

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 private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MUNSON HEALTHCARE FOUNDATIONS

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1105 SIXTH STREET

City or town, state or province, country, and ZIP or foreign postal code
TRAVERSE CITY, MI 49684

D Employer identification number
38-2642724

E Telephone number
(231) 935-5000

G Gross receipts \$ 33,285,781

F Name and address of principal officer
DESIREE WORTHINGTON
1150 MEDICAL CAMPUS DRIVE
TRAVERSE CITY, MI 49684

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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 1985

M State of legal domicile MI

Part I Summary

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 FOUNDATIONS IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, 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 WIT

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,445,766	6,028,964
9 Program service revenue (Part VIII, line 2g)	1,749,298	2,218,769
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	893,441	1,580,672
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,533	-5,178
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,099,038	9,823,227
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,488,459	7,727,388
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)	921,099	1,212,939
16a Professional fundraising fees (Part IX, column (A), line 11e)	7,800	24,823
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,731,163		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	810,621	1,167,744
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,227,979	10,132,894
19 Revenue less expenses Subtract line 18 from line 12	5,871,059	-309,667

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	41,102,004	57,858,598
21 Total liabilities (Part X, line 26)	387,556	361,005
22 Net assets or fund balances Subtract line 21 from line 20	40,714,448	57,497,593

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2019-05-14
MARK A HEPLER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:
Firm's name: Firm's EIN:
Firm's address: Phone no:

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 FOUNDATIONS IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, 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 WIT

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 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 \$	7,068,462	including grants of \$	7,068,462)	(Revenue \$	1,652,351)
	See Additional Data						

4b	(Code)	(Expenses \$	309,475	including grants of \$	309,475)	(Revenue \$	81,606)
	See Additional Data						

4c	(Code)	(Expenses \$	201,561	including grants of \$	201,561)	(Revenue \$	69,948)
	See Additional Data						

	(Code)	(Expenses \$	147,890	including grants of \$	147,890)	(Revenue \$	415,451)
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ADDITIONALLY, MUNSON HEALTHCARE FOUNDATIONS SERVES AS THE FUNDRAISING ARM FOR THE ENTIRE MUNSON HEALTHCARE SYSTEM SPECIFIC PROGRAMS IN TAX YEAR 2017 RAISED MONEY FOR MUNSON HEALTHCARE GRAYLING, MUNSON HEALTHCARE CADILLAC AND MUNSON HEALTHCARE CHARLEVOIX HOSPITAL

4d Other program services (Describe in Schedule O)
 (Expenses \$ 147,890 including grants of \$ 147,890) (Revenue \$ 415,451)

4e Total program service expenses ▶ 7,727,388

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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>		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>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, 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>		
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>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (NICOLE SULAK MUNSON HEALTHCARE 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 or note to any line 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	1 00 40 00	X						0	883,822	176,242
(2) DESIREE WORTHINGTON PRESIDENT	34 00 6 00	X		X				0	215,457	42,920
(3) DAVID HUNTER CHAIR	2 00 1 00	X		X				0	5,000	0
(4) KATHY DIXON DIRECTOR	1 00	X						0	3,125	0
(5) PAUL LERG DIRECTOR	1 00 2 00	X						0	3,125	0
(6) PAMELA ANDERSON DIRECTOR	1 00 2 00	X						0	0	0
(7) JON ARMSTRONG DIRECTOR	1 00	X						0	0	0
(8) HALLIE CHRISTIAN VICE CHAIR	2 00	X		X				0	0	0
(9) KATHLEEN ERVIN DIRECTOR	1 00 2 00	X						0	0	0
(10) PAMELA EVANS DIRECTOR	1 00 2 00	X						0	0	0
(11) GREG GLASBY TREASURER	2 00 2 00	X		X				0	0	0
(12) ALAN MCBRIDE DIRECTOR	1 00 2 00	X						0	0	0
(13) BENJAMIN MULADORE SECRETARY	2 00 2 00	X		X				0	0	0
(14) MARK A HEPLER CFO	2 00 40 00			X				0	470,545	84,671
(15) RUTH BLOOMER SENIOR GIVIN	40 00					X		108,447	0	21,037
(16) ELIZABETH KARCZEWSKI SENIOR GIVIN	40 00					X		104,804	0	24,186

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	81,725				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,947,239				
	g Noncash contributions included in lines 1a-1f \$ _____	300					
	h Total. Add lines 1a-1f		6,028,964				
Program Service Revenue			Business Code				
	2a SHARED SERVICE REVENUE		541900	2,218,769	2,218,769		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue		2,218,769				
g Total. Add lines 2a-2f		2,218,769					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		650,194			650,194	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		930,478			930,478
	8a Gross income from fundraising events (not including \$ 81,725 of contributions reported on line 1c) See Part IV, line 18	a	45,096				
		b Less direct expenses	b	50,861			
		c Net income or (loss) from fundraising events		-5,765			
	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 MISCELLANEOUS REVENUE	541900	587	587				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		587					
12 Total revenue. See Instructions		9,823,227	2,219,356		1,580,672		

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	7,727,388	7,727,388		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 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	1,011,522		48,909	962,613
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	78,406		3,791	74,615
9 Other employee benefits	78,666		3,804	74,862
10 Payroll taxes	44,345		2,144	42,201
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	24,823			24,823
f Investment management fees	142,683		142,683	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	693,019		385,788	307,231
12 Advertising and promotion	6,135		1,430	4,705
13 Office expenses	111,257		30,375	80,882
14 Information technology	13,440		2,336	11,104
15 Royalties				
16 Occupancy				
17 Travel	27,640		5,467	22,173
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,438		1,509	4,929
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	15,700		15,700	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY DEVELOPMENT	72,972			72,972
b DUES AND SUBSCRIPTIONS	41,105		24,005	17,100
c DONOR RECOGNITION	18,942			18,942
d DIETARY TRANSFERS	15,531		3,926	11,605
e All other expenses	2,882		2,476	406
25 Total functional expenses. Add lines 1 through 24e	10,132,894	7,727,388	674,343	1,731,163
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,669,676	2	2,294,147
	3 Pledges and grants receivable, net	10,010,963	3	9,969,385
	4 Accounts receivable, net	3,891	4	2,133
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	22,460	9	35,487
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	29,395,014	11	31,809,085
	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		15	13,748,361
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,102,004	16	57,858,598	
Liabilities	17 Accounts payable and accrued expenses	141,719	17	135,791
	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 Loans and other 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	245,837	25	225,214
	26 Total liabilities. Add lines 17 through 25	387,556	26	361,005
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,793,476	27	3,853,884
	28 Temporarily restricted net assets	34,751,289	28	50,499,672
	29 Permanently restricted net assets	3,169,683	29	3,144,037
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	40,714,448	33	57,497,593	
34 Total liabilities and net assets/fund balances	41,102,004	34	57,858,598	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,823,227
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,132,894
3	Revenue less expenses Subtract line 2 from line 1	3	-309,667
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,714,448
5	Net unrealized gains (losses) on investments	5	260,814
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-43,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16,874,998
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,497,593

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 38-2642724

Name: MUNSON HEALTHCARE FOUNDATIONS

Form 990 (2017)

Form 990, Part III, Line 4a:

FUNDS FOR THE SUPPORT OF MUNSON MEDICAL CENTER, A RELATED ORGANIZATION IN THE MUNSON HEALTHCARE SYSTEM MAJOR INITIATIVES FUNDED INCLUDE THE RENOVATION OF MUNSON COMMUNITY HEALTH CENTER, THE CARDIOLOGY CLINIC AND MULTIPLE LABS AND CONSTRUCTION OF A CANCER LEARNING CENTER OTHER FUNDED ITEMS INCLUDE THE PURCHASE OF A MOBILE EAR LAB, REPLACEMENT OF THE AUTOMATED AUDITORY BRAINSTEM RESPONSE SYSTEM FOR NEWBORN SCREENINGS, UNMET HEALTHCARE NEEDS OF PATIENTS IN THE MUNSON SERVICE AREA, MEDICAL EQUIPMENT PURCHASES, SUPPORT FOR THE SHAPE UP NORTH PROGRAM, DIABETES EDUCATION, SUPPORT FOR CHILD HEALTH AND WELLNESS, WOMEN'S CANCER FUND DISTRIBUTIONS TO PATIENTS, THERAPY SERVICES, CONTINUING MEDICAL EDUCATION, NURSING AND STAFF TRAINING, SUPPORT OF SMOKING CESSATION AND OTHER HOSPITAL BASED PROGRAMS, AND SUPPORT FOR GROWTH OF CANCER RESEARCH

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

FUNDS FOR THE SUPPORT OF PAUL OLIVER MEMORIAL HOSPITAL, A RELATED ORGANIZATION IN THE MUNSON HEALTHCARE SYSTEM MAJOR INITIATIVES FUNDED
INCLUDE THE SUPPORT OF THE EMPIRE FAMILY PRACTICE PROGRAM AND SUPPORT OF THE DIVERSIONAL THERAPY PROGRAM

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,012,010	5,423,103	8,366,430	9,445,766	6,028,964	35,276,273
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	6,012,010	5,423,103	8,366,430	9,445,766	6,028,964	35,276,273
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)						9,453,313
6	Public support. Subtract line 5 from line 4						25,822,960

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	6,012,010	5,423,103	8,366,430	9,445,766	6,028,964	35,276,273
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277,739	430,178	419,044	608,927	650,194	2,386,082
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						37,662,355
12	Gross receipts from related activities, etc. (see instructions)					12	2,264,452

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	68.560 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	63.080 %

16a 33 1/3% support test—2017. 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—2016. If the organization did not check a 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	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," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

Employer identification number
38-2642724

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, 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 XIII
- 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" on 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 XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	30,936,848	26,585,375	29,422,643	26,831,705	23,399,233
b Contributions	8,079,707	7,062,171	11,059,183	7,499,180	10,171,658
c Net investment earnings, gains, and losses	1,841,486	1,923,350	328,647	867,619	2,270,060
d Grants or scholarships	7,727,388	4,510,851	14,032,796	5,598,795	8,863,765
e Other expenditures for facilities and programs	55,790	1,029	59,957	56,112	29,010
f Administrative expenses	142,683	122,168	132,345	120,954	116,471
g End of year balance	32,932,180	30,936,848	26,585,375	29,422,643	26,831,705

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 9 680 %
 - c** Temporarily restricted endowment ▶ 90 320 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST IN MERCY HOSP CADILLAC FOUN	13,748,361
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	13,748,361

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIAB FOR CHARITBLE GIFT ANNUITY	225,214
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	225,214

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2642724

Name: MUNSON HEALTHCARE FOUNDATIONS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	MUNSON HEALTHCARE FOUNDATIONS HOLDS PERMANENT ENDOWMENT FUNDS FOR MUNSON MEDICAL CENTER, MUNSON HEALTHCARE CADILLAC, MUNSON HEALTHCARE GRAYLING, MUNSON HEALTHCARE CHARLEVOIX HOSPITAL, PAUL OLIVER MEMORIAL HOSPITAL, BROTHER CORPORATIONS, FOR HEALTHCARE RELATED 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 HOSPITAL, PACE 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.

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" on 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.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

Employer identification number
38-2642724

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email 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

(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			
1 THE GARROW COMPANY 6419 SOUTH GARFIELD AVENUE WILLOWBROOK, IL 60527	INTERVIEW		No		10,800	-10,800
2 JAMES E CONNELL PO BOX 3335 PINEHURST, NC 28374	CONSULT		No		8,023	-8,023
3 BETH KARCZEWSKI CONSULTING LLC 454 WILSON ROAD TRAVERSE CITY, MI 49686	FEASIBILIT		No		6,000	-6,000
4						
5						
6						
7						
8						
9						
10						
Total				▶	24,823	-24,823

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

MI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		MMC HOSPICE BRE (event type)	POH PROAM (event type)	6 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	34,680	21,600	70,541	126,821
2	Less Contributions	34,680	16,000	31,045	81,725
3	Gross income (line 1 minus line 2)		5,600	39,496	45,096
Direct Expenses	4 Cash prizes			1,300	1,300
	5 Noncash prizes			7,170	7,170
	6 Rent/facility costs	4,771	7,093	7,222	19,086
	7 Food and beverages			12,000	12,000
	8 Entertainment			900	900
	9 Other direct expenses	2,488		7,917	10,405
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				50,861
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-5,765

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in

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

14 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 6
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	MUNSON HEALTHCARE FOUNDATIONS AWARDS MOST GRANTS IN THE MUNSON HEALTHCARE SYSTEM BASED ON AN APPLICATION PROCESS MANY GRANTS ARE AWARDED AS A REIMBURSEMENT FOR PRE-APPROVED SERVICES AND PURCHASES ONGOING SUPPORT IS PROVIDED TO A NUMBER OF PROGRAMS IN THE MUNSON HEALTHCARE SYSTEM BASED ON PROTOCOLS ESTABLISHED WITH CASE MANAGERS WORKING FOR THE DEPARTMENTS WHICH APPLY FOR ASSISTANCE THE ASSISTANCE CAN EITHER BE REQUESTED FOR THE DEPARTMENT THEMSELVES OR ON BEHALF OF PATIENTS WHO INDICATE AN UNMET NEED THAT POSES A BARRIER TO THE RECEIPT OF HEALTH CARE SERVICES

Additional Data

Software ID:
Software Version:
EIN: 38-2642724
Name: MUNSON HEALTHCARE FOUNDATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNSON MEDICAL CENTER 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-1362830	(3)	1,499,626				OPERATIONAL SUPPORT
MUNSON HOME CARE 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-2191390	(3)	309,475				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNSON HEALTHCARE 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-2640544	(3)	51,460				OPERATIONAL SUPPORT
MUNSON MEDICAL CENTER 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-1362830	(3)	5,568,836				CAPITAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MHC OTSEGO MEMORIAL HOSPITAL 825 N CENTER AVE GAYLORD, MI 49735	38-1303843	(3)	8,642				OPERATIONAL SUPPORT
MUNSON HEALTHCARE GRAYLING 1100 E MICHIGAN AVE GRAYLING, MI 49738	47-1161992	(3)	68,337				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNSON HEALTHCARE GRAYLING 1105 SIXTH ST TRAVERSE CITY, MI 49684	47-1161992	(3)	19,451				CAPITAL SUPPORT
PAUL OLIVER MEMORIAL HOSPITAL 1105 SIXTH ST TRAVERSE CITY, MI 49684	38-1415623	(3)	201,561				OPERATIONAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

Employer identification number
38-2642724

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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 of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EDWIN NESS DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	682,931	196,867	4,024	149,728	26,514	1,060,064	
2 DESIREE WORTHINGTON PRESIDENT	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	176,569	38,518	370	20,156	22,764	258,377	
3 MARK A HEPLER CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	340,821	68,700	61,024	57,891	26,780	555,216	11,542

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	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. COMPENSATION LEVELS REFLECT THE SCOPE OF EACH EXECUTIVE'S RESPONSIBILITIES, EDUCATIONAL BACKGROUND, EXPERIENCE, AND INDUSTRY STANDING AS WELL AS INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE. ANNUALLY, THE COMMITTEE RETAINS A NATIONAL INDEPENDENT CONSULTANT TO ENSURE MUNSON HEALTHCARE'S COMPENSATION PRACTICES AND LEVELS ARE INDEPENDENTLY REVIEWED WHILE BEING COMPETITIVE AND REASONABLE. THE MUNSON HEALTHCARE CONFLICT, VALUATION AND COMPLIANCE ("CVC") COMMITTEE ALSO REVIEWS THE SURVEY INFORMATION TO EVALUATE THE REASONABLENESS OF EXECUTIVE COMPENSATION. THAT ANALYSIS OCCURS EACH NOVEMBER. THE COMPENSATION AND EXECUTIVE LEADERSHIP DEVELOPMENT COMMITTEE USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT: COMPENSATION COMMITTEE INDEPENDENT COMPENSATION CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PAGE 1, PART I, LINE 4	EDWIN NESS 0 136,951 0 DESIREE WORTHINGTON 0 11,167 0 MARK A HEPLER 0 37,442 0
SCHEDULE J, PART III	EXECUTIVE SUPPLEMENTAL 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

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

38-2642724

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	INSPIRING CHARITABLE SUPPORT TO ENHANCE HEALTH CARE FOR THE PEOPLE OF NORTHERN MICHIGAN THE PURPOSES FOR WHICH MUNSON HEALTHCARE FOUNDATIONS IS ORGANIZED ARE A) TO PROVIDE SUPPORT FOR THE OBJECTS AND PURPOSES OF MUNSON HEALTHCARE, A MICHIGAN NONPROFIT CORPORATION AND ITS AFFILIATES, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	ON 6/30/18, THE ASSETS OF MUNSON HEALTHCARE CHARLEVOIX HOSPITAL FOUNDATION AND MUNSON HEALTHCARE CADILLAC HOSPITAL FOUNDATION WERE TRANSFERRED INTO MUNSON HEALTHCARE FOUNDATIONS IN ACCORDANCE WITH THE PLAN OF MERGER APPROVED BY THE RESPECTIVE BOARDS OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	AND SUPPORT FOR GROWTH OF CANCER RESEARCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ADDITIONALLY, MUNSON HEALTHCARE FOUNDATIONS SERVES AS THE FUNDRAISING ARM FOR THE ENTIRE MUNSON HEALTHCARE SYSTEM. SPECIFIC PROGRAMS IN TAX YEAR 2017 RAISED MONEY FOR MUNSON HEALTHCARE GRAYLING, MUNSON HEALTHCARE CADILLAC AND MUNSON HEALTHCARE CHARLEVOIX HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MUNSON HEALTHCARE FOUNDATIONS IS ORGANIZED ON A NONSTOCK MEMBERSHIP BASIS THE SOLE MEMBER IS MUNSON HEALTHCARE, AN IRS SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	MUNSON HEALTHCARE, AS THE SOLE MEMBER, ELECTS THE DIRECTORS FOR ALL SUBSIDIARY ENTITIES. NOMINATIONS TO MUNSON HEALTHCARE FOR SUBSIDIARY DIRECTORS ARE CONSIDERED AND RECOMMENDED BY THE MUNSON HEALTHCARE GOVERNANCE COMMITTEE. ADDITIONALLY, THE PRESIDENT OF MUNSON HEALTHCARE IS OR DESIGNEE AND THE PRESIDENT OF MUNSON HEALTHCARE FOUNDATIONS SERVE AS TRUSTEES ON AN EX-OFFICIO BASIS, WITH VOTE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	MUNSON HEALTHCARE FOUNDATIONS' BOARD IS COMMITTED TO THE ACCURACY AND THOROUGHNESS OF THE FORM 990 REPORTING. MUNSON HEALTHCARE FOUNDATIONS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 WHEN AN ACTION ITEM IS CONSIDERED BY A BOARD WHICH INVOLVES A POTENTIAL CONFLICT BY A BOARD MEMBER, THE CONFLICT IS DISCLOSED AND A BOARD MEMBER WILL ABSTAIN FROM A VOTE ON THE ACTION ITEM, AND, IN ADDITION, THE BOARD CHAIR HAS THE DISCRETION/AUTHORITY TO REQUEST THAT THE CONFLICTED BOARD MEMBER BE EXCUSED FROM THE MEETING FOR AN OPPORTUNITY FOR THE BOARD TO DISCUSS THE MATTER WITHOUT THE PRESENCE OF THE CONFLICTED BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 THE MUNSON HEALTHCARE CONFLICT, VALUATION AND COMPLIANCE ("CVC") COMMITTEE ALSO REVIEWS THE SURVEY INFORMATION TO EVALUATE THE REASONABLENESS OF EXECUTIVE COMPENSATION THAT ANALYSIS OCCURS EACH NOVEMBER 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	MUNSON HEALTHCARE FOUNDATIONS' ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON THE MICHIGAN DEPARTMENT OF TREASURY WEBSITE. MUNSON HEALTHCARE FOUNDATIONS DOES NOT MAKE THE BYLAWS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TSF FROM MHC CADILLAC FOUND 15,153,291 TSF FROM MHC CHARLEVOIX FOUND 1,721,707 TOTAL 16,874,998

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSON HEALTHCARE FOUNDATIONS

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 (if applicable) 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.

See Additional Data Table

(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 entity?	
						Yes	No

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	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MUNSON SUPPORT SERVICES PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2872821	LAUNDRY	MI	N/A					Yes	
(2) MUNSON SERVICES INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3144382	PHARMACY	MI	N/A					Yes	
(3) MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION PO BOX 1188 TRAVERSE CITY, MI 496851188 38-3567278	REAL ESTAT	MI	N/A					Yes	
(4) SIXTH STREET DRUGS INC PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2298290	PHARMACY	MI	N/A					Yes	
(5) MEDICAL OFFICE CONDOMINIUM ASSOCIATION PO BOX 1188 TRAVERSE CITY, MI 496851188 20-1902620	REAL ESTAT	MI	N/A					Yes	
(6) MUNSON MOBILE IMAGING PO BOX 1188 TRAVERSE CITY, MI 496851188 38-2704069	IMAGING	MI	N/A					Yes	

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

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

	Yes	No
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, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	MUNSON HEALTHCARE FOUNDATIONS 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 Form 990 2012

Additional Data

Software ID:
Software Version:
EIN: 38-2642724
Name: MUNSON HEALTHCARE FOUNDATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-3097861	DIALYSIS	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2640544	PARENT	MI	C3	12B	N/A		No
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2191390	HOME HEALT	MI	C3	10	MUN HOME H MUNSON HOME HEALTH	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-3335362	HOME HEALT	MI	C3	12B	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2543463	HOME HEALT	MI	C3	10	MUN HOME H MUNSON HOME HEALTH	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-1362830	HOSPITAL	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-2657917	MED TRANSP	MI	C3	12B	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-1415623	HEALTHCARE	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 27-3600575	PHYSICIAN	MI	C3	10	MUNSON MED MUNSON MEDICAL CENTER	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 47-1156297	HOSPITAL	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 47-1161992	HOSPITAL	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 47-2857600	RAISE FUND	MI	C3	7	MHC CADILL MUNSON HEALTHCARE CADILLAC	Yes	
1105 SIXTH ST TRAVERSE CITY, MI 49684 38-1459366	HOSPITAL	MI	C3	3	MUNSON HC	Yes	
HOSPITAL FOUNDATION 1105 SIXTH ST TRAVERSE CITY, MI 49684 75-3078034	RAISE FUND	MI	C3	12A	MHC CHARLE HOSPITAL	Yes	
1465 E PARKDALE AVE MANISTEE, MI 496609709 38-0350304	HOSPITAL	MI	C3	3	MUNSON HC	Yes	
HOSPITAL FOUNDATION 1465 E PARKDALE AVE MANISTEE, MI 496609709 38-3565083	RAISE FUND	MI	C3	12A	MHC MANIST HOSPITAL	Yes	
825 N CENTER AVE GAYLORD, MI 497351592 38-1303843	HOSPITAL	MI	C3	3	MUNSON HC MUNSON HEALTHCARE	Yes	
HOSPITAL FOUNDATION 825 N CENTER AVE GAYLORD, MI 497351592 38-2135473	RAISE FUND	MI	C3	12A	MHC OTSEGO HOSPITAL	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MUNSON HEALTHCARE	M	642,636	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE	Q	145,103	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE	P	183,877	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE CADILLAC FOUND	L	106,605	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE GRAYLING	L	60,000	ACTUAL AMOUNT PAID
MUNSON HOME CARE	L	81,606	ACTUAL AMOUNT PAID
MUNSON MEDICAL CENTER	Q	63,224	ACTUAL AMOUNT PAID
MUNSON MEDICAL CENTER	P	1,012,539	ACTUAL AMOUNT PAID
MUNSON MEDICAL CENTER	L	1,738,008	ACTUAL AMOUNT PAID
PAUL OLIVER MEMORIAL HOSPITAL	L	69,948	ACTUAL AMOUNT PAID
MHC MANISTEE HOSPITAL FOUNDATION	L	94,947	ACTUAL AMOUNT PAID
MHC CHARLEVOIX HOSPITAL FOUNDATION	L	141,579	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE	B	51,460	ACTUAL AMOUNT PAID
MUNSON HOME CARE	B	309,475	ACTUAL AMOUNT PAID
MUNSON MEDICAL CENTER	B	7,068,462	ACTUAL AMOUNT PAID
PAUL OLIVER MEMORIAL HOSPITAL	B	201,561	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE GRAYLING	B	87,788	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE CADILLAC FOUND	S	15,153,291	ACTUAL AMOUNT PAID
MUNSON HEALTHCARE CHARLEVOIX FOUND	S	1,721,707	ACTUAL AMOUNT PAID