT CORPORATIONS ACT ALSO REQUIRE THE APPROVAL OF THE MEMBERSHIP INCLUDING A MERGER, CONSOLIDATION, CORPORATE REORGANIZATION, SALE OF SUBSTANTIALLY ALL THE ASSETS, A MENDMENT OF THE ARTICLES OF INCORPORATION AND DISSOLUTION.

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

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

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

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON HEALTHCARE ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE. MUNSON HEALTHCARE DOES NOT MAKE THE BYLAWS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. ANNUALLY, MUNSON HEALTHCARE PREPARES AND DISTRIBUTES AN ANNUAL REPORT TO THE COMMUNITY, WHICH CONTAINS FINANCIAL AS WELL AS PROGRAM DATA.

Identifier	Return Reference	Explanation
GROUP RETURN METHOD	FORM 990, PAGE 7, PART VII	PARENT ORGANIZATION HAS FILED A SEPARATE RETURN

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	EDWIN A. NESS WAS PRESIDENT OF MUNSON HEALTHCARE AND ALLOCATED 95% OF HIS TIME TO MUNSON HEALTHCARE SYSTEM MATTERS AND 5% OF HIS TIME TO THE MUNSON HEALTHCARE REGIONAL FOUNDATION. MARK HEPLER, CFO, ALLOCATES 30% OF HIS TIME TO MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, 70% TO MUNSON MEDICAL CENTER, AND LESS THAN AN HOUR A WEEK TO THE REMAINING ORGANIZATIONS IN THE MUNSON HEALTHCARE SYSTEM IN HIS CAPACITY AS CFO FOR ALL MUNSON SYSTEM ORGANIZATIONS. PAUL M. SHIRILLA, VICE PRESIDENT OF GENERAL COUNSEL FOR THE MUNSON HEALTHCARE SYSTEM, ALLOCATES 85% OF HIS TIME TO SYSTEM MATTERS AND 15% TO MUNSON MEDICAL CENTER.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING ITEMS UNREALIZED GAINS ON POOLED INVESTMENT ACCOUNTS 804,215 TRANSFERS FROM AFFILIATES 5,425,000 TOTAL 6,229,215

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
MUNSON HEALTHCARE

Employer identification number
38-2640544

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
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI496851188 38-2830005	REAL ESTAT	MI	N/A					No			No	
(2) NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI49686 38-3453378	SUPPLY PUR	MI	MUNSON HEA MUNSON HEALTHCARE	RELATED	37,077	2,390,048		No		Yes		
(3) MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI496851188 38-2830005	REAL ESTAT	MI	N/A					No			No	
(4) NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI49686 38-3453378	SUPPLY PUR	MI	MUNSON HEA MUNSON HEALTHCARE	RELATED	37,077	2,390,048		No		Yes		

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
See Additional Data Table							

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

Yes

No

Yes

Yes

Yes

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(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
ADDITIONAL INFORMATION	SCHEDULE R	MUNSON HEALTHCARE USED THE ACCRUAL METHOD OF ACCOUNTING TO VALUE THE TRANSACTIONS WITH RELATED ENTITIES ALL INTERCOMPANY TRANSACTIONS WITH RELATED ENTITIES WERE REVIEWED SUMMARIZED AND RECONCILED TO DETERMINE THE DISCLOSURE AMOUNTS

Software ID:

Software Version:

EIN: 38-2640544

Name: MUNSON HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MUNSON DIALYSIS CENTER 1105 SIXTH ST TRAVERSE CITY, MI49684 38-3097861	DIALYSIS	MI	(C)(3)	3	MUNSON HC HEALTHCARE	Yes	
MUNSON HEALTHCARE REGIONAL FOUNDATI 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2642724	RAISE FUND	MI	(C)(3)	7	MUNSON HC HEALTHCARE	Yes	
MUNSON HOME CARE 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2191390	HOME HEALT	MI	(C)(3)	9	MUNSON HC MUNSON HOME HEATLH	Yes	
MUNSON HOME HEALTH 1105 SIXTH ST TRAVERSE CITY, MI49684 38-3335362	HOME HEALT	MI	(C)(3)	11B	MUNSON HC HEALTHCARE	Yes	
MUNSON HOME SERVICES 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2543463	HOME HEALT	MI	(C)(3)	9	MUNSON HC MUNSON HOME HEALTH	Yes	
MUNSON MEDICAL CENTER 1105 SIXTH ST TRAVERSE CITY, MI49684 38-1362830	HOSPITAL	MI	(C)(3)	3	MUNSON HC HEALTHCARE	Yes	
MUNSON MOBILE IMAGING INC 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2704069	HEALTHCARE	MI	(C)(4)		MUNSON HC HEALTHCARE	Yes	
NORTH FLIGHT INC 1105 SIXTH ST TRAVERSE CITY, MI49684 38-2657917	MED TRANSP	MI	(C)(3)	11B	MUNSON HC HEALTHCARE	Yes	
PAUL OLIVER MEMORIAL HOSPITAL 1105 SIXTH ST TRAVERSE CITY, MI49684 38-1415623	HEALTHCARE	MI	(C)(3)	3	MUNSON HC HEALTHCARE	Yes	
PAUL OLIVER MEMORIAL HOSPITAL FOUND 1105 SIXTH ST TRAVERSE CITY, MI49684 23-7201619	RAISE FUND	MI	(C)(3)	7	MUNSON HC HEALTHCARE	Yes	
MUNSON MEDICAL GROUP 1105 SIXTH ST TRAVERSE CITY, MI49684 27-3600575	PHYSICIAN	MI	(C)(3)	9	MUNSON MED MUNSON MEDICAL CENTER	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI496851188 38-2872821	LAUNDRY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM MEDICAL OFFICE BUILDING CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI496851188 38-3567278	REAL ESTAT	MI	N/A				
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-3144382	PHARMACY	MI	MUNSON HEA MUNSON HEALTHCARE	C CORP	2,746,788	5,178,108	100 000 %
SIXTH STREET DRUGS INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-2298290	PHARMACY	MI	MUNSON SER MUNSON SERVICES INC	C CORP	757,495	2,219,719	100 000 %
MEDICAL OFFICE CONDOMINIUM MEDICAL OFFICE CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI496851188 20-1902620	REAL ESTAT	MI	N/A				
MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI496851188 38-2872821	LAUNDRY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM MEDICAL OFFICE BUILDING CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI496851188 38-3567278	REAL ESTAT	MI	N/A				
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-3144382	PHARMACY	MI	MUNSON HEA MUNSON HEALTHCARE	C CORP	2,746,788	5,178,108	100 000 %
SIXTH STREET DRUGS INC PO BOX 1188 TRAVERSE CITY, MI496851188 38-2298290	PHARMACY	MI	MUNSON SER MUNSON SERVICES INC	C CORP	757,495	2,219,719	100 000 %
MEDICAL OFFICE CONDOMINIUM MEDICAL OFFICE CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI496851188 20-1902620	REAL ESTAT	MI	N/A				

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)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(2)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(3)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(4)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(5)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(6)	MUNSON HOME CARE	P	60,610	FMV
(7)	MUNSON HOME HEALTH	C	925,000	FMV
(8)	MUNSON HOME HEALTH	K	134,316	FMV
(9)	MUNSON HOME HEALTH	N	198,866	FMV
(10)	MUNSON HOME SERVICES	D	276,000	FMV
(11)	MUNSON HOME SERVICES	R	276,000	FMV
(12)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(13)	MUNSON MEDICAL CENTER	E	175,000	FMV
(14)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(15)	MUNSON MEDICAL CENTER	N	537,361	FMV
(16)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(17)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(18)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(19)	MUNSON MEDICAL CENTER	D	175,000	FMV
(20)	MUNSON MEDICAL GROUP	P	196,542	FMV
(21)	MUNSON MOBILE IMAGING	K	68,808	FMV
(22)	MUNSON MOBILE IMAGING	P	68,956	FMV
(23)	MUNSON SERVICES INC	B	2,017,267	FMV
(24)	MUNSON SERVICES INC	K	82,596	FMV
(25)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(26)	NORTH FLIGHT INC	K	82,596	FMV
(27)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(28)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV
(29)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(30)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV

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
(31)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(32)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV
(33)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(34)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(35)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(36)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(37)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(38)	MUNSON HOME CARE	P	60,610	FMV
(39)	MUNSON HOME HEALTH	C	925,000	FMV
(40)	MUNSON HOME HEALTH	K	134,316	FMV
(41)	MUNSON HOME HEALTH	N	198,866	FMV
(42)	MUNSON HOME SERVICES	D	276,000	FMV
(43)	MUNSON HOME SERVICES	R	276,000	FMV
(44)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(45)	MUNSON MEDICAL CENTER	E	175,000	FMV
(46)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(47)	MUNSON MEDICAL CENTER	N	537,361	FMV
(48)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(49)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(50)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(51)	MUNSON MEDICAL CENTER	D	175,000	FMV
(52)	MUNSON MEDICAL GROUP	P	196,542	FMV
(53)	MUNSON MOBILE IMAGING	K	68,808	FMV
(54)	MUNSON MOBILE IMAGING	P	68,956	FMV
(55)	MUNSON SERVICES INC	B	2,017,267	FMV
(56)	MUNSON SERVICES INC	K	82,596	FMV
(57)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(58)	NORTH FLIGHT INC	K	82,596	FMV
(59)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(60)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV

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
(61)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(62)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV
(63)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(64)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV
(65)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(66)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(67)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(68)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(69)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(70)	MUNSON HOME CARE	P	60,610	FMV
(71)	MUNSON HOME HEALTH	C	925,000	FMV
(72)	MUNSON HOME HEALTH	K	134,316	FMV
(73)	MUNSON HOME HEALTH	N	198,866	FMV
(74)	MUNSON HOME SERVICES	D	276,000	FMV
(75)	MUNSON HOME SERVICES	R	276,000	FMV
(76)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(77)	MUNSON MEDICAL CENTER	E	175,000	FMV
(78)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(79)	MUNSON MEDICAL CENTER	N	537,361	FMV
(80)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(81)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(82)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(83)	MUNSON MEDICAL CENTER	D	175,000	FMV
(84)	MUNSON MEDICAL GROUP	P	196,542	FMV
(85)	MUNSON MOBILE IMAGING	K	68,808	FMV
(86)	MUNSON MOBILE IMAGING	P	68,956	FMV
(87)	MUNSON SERVICES INC	B	2,017,267	FMV
(88)	MUNSON SERVICES INC	K	82,596	FMV
(89)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(90)	NORTH FLIGHT INC	K	82,596	FMV

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
(91)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(92)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV
(93)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(94)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV
(95)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(96)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV
(97)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(98)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(99)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(100)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(101)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(102)	MUNSON HOME CARE	P	60,610	FMV
(103)	MUNSON HOME HEALTH	C	925,000	FMV
(104)	MUNSON HOME HEALTH	K	134,316	FMV
(105)	MUNSON HOME HEALTH	N	198,866	FMV
(106)	MUNSON HOME SERVICES	D	276,000	FMV
(107)	MUNSON HOME SERVICES	R	276,000	FMV
(108)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(109)	MUNSON MEDICAL CENTER	E	175,000	FMV
(110)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(111)	MUNSON MEDICAL CENTER	N	537,361	FMV
(112)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(113)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(114)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(115)	MUNSON MEDICAL CENTER	D	175,000	FMV
(116)	MUNSON MEDICAL GROUP	P	196,542	FMV
(117)	MUNSON MOBILE IMAGING	K	68,808	FMV
(118)	MUNSON MOBILE IMAGING	P	68,956	FMV
(119)	MUNSON SERVICES INC	B	2,017,267	FMV
(120)	MUNSON SERVICES INC	K	82,596	FMV

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
(121)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(122)	NORTH FLIGHT INC	K	82,596	FMV
(123)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(124)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV
(125)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(126)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV
(127)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(128)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV
(129)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(130)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(131)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(132)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(133)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(134)	MUNSON HOME CARE	P	60,610	FMV
(135)	MUNSON HOME HEALTH	C	925,000	FMV
(136)	MUNSON HOME HEALTH	K	134,316	FMV
(137)	MUNSON HOME HEALTH	N	198,866	FMV
(138)	MUNSON HOME SERVICES	D	276,000	FMV
(139)	MUNSON HOME SERVICES	R	276,000	FMV
(140)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(141)	MUNSON MEDICAL CENTER	E	175,000	FMV
(142)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(143)	MUNSON MEDICAL CENTER	N	537,361	FMV
(144)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(145)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(146)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(147)	MUNSON MEDICAL CENTER	D	175,000	FMV
(148)	MUNSON MEDICAL GROUP	P	196,542	FMV
(149)	MUNSON MOBILE IMAGING	K	68,808	FMV
(150)	MUNSON MOBILE IMAGING	P	68,956	FMV

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
(151)	MUNSON SERVICES INC	B	2,017,267	FMV
(152)	MUNSON SERVICES INC	K	82,596	FMV
(153)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(154)	NORTH FLIGHT INC	K	82,596	FMV
(155)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(156)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV
(157)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(158)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV
(159)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(160)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV
(161)	MUNSON DIALYSIS CENTER	C	500,000	FMV
(162)	MUNSON DIALYSIS CENTER	K	65,303	FMV
(163)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	K	50,796	FMV
(164)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	L	547,523	FMV
(165)	MUNSON HEALTHCARE REGIONAL FOUNDATI FOUNDATION	N	868,659	FMV
(166)	MUNSON HOME CARE	P	60,610	FMV
(167)	MUNSON HOME HEALTH	C	925,000	FMV
(168)	MUNSON HOME HEALTH	K	134,316	FMV
(169)	MUNSON HOME HEALTH	N	198,866	FMV
(170)	MUNSON HOME SERVICES	D	276,000	FMV
(171)	MUNSON HOME SERVICES	R	276,000	FMV
(172)	MUNSON MEDICAL CENTER	C	3,000,000	FMV
(173)	MUNSON MEDICAL CENTER	E	175,000	FMV
(174)	MUNSON MEDICAL CENTER	K	1,296,936	FMV
(175)	MUNSON MEDICAL CENTER	N	537,361	FMV
(176)	MUNSON MEDICAL CENTER	O	6,803,977	FMV
(177)	MUNSON MEDICAL CENTER	P	3,801,201	FMV
(178)	MUNSON MEDICAL CENTER	Q	2,017,267	FMV
(179)	MUNSON MEDICAL CENTER	D	175,000	FMV
(180)	MUNSON MEDICAL GROUP	P	196,542	FMV

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
(181)	MUNSON MOBILE IMAGING	K	68,808	FMV
(182)	MUNSON MOBILE IMAGING	P	68,956	FMV
(183)	MUNSON SERVICES INC	B	2,017,267	FMV
(184)	MUNSON SERVICES INC	K	82,596	FMV
(185)	MUNSON SUPPORT SERVICES	N	134,535	FMV
(186)	NORTH FLIGHT INC	K	82,596	FMV
(187)	NORTHERN MICHIGAN SUPPLY ALLIANCE	K	113,128	FMV
(188)	NORTHERN MICHIGAN SUPPLY ALLIANCE	N	143,868	FMV
(189)	PAUL OLIVER MEMORIAL HOSPITAL	C	1,000,000	FMV
(190)	PAUL OLIVER MEMORIAL HOSPITAL	K	116,340	FMV
(191)	PAUL OLIVER MEMORIAL HOSPITAL	N	130,151	FMV
(192)	PAUL OLIVER MEMORIAL HOSPITAL	P	103,233	FMV

Additional Data

Software ID:
Software Version:
EIN: 38-2640544
Name: MUNSON HEALTHCARE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWIN A NESS PRESIDENT	28 00	X		X				0	637,756	139,446
ROBERT SPRUNK SECRETARY	4 00	X		X				0	24,500	0
THOMAS MCINTYRE FORMER CHAIR	4 00	X		X				24,500	0	0
CARL BENNER MD DIRECTOR	4 00	X						0	12,500	0
CHRISTINA MACINNES DIRECTOR	4 00	X						12,500	0	0
DANIEL NAVIN MD DIRECTOR	4 00	X						12,500	0	0
DANIEL WOLF CHAIR	4 00	X		X				12,500	0	0
DAVID RIPPER MD DIRECTOR	4 00	X						12,500	0	0
EMORY D JOHNSON DIRECTOR	4 00	X						12,500	0	0
JAMES E DUTMERS JR DIRECTOR	4 00	X						12,500	0	0
JEAN HOWARD DIRECTOR	4 00	X						12,500	0	0
JERRY CARLSON DIRECTOR	4 00	X						12,500	0	0
JOHN SNEDEKER DIRECTOR	4 00	X						12,500	0	0
RAYMOND BOHRER MD DIRECTOR	4 00	X						12,500	0	0
ROBERT FOSTER DIRECTOR	4 00	X						12,500	0	0
TERRY ROGERS DIRECTOR	4 00	X						12,500	0	0
THOMAS GARTLAND DIRECTOR	4 00	X						12,500	0	0
JOHN C ERB DIRECTOR	4 00	X						0	12,500	0
CONSTANCE DENEWETH TREASURER	4 00	X		X				9,125	0	0
BARBARA BENSON DIRECTOR	4 00	X						0	0	0
PAUL SCHMUCKAL DIRECTOR	4 00	X						0	0	0
JOHN PELIZZARI VICE CHAIR	4 00	X		X				0	0	0
THEODORE N BATZER MD DIRECTOR	4 00	X						0	0	0
CHARLES HAVILL DIRECTOR	4 00	X						0	0	0
ELAINE WOOD DIRECTOR	4 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WARD R GILLETT MD DIRECTOR	4 00	X						0	0	0
K DOUGLAS DECK FORMER CEO				X				1,571,972	0	78,645
MARK A HEPLER CFO	12 00			X				249,099	0	45,753
PAUL SHIRILLA VP LEGAL	34 00				X			322,529	0	46,557
MARY BETH MORRISON VP PLANNING	40 00					X		261,533	0	37,546
JAMES D AUSTIN ADMINISTRATI	40 00					X		255,707	0	40,099
MARK S DEPONIO VP SUPPLY CH	40 00					X		214,756	0	42,810
DESIREE A WORTHINGTON MHC FOUNDATI	40 00					X		191,295	0	37,718
SHARI L WILSON VP HOME HEAL	40 00					X		161,554	0	22,387
EDWARD CARLSON FORMER CFO							X	9,506	214,490	0