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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MUNSON HEALTHCARE REGIONAL FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1188 City or town, state or country, and ZIP + 4 TRAVERSE CITY, MI 496851188		D Employer identification number 38-2642724 E Telephone number (231) 935-5000 G Gross receipts \$ 9,092,014
	F Name and address of principal officer DESIREE WORTHINGTON 210 BEAUMONT PL TRAVERSE CITY, MI 49684		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		
	J Website: WWW.MUNSONHEALTHCARE.ORG		
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1994 M State of legal domicile MI

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, INCLUDING MUNSON MEDICAL CENTER, MUNSON HOME CARE, NORTH FLIGHT, INC , AND KALKASKA MEMORIAL HEALTH CENTER, B) TO ASSIST IN A CHARITABLE MANNER, IN THE ACCOMPLISHMENT OF THE HEALTH CARE PURPOSES OF MUNSON HEALTHCARE AND ITS AFFILIATES, C) TO OBTAIN FUNDS TO SUPPORT PUBLIC CHARITIES IN THE AREA OF HEALTH MAINTENANCE, EDUCATION AND PREVENTION OF DISEASES, D) TO PROVIDE A BENEFIT TO MUNSON HEALTHCARE AND ITS AFFILIATES BY DISTRIBUTING INCOME OR TRANSFERRING ASSETS TO OR OTHERWISE SUPPORTING THEM, E) TO PARTICIPATE TO THE FULLEST EXTENT POSSIBLE WITHIN THE RESTRICTIONS OF THE CORPORATION'S FUNDS AND ASSETS IN ANY ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY, F) TO PA		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,876,379	7,434,683
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,138,417	1,095,757
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	628,149	547,912
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,662
		4,642,945	9,092,014
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,504,601	1,293,008
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 696,040		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,138,425	1,095,755
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,643,026	2,388,763
	19 Revenue less expenses Subtract line 18 from line 12	1,999,919	6,703,251
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		17,865,920	24,232,250
21 Total liabilities (Part X, line 26)		564,354	331,450
22 Net assets or fund balances Subtract line 21 from line 20		17,301,566	23,900,800

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

Sign Here	Signature of officer			2013-05-13 Date
	MARK HEPLER CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone 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

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

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 870,379 including grants of \$ 870,379) (Revenue \$ 754,189)

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

4b

(Code) (Expenses \$ 361,689 including grants of \$ 361,689) (Revenue \$ 313,406)

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

4c

(Code) (Expenses \$ 24,861 including grants of \$ 24,861) (Revenue \$)

FUNDS WERE DISTRIBUTED FOR NURSING SCHOLARSHIPS

(Code) (Expenses \$ 36,079 including grants of \$ 36,079) (Revenue \$ 28,162)

MUNSON HEALTHCARE REGIONAL FOUNDATION GRANTS FUNDS TO PROVIDE FOR UNMET HEALTH CARE NEEDS IN THE MUNSON HEALTHCARE SERVICE AREA FUNDS WERE PROVIDED FOR AN APPRENTICE PROGRAM AND CAREPAGES ACCESS IN 2011

4d

Other program services (Describe in Schedule O)

(Expenses \$ 36,079 including grants of \$ 36,079) (Revenue \$ 28,162)

4e

Total program service expenses

\$ 1,293,008

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	24	
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	0	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b		
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a		
b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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? .				
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? .				
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a		
b. Enter the aggregate 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 aggregate amount of reserves on hand.		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? .				
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		No

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		
1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	MUNSON HEALTHCARE CORPORATE FINANCE 4230 COPPER RIDGE DR TRAVERSE CITY, MI 49684 (231) 935-7777

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWIN NESS DIRECTOR	4 00	X						0	721,805	240,584
(2) DESIREE WORTHINGTON PRESIDENT	40 00	X		X				0	186,644	37,675
(3) LORRAINE BEERS DIRECTOR	2 00	X						0	70,300	17,484
(4) GEORGE BEARUP DIRECTOR	2 00	X						0	12,500	0
(5) KYLE CARR MD SECRETARY	2 00	X		X				0	5,000	0
(6) ALICE SHIRLEY DIRECTOR	2 00	X						0	0	0
(7) ANN WARD GREGORY DIRECTOR	2 00	X						0	0	0
(8) BRUCE REAVELY DIRECTOR	2 00	X						0	0	0
(9) LESLIE JULIAN DIRECTOR	2 00	X						0	0	0
(10) CHARLES BUMB VICE CHAIR	2 00	X		X				0	0	0
(11) CHARLES HAVILL CHAIR	2 00	X		X				0	0	0
(12) CYNTHIA GLINES MD DIRECTOR	2 00	X						0	0	0
(13) DENNIS PEARSALL DIRECTOR	2 00	X						0	0	0
(14) ROSS BIEDERMAN DIRECTOR	2 00	X						0	0	0
(15) JON S ARMSTRONG TREASURER	2 00	X		X				0	0	0
(16) PAUL SCHMUCKAL DIRECTOR	2 00	X						0	0	0
(17) PHILLIP GOETHALS DIRECTOR	2 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼		1,319,084	344,212

2 Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization):

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	14,420			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,420,263			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		7,434,683			
Program Service Revenue	2a	SHARED SERVICE REVENUE	Business Code 541900	1,095,757	1,095,757		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,095,757			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		255,996		
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	291,916			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	291,916				
d		Net gain or (loss)		291,916			291,916
8a		Gross income from fundraising events (not including \$ 14,420 of contributions reported on line 1c) See Part IV, line 18	a	13,662			
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .		13,662			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		9,092,014	1,095,757		547,912	

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)

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

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 United States See Part IV, line 21	1,268,147	1,268,147		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	24,861	24,861		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,247		11,247	
c	Accounting	3,600		3,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	900,390		321,945	578,445
12	Advertising and promotion	976			976
13	Office expenses	71,847		15,914	55,933
14	Information technology	11,977		11,977	
15	Royalties				
16	Occupancy				
17	Travel	31,667		5,859	25,808
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	169		169	
23	Insurance	4,561		4,561	
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	MISCELLANEOUS	22,735		3,328	19,407
b	DUES AND SUBSCRIPTIONS	20,361		20,361	
c	DONOR RECOGNITION	11,526			11,526
d	SPECIAL EVENT PRINTING	3,945			3,945
e					
f	All other expenses	754		754	
25	Total functional expenses. Add lines 1 through 24f	2,388,763	1,293,008	399,715	696,040
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			215,150	2	6,353
	3	Pledges and grants receivable, net			1,213,464	3	5,395,647
	4	Accounts receivable, net			5,799	4	5,117
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			20,200	9	3,180
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,008	8,334	10c	
	b	Less: accumulated depreciation	10b	8,008			
	11	Investments—publicly traded securities			15,412,634	11	18,821,953
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			990,339	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,865,920	16	24,232,250
Liabilities	17	Accounts payable and accrued expenses			24,715	17	683
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			539,639	25	330,767
	26	Total liabilities. Add lines 17 through 25			564,354	26	331,450
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			11,102	27	2,793,476
	28	Temporarily restricted net assets			15,598,018	28	19,375,717
	29	Permanently restricted net assets			1,692,446	29	1,731,607
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			17,301,566	33	23,900,800
	34	Total liabilities and net assets/fund balances			17,865,920	34	24,232,250

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	9,092,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,388,763
3	Revenue less expenses Subtract line 2 from line 1	3	6,703,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,301,566
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-104,017
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	23,900,800

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION

Employer identification number
38-2642724

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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 Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,199,161	911,071	3,092,365	2,876,379	7,448,345	18,527,321
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	4,199,161	911,071	3,092,365	2,876,379	7,448,345	18,527,321
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)						1,272,237
6 Public Support. Subtract line 5 from line 4						17,255,084

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,199,161	911,071	3,092,365	2,876,379	7,448,345	18,527,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408,864	230,852	117,795	205,209	255,996	1,218,716
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						19,746,037
12 Gross receipts from related activities, etc (See instructions)					12	1,109,419
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 2011 (line 6 column (f) divided by line 11 column (f))	14	87 390 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	77 480 %
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

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

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION

Employer identification number

38-2642724

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☒ No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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	15,412,634	13,118,596	11,231,905	14,478,163	
b Contributions	4,422,499	1,937,725	2,470,828	1,592,179	
c Investment earnings or losses	377,826	1,913,713	873,307	-1,327,951	
d Grants or scholarships	1,293,008	1,443,489	1,384,703	1,029,785	
e Other expenditures for facilities and programs	21,689	70,515	48,493	2,455,542	
f Administrative expenses	76,309	43,396	24,248	25,160	
g End of year balance	18,821,953	15,412,634	13,118,596	11,231,905	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 9 200 %

c

Term endowment ▶ 90 800 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

No

4

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

Part VI

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

Description of property	(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		8,008	8,008	
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				

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	9,092,014
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,388,763
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,703,251
4	Net unrealized gains (losses) on investments	4	-246,392
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	142,375
9	Total adjustments (net) Add lines 4 - 8	9	-104,017
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,599,234

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	8,987,997
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-246,392
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	142,375
e	Add lines 2a through 2d	2e	-104,017
3	Subtract line 2e from line 1	3	9,092,014
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	9,092,014

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,388,763
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	2,388,763
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	2,388,763

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	MUNSON HEALTHCARE REGIONAL FOUNDATION HOLDS PERMANENT ENDOWMENT FUNDS FOR MUNSON MEDICAL CENTER, BROTHER CORPORATION, FOR NURSING SCHOLARSHIPS, AND FOR OTHER ENTITIES IN THE MUNSON HEALTHCARE SYSTEM. QUASI-ENDOWMENT FUNDS ARE HELD FOR A VARIETY OF HEALTHCARE NEEDS IN THE MUNSON HEALTHCARE SYSTEM. THESE INCLUDE CAPITAL REPLACEMENT AND EXPANSION, SUSTAINING FUNDS FOR SPECIFIC PROGRAMS INCLUDING THE MUNSON HOSPICE HOUSE, THE MUNSON HOSPITALITY HOUSE, PEDIATRIC PROGRAMS, WOMEN'S HEALTH ISSUES, DIABETES INITIATIVES, COMMUNITY HEALTH NEEDS, RESEARCH, PATIENT TRANSPORT, PROFESSIONAL AND PATIENT EDUCATION, AND MANY OTHER IDENTIFIED INTERESTS OF MUNSON HEALTHCARE AND THE COMMUNITIES IT SERVES, AND FUNDS FOR PATIENTS WHO REQUIRE FINANCIAL ASSISTANCE TO OBTAIN HEALTH CARE OR FURTHER THEIR ABILITY TO RECEIVE HEALTH CARE. MUNSON HEALTHCARE REGIONAL FOUNDATION HAS NO FIN 48 LIABILITIES, AND THEREFORE, NO FOOTNOTE DISCLOSURE IN THE AUDITED FINANCIAL STATEMENTS. SEE AUDITED FINANCIAL STATEMENTS.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	PRIOR PERIOD ADJUSTMENT 142,375
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	PRIOR PERIOD ADJUSTMENT 142,375

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION

Employer identification number

38-2642724

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		HOSPICE EVENT (event type)	HOSPICE GIFT BA (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	14,420	13,662	28,082
	2	Less Charitable contributions	14,420		14,420
	3	Gross income (line 1 minus line 2)		13,662	13,662
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			()
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			13,662

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

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Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION

Employer identification number
38-2642724

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MUNSON MEDICAL CENTER1105 SIXTH ST TRAVERSE CITY, MI 49684	38-1362830	(3)	870,379				SUPPORT HOSPITAL
(2) MUNSON HOME CARE 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-2191390	(3)	361,689				HOSPICE & PALLIATIVE
(3) MUNSON HOME SERVICES1105 SIXTH ST TRAVERSE CITY, MI 49684	38-2543463	(3)	10,000				APPRENTICE PROGRAM
(4) MUNSON HEALTHCARE 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-2640544	(3)	22,500				CAREPAGES

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

4

3

Enter total number of other organizations listed in the line 1 table

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	29	24,861			

Part IV

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 REGIONAL FOUNDATION

Employer identification number
38-2642724

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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
RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 3	THE PROCESS FOR DETERMINING APPROPRIATE LEVELS OF PAY FOR EXECUTIVE POSITIONS WITHIN MUNSON HEALTHCARE SYSTEM IS CAREFULLY AND THOUGHTFULLY DIRECTED BY THE MUNSON HEALTHCARE BOARD OF DIRECTORS, THROUGH THE COMPENSATION AND EXECUTIVE LEADERSHIP DEVELOPMENT COMMITTEE. THE COMMITTEE UTILIZES "BEST PRACTICES" METHODS OF DETERMINING COMPENSATION AND, AS SUCH, IS COMPOSED OF SEVEN MEMBERS WHOSE VOTING MEMBERS ARE INDEPENDENT. THE COMMITTEE IS CHARGED WITH ENSURING THAT EXECUTIVE COMPENSATION IS DESIGNED TO ATTRACT AND RETAIN HIGH QUALITY, PROFESSIONAL LEADERSHIP WHILE MAINTAINING STRONG STEWARDSHIP FOR THE ORGANIZATION. THE COMPENSATION AND EXECUTIVE LEADERSHIP DEVELOPMENT COMMITTEE USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE MUNSON FOUNDATION'S PRESIDENT: COMPENSATION COMMITTEE INDEPENDENT COMPENSATION CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	EDWIN NESS 0 206,806 0 DESIREE WORTHINGTON 0 9,870 0 MARK A HEPLER 0 14,118 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 NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. ANNUAL CONTRIBUTIONS, AT MUNSON'S DISCRETION, ARE MADE TO THE PLAN IN ORDER TO ACHIEVE THE TARGETED RETIREMENT BENEFIT LEVEL. THESE FUNDS ARE AVAILABLE TO VESTED PARTICIPANTS UPON SEPARATION OF EMPLOYMENT FROM MUNSON.

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

2011**Open to Public
Inspection**Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION**Employer identification number**

38-2642724

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE REGIONAL FOUNDATION IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, INCLUDING MUNSON MEDICAL CENTER, MUNSON HOME CARE, NORTH FLIGHT, INC , AND KALKASKA MEMORIAL HEALTH CENTER, B) TO ASSIST IN A CHARITABLE MANNER, IN THE ACCOMPLISHMENT OF THE HEALTH CARE PURPOSES OF MUNSON HEALTHCARE AND ITS AFFILIATES, C) TO OBTAIN FUNDS TO SUPPORT PUBLIC CHARITIES IN THE AREA OF HEALTH MAINTENANCE, EDUCATION AND PREVENTION OF DISEASES, D) TO PROVIDE A BENEFIT TO MUNSON HEALTHCARE AND ITS AFFILIATES BY DISTRIBUTING INCOME OR TRANSFERRING ASSETS TO OR OTHERWISE SUPPORTING THEM, E) TO PARTICIPATE TO THE FULLEST EXTENT POSSIBLE WITHIN THE RESTRICTIONS OF THE CORPORATION'S FUNDS AND ASSETS IN ANY ACTIVITY DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY , F) TO PARTICIPATE IN ESTABLISHING AND ACHIEVING MUNSON HEALTHCARE'S REGIONAL FUNDRAISING TARGETS AND GOALS IN ACCORDANCE WITH MUNSON HEALTHCARE'S FUNDRAISING PLANS AND STRATEGIES, AND G) TO SUPPORT AND PARTICIPATE IN THE ACHIEVEMENT OF THE MISSION OF MUNSON HEALTHCARE AND ITS AFFILIATES, CONSISTENT WITH THEIR COLLECTIVE MISSION

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

2011

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE REGIONAL
FOUNDATION

Employer identification number

38-2642724

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(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, MI 496851188 38-2830005	REAL ESTAT	MI	N/A					No			No	
(2) NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI 49686 38-3453378	PURCHASING	MI	N/A					No			No	
(3) MUNSON MEDICAL BUILDING PARTNERS PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2830005	REAL ESTAT	MI	N/A					No			No	
(4) NORTHERN MICHIGAN SUPPLY ALLIANCE 2651 AERO PARK DR TRAVERSE CITY, MI 49686 38-3453378	PURCHASING	MI	N/A					No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

Yes

Yes

Yes

No

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

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

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 REGIONAL FOUNDATION USED THE ACCRUAL METHOD OF ACCOUNTING TO VALUE THE TRANSACTIONS WITH RELATED ENTITIES ALL INTERCOMPANY TRANSACTIONS WITH RELATED ENTITIES WERE REVIEWED SUMMARIZED AND RECONCILED TO DETERMINE THE DISCLOSURE AMOUNTS

Schedule R (Form 990) 2011

Software ID:

Software Version:

EIN: 38-2642724

Name: MUNSON HEALTHCARE REGIONAL FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
MUNSON DIALYSIS CENTER 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-3097861	DIALYSIS	MI	(C)(3)	3	MUNSON HC MUNSON HEALTHCARE		No
MUNSON HEALTHCARE 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2640544	PARENT	MI	(C)(3)	11B	N/A		No
MUNSON HOME CARE 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2191390	HOME HEALT	MI	(C)(3)	9	MUN HOME H MUNSON HOME HEALTH		No
MUNSON HOME HEALTH 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-3335362	HOME HEALT	MI	(C)(3)	11B	MUNSON HC MUNSON HEALTHCARE		No
MUNSON HOME SERVICES 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2543463	HOME HEALT	MI	(C)(3)	9	MUN HOME H MUNSON HOME HEALTH		No
MUNSON MEDICAL CENTER 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-1362830	HOSPITAL	MI	(C)(3)	3	MUNSON HC MUNSON HEALTHCARE		No
NORTH FLIGHT INC 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2657917	MED TRANSP	MI	(C)(3)	11B	MUNSON HC MUNSON HEALTHCARE		No
PAUL OLIVER MEMORIAL HOSPITAL 1105 SIXTH ST TRAVERSE CITY, MI 49684 38-1415623	HEALTHCARE	MI	(C)(3)	3	MUNSON HC MUNSON HEALTHCARE		No
PAUL OLIVER MEMORIAL HOSPITAL FOUND 1105 SIXTH ST TRAVERSE CITY, MI 49684 23-7201619	RAISE FUND	MI	(C)(3)	7	PAUL OLV H PAUL OLIVER MEMORIAL HOSPITAL		No
MUNSON MEDICAL GROUP 1105 SIXTH ST TRAVERSE CITY, MI 49684 27-3600575	PHYSICIAN	MI	(C)(3)	9	MUNSON MED MUNSON MEDICAL CENTER		No

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, MI 496851188 38-2872821	LAUNDRY	MI	N/A				
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3144382	PHARMACY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM MEDICAL OFFICE BUILDING CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3567278	REAL ESTAT	MI	N/A				
SIXTH STREET DRUGS INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2298290	PHARMACY	MI	N/A				
MEDICAL OFFICE CONDOMINIUM MEDICAL OFFICE CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI 496851188 20-1902620	REAL ESTAT	MI	N/A				
MUNSON MOBILE IMAGING PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2704069	IMAGING	MI	N/A				
MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2872821	LAUNDRY	MI	N/A				
MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3144382	PHARMACY	MI	N/A				
MEDICAL OFFICE BUILDING CONDOMINIUM MEDICAL OFFICE BUILDING CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3567278	REAL ESTAT	MI	N/A				
SIXTH STREET DRUGS INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2298290	PHARMACY	MI	N/A				
MEDICAL OFFICE CONDOMINIUM MEDICAL OFFICE CONDOMINIUM PO BOX 1188 TRAVERSE CITY, MI 496851188 20-1902620	REAL ESTAT	MI	N/A				
MUNSON MOBILE IMAGING PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2704069	IMAGING	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 HOME CARE	B	361,689	FMV
(2)	MUNSON MEDICAL CENTER	B	583,136	FMV
(3)	MUNSON HEALTHCARE	K	513,309	FMV
(4)	MUNSON MEDICAL CENTER	K	499,095	FMV
(5)	MUNSON HEALTHCARE	N	830,765	FMV
(6)	MUNSON MEDICAL CENTER	O	511,744	FMV
(7)	MUNSON MEDICAL CENTER	P	98,395	FMV
(8)	MUNSON HOME CARE	B	361,689	FMV
(9)	MUNSON MEDICAL CENTER	B	583,136	FMV
(10)	MUNSON HEALTHCARE	K	513,309	FMV
(11)	MUNSON MEDICAL CENTER	K	499,095	FMV
(12)	MUNSON HEALTHCARE	N	830,765	FMV
(13)	MUNSON MEDICAL CENTER	O	511,744	FMV
(14)	MUNSON MEDICAL CENTER	P	98,395	FMV

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724



Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information: THE MUNSON HEALTHCARE REGIONAL FOUNDATION IS PART OF THE MUNSON HEALTHCARE SYSTEM. THROUGH ITS HOSPITALS AND OTHER AFFILIATES, THE SYSTEM DELIVERS A BROAD ARRAY OF HEALTH CARE SERVICES TO 24 COUNTIES IN MICHIGAN'S NORTHERN LOWER PENINSULA AND THE EASTERN PORTION OF THE UPPER PENINSULA. CONSISTENT WITH ITS MISSION, THE MUNSON HEALTHCARE SYSTEM PROVIDED 39.9 MILLION IN CHARITY CARE AND OTHER COMMUNITY BENEFITS, INCLUDING BAD DEBT AND THE SYSTEM MEDICARE FUNDS SHORTFALL FOR RESIDENTS OF NORTHERN MICHIGAN IN THE 2011 TAX YEAR.

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction

Reference:

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

TY 2011 GeneralDependencySmall

Name: MUNSON HEALTHCARE REGIONAL
FOUNDATION

EIN: 38-2642724

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: GENERAL FOOTNOTE

Attachment Information:

Additional Data

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

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

4d. Other program services					
(Code	) (Expenses \$	36,079	including grants of \$	36,079) (Revenue \$	28,162)
MUNSON HEALTHCARE REGIONAL FOUNDATION GRANTS FUNDS TO PROVIDE FOR UNMET HEALTH CARE NEEDS IN THE MUNSON HEALTHCARE SERVICE AREA FUNDS WERE PROVIDED FOR AN APPRENTICE PROGRAM AND CAREPAGES ACCESS IN 2011					

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	CENTER ADDITIONALLY, MUNSON HOSPICE PROVIDES GRIEF SUPPORT SERVICES TO FAMILIES FOR UP TO ONE YEAR AFTER THE LOSS OF A LOVED ONE. HOSPICE BEREAVEMENT COUNSELORS ARE FREQUENTLY REQUESTED BY AREA SCHOOLS TO HELP STUDENTS AND TEACHERS COPE WITH THE TRAUMATIC DEATH OF A CLASSMATE OR OTHER CRISIS. OUR INNOVATIVE PALLIATIVE CARE PROGRAM GUIDES PATIENTS AND FAMILIES THROUGH DIFFICULT CONVERSATIONS AND CHOICES ABOUT TREATMENT AND PAIN MANAGEMENT.

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	MUNSON HEALTHCARE REGIONAL FOUNDATION GRANTS FUNDS TO PROVIDE FOR UNMET HEALTH CARE NEEDS IN THE MUNSON HEALTHCARE SERVICE AREA FUNDS WERE PROVIDED FOR AN APPRENTICE PROGRAM AND CAREPAGES ACCESS IN 2011

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

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

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	CERTAIN DECISIONS OF THE MUNSON HEALTHCARE REGIONAL FOUNDATION TRUSTEES ARE SUBJECT TO APPROVAL BY THE MUNSON HEALTHCARE BOARD OF DIRECTORS INCLUDING THE A MENDMENT OF THE ARTICLES OF INCORPORATION, A MENDMENT OF THE MISSION STATEMENT, ADOPTION OF A PLAN OF DISSOLUTION, MERGER, CONSOLIDATION OR REORGANIZATION, SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL TO THE PROPERTY AND ASSETS, ACCEPTANCE OF THE ANNUAL BUDGET AND ANNUAL FINANCIAL STATEMENTS, INCURRENCE OF EXPENDITURES EXCEEDING BUDGETED AGGREGATES BY MORE THAN FIVE PERCENT, INCURRENCE OF CERTAIN DEBT, AND APPOINTMENT OF THE PRESIDENT

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE MUNSON HEALTHCARE REGIONAL FOUNDATION BOARD IS COMMITTED TO THE ACCURACY AND THOROUGHNESS OF THE FORM 990 REPORTING. MUNSON HEALTHCARE REGIONAL FOUNDATION BELONGS TO THE MUNSON HEALTHCARE SYSTEM. MUNSON HEALTHCARE IS THE PARENT COMPANY IN THE MUNSON HEALTHCARE SYSTEM, WHICH UNDERGOES AN AUDIT BY AN EXTERNAL AUDIT FIRM. AT THE CORPORATE LEVEL, THE RESPONSIBLE INDIVIDUALS FROM THE FINANCE, ADMINISTRATION, PATIENT FINANCIAL SERVICES, LEGAL, HUMAN RESOURCES, PUBLIC RELATIONS, AND FUND DEVELOPMENT DEPARTMENTS PREPARE AND REVIEW PORTIONS OF THE FORM 990. THE COMPENSATION AND LEADERSHIP DEVELOPMENT 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 OVERSEES THE FORM 990 PREPARATION PROCESS BY ENSURING PROPER CONTROLS, POLICIES, PEOPLE AND RESOURCES ARE IN PLACE TO PRODUCE AN ACCURATE RETURN.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE MUNSON HEALTHCARE BOARD OF DIRECTORS (THE SYSTEM PARENT ORGANIZATION) HAS A STANDING CONFLICT, VALUATION AND COMPLIANCE ("CVC") COMMITTEE. THE CVC COMMITTEE IS COMPOSED OF INDEPENDENT BOARD AND COMMUNITY MEMBERS. THE CVC COMMITTEE IS DELEGATED AUTHORITY BY THE BOARD TO REVIEW AND APPROVE THE REASONABLENESS/FAIR MARKET VALUE OF FINANCIAL TRANSACTIONS/ARRANGEMENTS WITH DISQUALIFIED PERSONS. ANNUALLY, EACH BOARD MEMBER OF MUNSON HEALTHCARE AND ALL OF ITS SUBSIDIARY/CONTROLLED ENTITIES AND ALL MUNSON EXECUTIVES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE/QUESTIONNAIRE. THE RESPONSES TO THE DISCLOSURE/QUESTIONNAIRE ARE REVIEWED BY THE MUNSON LEGAL DEPARTMENT. ANY FINANCIAL ARRANGEMENTS/POTENTIAL CONFLICTS IDENTIFIED THROUGH THE DISCLOSURE/QUESTIONNAIRES ARE PRESENTED TO THE CVC COMMITTEE FOR ITS REVIEW AND DETERMINATION AS TO THE REASONABLENESS/FAIR MARKET VALUE.

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

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MUNSON HEALTHCARE REGIONAL FOUNDATION ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE MUNSON HEALTHCARE REGIONAL FOUNDATION DOES NOT MAKE THE BYLAWS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

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 90% OF HIS TIME TO MUNSON HEALTHCARE SYSTEM MATTERS AND 10% OF HIS TIME TO THE MUNSON HEALTHCARE REGIONAL FOUNDATION. MARK HEPLER, CFO, ALLOCATES 40% OF HIS TIME TO MUNSON HEALTHCARE, SYSTEM PARENT ORGANIZATION, 60% TO MUNSON MEDICAL CENTER, AND LESS THAN AN HOUR A WEEK TO THE REMAINING ORGANIZATIONS IN THE MUNSON HEALTHCARE SYSTEM IN HIS CAPACITY AS CFO FOR ALL MUNSON SYSTEM ORGANIZATIONS. DESIREE WORTHINGTON ALLOCATES 85% OF HER TIME TO MUNSON HEALTHCARE REGIONAL FOUNDATION AS ITS PRESIDENT AND 15% OF HER TIME TO PAUL OLIVER MEMORIAL HOSPITAL FOUNDATION AS ITS PRESIDENT.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENT 142,375 UNREALIZED LOSS ON INVESTMENTS -246,392 TOTAL -104,017